



March 10th, 2025

House Human Services Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Support for SB 2100

Chairman Ruby and Committee Members,

Chairman Ruby and House Human Services Committee members, my name is Corey Johnson. I serve the City of Williston as the Assistant Chief of their Fire and Ambulance Department. SB 2100 is before you today after receiving overwhelming support in the Senate with a vote of 44-1. I am here today to express my strong support for SB 2100 and request your support in moving this vital legislation forward to the House floor with a "do pass" recommendation.

This bill reverses an administrative rule enacted in April of 2024, drastically changing the landscape of providing essential entry-level Emergency Medical Responder and Emergency Medical Technician level training to our rural communities. Before the rule change, EMS Instructor Coordinators that the EMS Unit of HHS licensed could negotiate directly with ambulance services, or an EMS services could utilize their own EMS Instructor to provide initial entry certification training. The new rule requires all EMS instructors to seek third-party oversight from EMS training institutes. Previously, the HHS EMS unit provided this oversight.

This rule change comes when so many of our rural services are struggling. This committee knows better than any of the many challenges our rural ambulance services face. As we speak on this critical bill, you just heard testimony on SB 2033, which proposes establishing a process to help ambulance services that are in distress. I support SB 2033; however, we cannot fix distressed ambulances with consultants and administrative plans alone. That process can only work in a system designed to thrive and where the problem is primarily poor management. SB 2100 addresses a critical issue: the ability to provide training at the local level. This bill will help prevent ambulance services from reaching a state of distress.

Understanding the path that led to this bill and its purpose is important. When you read through the written testimony submitted to this point, watch the testimony videos, or listen to those here today, you will see and hear many things regarding the reason for this new administrative rule. You will hear that this was an attempt to fix an issue with poor-quality EMS

instructors in our rural communities. This poor quality may have been a bad instructor, a lack of adequate equipment, or a lack of standardization. This new rule does not fix any identified problems but instead shifts the issue to a lack of available training programs.

First, EMS education is already standardized by rule, and the third-party certification body, the National Registry of EMTs, mandates compliance with the National EMS Education Standards. The EMS Unit of HHS mandates this in their "Instructor Handbook." This has not changed. The only question from instructor to instructor is which publisher they utilize to provide the course materials. Under the current rule, this potential discrepancy still exists. There is nothing that requires Williston to use the same material as Fargo. In fact, Fargo has two Training Institutes in their community, and nothing requires them to use the same materials as long as they both meet the National Standard requirements.

Regarding standardization, many services have been placed into a situation where they cannot utilize their closest training institute. Mr. Lawler from the ND EMS Association, who provided testimony during the Senate hearings, highlighted a problem with Bismarck State College and their unwillingness to allow non-employed EMS Instructors to affiliate. I empathize with the challenge that was highlighted. The purpose of this rule was to provide a mechanism for oversight, and this oversight is a complicated burden that was thrust upon us with little to no guidance. Not to mention one that many training institutes did not ask for. My EMS Training Institute is the City of Williston. Why and how do I market to my constituents that we need to create a program to serve the greater region? Most ambulance services are now political subdivisions with tax-paying constituents to answer to. How or why do we have these local government-funded entities perform this regionalized service? As a city-operated department, we have yet to find a suitable model to make this work and make sense for our mission. What has happened is that our neighboring services have been utilizing an EMS Training Institute out of the Jamestown area. I want to make it clear that the training institute that I reference is excellent. They have a fantastic program and outstanding staff. I have an abundance of respect for their program and their people. However, how does this contribute to standardization? Doesn't it make more sense to have a system ironed out that encourages local coordination?

Second, I did some research on EMS Training Institutes in North Dakota. 2005 was when EMS Training Institutes were introduced into Century Code. There are a few interesting highlights from the hearing conducted in 2005. First, the legislative intent behind EMS Training Institutes was to move away from single-site testing in Bismarck and allow more testing opportunities throughout the state. We realized that the more condensed the system, the less reach and positive outcomes we had. Instructors would teach their classes and then go to regional testing sites. It makes sense. Never was it discussed to control the classes, just the state testing process. Notably, they highlighted that the single-point testing done in Bismarck for the entire state produced a 60% failure rate. In 2005, it was reported to this assembly that EMT classes produced a 60% failure rate. Fast forward 20 years to today. In the last 10 years, North Dakota has had an average 68.4% first-time pass rate. The national average is a 69% first-time pass rate

for EMR, a 74% first-time pass rate for EMT, and a 65% first-time pass rate for Advanced EMT. The success rate for new EMTs after up to 3 attempts at the exam is 80%.

