

MEMORANDUM

TO: Kent Carlson and Michael Wishnie, Co-Chairs, Task Force to Study the Use of
MOS Specialty Training as a Substitute for State Licensing Requirements
FROM: Law Student Interns, Veterans Legal Services Clinic, Yale Law School
DATE: October 2, 2013
RE: Licensing Requirements for Emergency Medical Technicians in Connecticut

I. Recommendations:

- Credit appropriate military medical training (corpsman, independent duty corpsman, combat medic, etc.) as a substitute for the educational prerequisite for taking the state written and practical examination.
- Waive the testing fees upon presentation of a DD-214.

II. Relevance to the Task Force

The latest IAVA Report¹ identified the Emergency Medical Technician (EMT) field as a potential site for license streamlining. According to that report, EMTs in Connecticut have a median annual income of \$37,900, with a projected 110 annual openings over the next decade, for a projected industry growth rate of 16%.

There are both pros and cons to working to streamline licensing requirements for veterans seeking to enter the emergency medical response field. Emergency medical response is an essential service that is poised to grow significantly over the next decade. The career is well compensated, rewarding, and is an excellent gateway to both higher levels of emergency medical response certification, such as paramedic, and to other emergency response careers such as fire fighting.

However, there are relatively few military veterans, in Connecticut or elsewhere, who receive formal medical training. One such group, Naval Corpsmen, represent only 4% of Naval veterans in Connecticut. The total pool of Connecticut Army veterans that were trained in the medical department is about 7%.

Nonetheless, generous annual salary and benefits, the service orientation of the profession, and the steadily growing demand for the service makes this vocation worth examining further. Anecdotal evidence indicates that a considerable number of veterans would have a high level of interest in pursuing careers as EMTs. In addition, many veterans will have already developed several of the soft skills required for EMT work, such as intuiting unity of command and effort, working in adverse conditions, risk management, handling irregular schedules and hours, and selflessness.

III. Licensing Requirements

Licenses for Connecticut EMTs are governed by Department of Public Health (DPH) regulations.² Obtaining an EMT license is a straightforward process. Applicants must be 16 years of age and must pay a licensing fee.³ Once those requirements are met, there are three routes to obtaining an EMT license. Each route requires that candidates take a written and

practical examination prescribed by the Department and either: 1) complete a training program in-state or out-of-state; 2) hold current certification to perform similar services under a different designation by the National Registry of EMTs (NREMT); or 3) hold a current state nursing or other medical license and complete 25 hours of refresher training.⁴

At present, Army and Air Force medics earn their EMT-Basic certification from the NREMT upon completion of their initial military training.⁵ Navy Corpsmen, however, still do not receive NREMT certification. Individuals who received their NREMT certification in the military are exempted from Connecticut's written and practical examinations.

The in-state EMT course is regularly offered by local colleges, community colleges, or accredited independent private training facilities. The courses typically take about 7 weeks to complete and cost roughly \$750.⁶ After completing the course, an applicant registers for and takes the state written and practical examination.

IV. Analysis

The prospect of streamlining licenses for Emergency Medical Technicians provides both opportunities and challenges. Compared to other licenses, health certifications are rigorous. At the same time, the medical topics are fairly standard and training modules for emergency medicine response in the civilian world are similar, though not identical, to training modules for emergency medical response in the military. Since this licensing process is regulatory, any alterations or amendments could be accomplished by the executive branch. Adjusting the education and prerequisite standards could prevent qualified military members who have already received an equivalent training from having to duplicate their training to obtain a civilian license.

Two of the paths for obtaining the prerequisites to the state examination—the in-state training course and a pre-existing state medical qualification—hold the most promise for the Task Force's purposes. Army and Air Force medics should come home to Connecticut with their NREMT certification, and should thus be eligible to apply for state EMT licenses with no additional requirements. The Task Force may want to compare the in-state accredited course curriculum to that of the course that produces Navy Corpsmen and substitute the completed military course.⁷ If such accommodations were made, the applicant would still be subject to the state written and practical examination, passage of which would serve as confirmation of the adequacy of the military equivalent.

Overall, this process provides ample room to streamline licensing to credit military experience. The quickest reform would be to instruct the DOH to accept certain military occupational specialties (MOS) in place of educational, training, or other state-licensed healthcare provider qualifications that provide the pre-requisite to the written and practical EMT examination. The Task Force could also consider recommending fee waivers upon presentation of a DD-214. This would be a simple and effective way to channel veterans with medical and medical emergency response skills into a growing segment of the Connecticut labor market.

REFERENCES & NOTES

¹ The Veterans Legal Services Clinic (VLSC) at Yale Law School drafted a report on veterans' employment for IAVA in October 2013. The draft report, which is titled *Transitioning Troops: Aiding Gulf War II Veterans in the Passage from War to the Workplace*, contains statistics on military occupational specialties and the Connecticut labor market. Copies were distributed to the Task Force at the first meeting. Please contact the VLSC law student

interns if you would like another copy or more information: matthew.blumenthal@clinics.yale.edu;
emma.kaufman@clinics.yale.edu; ryan.podolsky@clinics.yale.edu.

² Department of Public Health Regulations, Office of Emergency Medical Services, § 19-179-17a(b) (2013)

³ State of Connecticut Department of Public Health Emergency Medical Responder License Application, [http://www.ct.gov/dph/lib/dph/ems/pdf/forms/emsapp2a_\(3\)_fillable__09_14_2012.pdf](http://www.ct.gov/dph/lib/dph/ems/pdf/forms/emsapp2a_(3)_fillable__09_14_2012.pdf), 2013

⁴ Department of Public Health Regulations, Office of Emergency Medical Services, § 19-179-17a(b) (2013).

⁵ DoD Credentialing and Licensing Task Force, Military Affairs Task Force National Conference of State Legislators, December 4, 2012.

⁶ See Department of Public Health, Office of Emergency Services, EMS Course Listings, http://www.ct.gov/dph/lib/dph/ems/pdf/training/Course_Report_2013_09_27.pdf and various courses offered through community colleges, such as Manchester Community College, <http://www.mcc.commnet.edu/continuing/pdf/EMTflyer.pdf>.

⁷ The Task Force may want to examine the state's requirements for accrediting EMT courses (what specific modules/courses are required, and the number of hours of instruction in each) along with the course curriculum for the relevant military medical training (Navy corpsmen and independent duty corpsmen, Army medics and equivalents, and Air Force medics).