Chairman Wobbema and Committee Members.

I am the current Fire Chief of Kathryn Rural Fire Protection District located 20 miles south of Valley City. We have a good size group of eager members and strive to be there for our neighbors when in need. A majority of the calls we respond to are EMS related, we have an EMS QRU or Quick Response Unit under the authority of Barnes County Ambulance.

A number of our EMS personnel were initially trained locally in Valley City by a Licensed EMS Instructor, along with members from Barnes County Ambulance, subject matter experts from the local hospitals, clinics, etc. This traditional training method was a mixture of presenters, hands on, theory, power point, and in person training, including familiarization with specific equipment for the various methods of treatment from an EMR or EMT level initial training. In other words up close and personal and full of variety.

For a small town of less than 50 people surprisingly we had 4 members sign up for initial training EMR 2024. To date of those 4, 2 have successfully completed their skills testing portion but have not completed the New Standard National Registry EMR proctor written test. 1 member did not pass the skills testing and plans to retake that portion, and the last person opted out after the first few weeks of training.

The method of training under the new administrative rules by the Health and Human Services was a virtual EMS Trainer. Typically consisting of a home study for a chapter or 2 and then a primitive child level interactive quiz activity to measure retention of the information. No powerpoints, no demonstrations, no lectures.

The structure of the new rules required the students to have a sponsor from the local EMS community. After a few weeks of training, our Sponsor took it upon herself to expose the students to the information in the traditional way, go over the information, show examples, practice the skills in person, perform patient assessments, and role play. To my understanding a large majority of this class from the region that tested in the Jamestown testing site region did not complete, failed and were not prepared for the practical hands on skills assessment. The only reason any of our members were successful were due to our group's "sponsor's" efforts and methodology of educating new providers as it always has been.

The methods set forth by the Administration lack quality thought process and effective training methods. As well as add significantly more expense to our minimally funded QRU operation. Each student's registration cost was \$600 and the National EMR proctor test expense is unknown at this point. Along with significant sponsor costs for time and travel.

Rural agencies don't exactly have volunteers knocking on the door, but when we do get so lucky we need an effective, quality, relatively close and convenient, smooth process for training. The latest steps are ineffective.