Testimony
Senate Bill No. 2100
Senate Workforce Development Committee
Senator Wobbema, Chair
January 9, 2025

Good afternoon, Chair, and members of the committee. My name is Ron Lawler. I am here today representing the North Dakota EMS Association (NDEMSA) as a member of its Board. My day job is to serve as the Director of Learning and Development at Sanford Ambulance, where I have been an EMS educator for over 20 years. I also volunteer as a member of the Commission on Accreditation for Prehospital Continuing Education's Board of Directors (CAPCE), as a site visit team captain for the Commission on Accreditation of EMS Programs (CoAEMSP) and was twice elected and currently serve on the Board of the National Association of EMS Educators (NAEMSE). I appear before you in opposition to Senate Bill No. 2100.

The NDEMSA, during the lengthy rulemaking process and through the approval by the ND EMS Advisory Council (EMSAC), of which I am also a member and chair its education subcommittee, has worked collaboratively with the EMS Unit on this topic. Our stance is that the quality of care provided by EMS clinicians should be, if not improved over time, at least held to the current standard.

We discussed many different ideas on how to accomplish this including a regional education model overseen by the Unit at state expense, requesting additional staff for the Unit to monitor existing courses more directly, and the affiliation model at issue today. North Dakota currently has 126 licensed EMS Instructors. One of the rules to keep your instructor license is that that you must teach an initial course every 2 years. Taking the number of instructors (126) in half means that there should be 63 EMR and/or EMT courses each year. It is likely that the majority of these are taught in the winter, outside of agricultural activity times. Additionally, most are taught in the evenings. For the EMS Unit to singularly check on the quality of each class requires an observation of a class and lab taught, plus visiting with the students. Drive times alone will dictate that it will take at least one day to visit each course. And that doesn't count time to analyze testing data, retention numbers, and doing the documentation that each visit would require. To do it correctly would require at least an additional 2 full-time staff for the EMS Unit.

Unfortunately, the EMS Unit is unlikely to receive the funds to hire more positions, based on our experience with prior initiatives. This left us with few options other than a private-public partnership.

This resulted in the development of the rule found in Paragraph 5.d.1. of Section 33-36-01-03 requiring EMS instructors be affiliated with a licensed EMS training institute. The intent of the rule is to help independent instructors with more than just oversight. By affiliating with an institution, they should gain the help of experienced instructors or even a pool of instructors, availability of expensive equipment, possible help with lectures, and professional development on education topics. They may even be able to work with other local instructors to pool students into larger classes in a central location. Research has shown that larger class sizes perform better on the national certification exams (Moungey, et.al., 2021). From our experience, EMR and EMT programs should have at least 10 students enrolled to be effective. Less than that results in fewer peer interactions, less ability to run scenario simulations, and less opportunity to form study groups.

From a spending standpoint, it costs the same to lecture to 1 student as it does 50. And labs are the same for groups of 5 as they are for 1-2, other than disposables. Having smaller classes is therefore much less efficient and more expensive. I have talked to many small services, and even taught a couple courses, who start with 8-10

students in an EMT program and end up with 2 EMTs and maybe an EMR at the end. The ambulance service generally pays for future members to take the courses, but they do receive reimbursement of those costs from the state training grants. Unfortunately, they only receive reimbursement for people who complete the program, get licensed, then work for them for at least 1 year. So, paying for 10 students to end up with 2 EMTs is very wasteful of the service's cashflow. Essentially, the encouragement of affiliation helps to protect both the general public, but also the students and the ambulance services.

Does this requirement actually restrict workforce development? The answer should be no. By encouraging a more regional or affiliated structure, courses can be taught in different areas at various times to allow flexibility to the students. Likely the best model for our state would be a centralized course taught out of one location with all of the lecture, on-line work, and testing done centrally by video conferencing. Labs could then be regionalized at central locations, so no one must drive overly far. This is a model that has worked in other areas.

But no amount of quality regulation will fix our main issue: recruiting. We completely agree that rural services must "grow their own" staff. But as North Dakota continues to become more "urbanized" and population continues to shift away from rural areas, that just gets more difficult each year. Recruiting to replace an aging population of EMS clinicians is critical. One angle is to focus on high school students. While there are many schools teaching an "EMS" course, there are only a couple that teach to the national standard to allow the students to test NREMT and become state licensed. Unfortunately, most EMS educators are unaware how to even approach this with their local school district. There are several different sets of rules to navigate – high school teacher of record, EMS instructor requirements, and possibly college instructor minimums. I would suggest that the Legislature set up a task force including representatives from the Department of Public Instruction, specifically Career and Technical Education, the EMS Unit, and the colleges offering EMS courses. The goal would be to make the process of adding EMR and EMT courses to high school schedules as painless as possible (while meeting the various regulations) and to share that information with local ambulance services and high schools. And to award dual credits (high school and college) to those students. This would encourage students

considering health care careers to take those classes. Plus, when they are certified, they can help at their local ambulance service.

Thank you and I welcome your questions.

Ron Lawler

References:

Moungey, B. M., Mercer, C. B., Powell, J. R., Cash, R. E., Rivard, M. K., & Panchal, A. R. (2021). Paramedic and EMT program performance on certification examinations varies by program size and geographic location. Prehospital Emergency Care, 26(5), 673-681.