It is accurate that we are slightly behind the national average. However, in 2019, North Dakota was #4 for the best first-time pass rate for EMTs in the nation. Since 2019, North Dakota has been at or slightly below the national average. Ironically, 2019 was the best year ever for North Dakota testing, and this was the year the ND EMS Association began working on its strategic plan. This strategic plan will likely be referenced here today; if not, it is mentioned and attached to testimony from the Senate. A primary item in the strategic plan is implementing the training institute model to fix poor quality EMS education throughout the state. Yes, during the year that North Dakota ranked #4 in the nation. From 2020 until today, North Dakota has been at or slightly below the national average. What happened? The transition to online and distance education due to COVID-19. EMS education is unique, and to be effective requires a high level of hands-on training. This training is best in the local environment with the equipment used locally. We learned this lesson in 2005 with single-site, state-wide testing failures.

My point is I'm not sure it is accurate to say that there is a North Dakota problem. Instead, with these fluctuating numbers, there is likely more of a problem with the National Standards. From this data, available from the National Registry of EMTs and the 2005 legislative record, I do not see the massive problem with the North Dakota system that led to this change.

The system this administrative rule seeks to create is not new; many other states have similar programs. The primary difference is that their programs have a funding mechanism to support them. There are two standard methods throughout the country. The first, and the one I am the most familiar with, is a "regional EMS council" concept. In many states, they divide their state into regions and fund third-party or state regional offices to facilitate the functions of their State EMS Office. Each of these regional councils receives funding for staffing to support the various missions such as licensure, EMS education, ambulance inspections, and protocol management. The other model utilizes the existing university or community college network to provide outreach education programs. Again, both systems have funding mechanisms to support them and receive direct oversight by their state EMS office.

What we did in North Dakota was pass off the burden of responsibility with no support structure and zero guidance to support the mission. I closely followed legislative sessions as part of my full-time job and other community activities. A recurring topic of discussion is state versus local control, which is often coupled with conversations regarding unfunded mandates. This topic is unique when we look at state versus local control because it is neither. The EMS Unit has created a new level of government oversight, regional government oversight. This further alarms me because it is not just regional government control structured with a chain of command; it is various local governments and private services controlling and overseeing others. As I provided earlier examples of services partnering with others from across the state, if a local service wants any independence with running their program, they now need

"approval" from these other political subdivisions or private services. Local policy from Fargo could be implemented on EMS courses in Williams County.

You are going to hear how easy this process is and how the EMS Unit did not provide crippling regulation to this plan to allow for training institutions to choose to participate or not and grant instructors the flexibility to affiliate with whoever was best for them. So, let's look at how this plays out. An instructor coordinator comes to me and wants to facilitate a program. I am now responsible for their program. As the EMS Unit will tell you, the rules are up to me, and I can provide as much or as little oversight as I feel appropriate, but at the end of the day, I accept the responsibility. Suppose I evaluate this instructor and determine that they are not suited to instruct this program; they then shop around to the other institutions until they find someone to say yes. Did we fix a problem? How about the scenario where no training institute accepts this instructor? They have a valid license and have a service asking them to conduct a program, but no institute is willing to accept them. That is a lot of power that, I argue, should be between the state and the local political subdivision.

At the end of the day, this system could work, but we did not provide the structure or support to make it work. Instead, we have added layers of bureaucracy to the system and prevented positive change. The idea of postponing the enactment of this administrative rule instead of passing this bill has been brought up. I do not know if this idea will be proposed here today. However, I do not support a postponement. The only way to meaningfully implement this type of regulation is with a massive system overhaul and financial support. Both of these would require legislative action. For that reason, a postponing of the rule would serve little purpose. Our rural services need their ability to train locally, which would be restored through the passage of SB 2100.

I ask for your support in recommending SB 2100 as a "do pass."

Sincerely,

A handwritten signature in black ink that reads "Corey A. Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Corey A. Johnson, B.S.
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