

## MEMORANDUM

**TO:** Cheryl Flick  
**FROM:** Reagan Volkman, Legal Division  
**DATE:** October 24, 2023  
**SUBJECT:** Summary of Comments for N.D. Admin. Code chapter 33-36-01

Attached, pursuant to your request, is a copy of the summary of comments received in regard to the proposed amendments to N.D. Admin. Code chapter 33-36-01, Paramedicine and Emergency Medical Services Personnel Training, Testing, Certification, Recognition, and Licensure.

Thank you!

### LEGAL

coordinators to affiliate with licensed training institutes, will severely reduce the numbers of EMRs. WFD depends on services in the most remote portions of our service area to respond and provide immediate care to critically sick and injured persons. The risk of reducing the number of certified EMRs will decrease the level of service provided in these remote areas.

**Response:** The Department believes that a valid and reliable assessment of the cognitive abilities of potential licensees, as is offered by the National Registry of Emergency Medical Technicians assessment process, is critical to safeguarding patient safety, maintaining minimum standards of professional competence, and promoting accountability among EMS personnel and their partner healthcare providers. The Department proposes to recognize Emergency Medical Responders (EMR) certified as of January 1, 2024, as well as those attending EMR courses approved before January 1, 2024, and certified by June 30, 2024, using the existing process. The Department has revised subdivision f of subsection 1 of section 33-36-01-03 to read as follows:

- f. Individuals certified as emergency medical responders as of January 1, 2024, and those attending emergency medical responder courses approved before January 1, 2024, and certified by June 30, 2024, will not be required to obtain national registry certification.
- (1) Prior to student eligibility for initial certification by the department under the conditions identified in this subdivision, competency in the required knowledge and skills must be verified by a North Dakota recognized emergency medical services instructor or North Dakota licensed emergency medical services training institute.
- (2) Prior to eligibility for recertification by the department under the conditions identified in this subdivision, individuals must complete recertification requirements equivalent to those required by the national registry.

**Comment:** The WFD has concerns regarding the proposed rule changes outlined in section 33-36-01-03(3) and opposes this change. This rule change requires that Advanced EMT programs become accredited by CoAEMSP, like the current accreditation standard for the paramedic program. The WFD supports accreditation and the added value that it provides; however, the western part of the state has a significant gap in accredited programs. The WFD already struggles with paramedic education and is forced to outsource training to out of state education programs that provide distance education through web-based training. The WFD currently utilizes Advanced EMTs and can provide the initial entry training programs in-house. This change would eliminate our ability to provide this training and force us to

The change of making EMR level responders become National Registered is not the smartest idea. The option of if they choose to do so should stay that way. ND is a rural state many small towns have Quick Response Units that are mainly run with EMRs. EMRs who are farmers, work locally at other businesses, or maybe are even retired. These people will not become National Registered, instead the QRU service will just close. When you have ambulance services closing due to staffing and cost, the QRU is at least available in another town, or at least closer until the next ambulance service can arrive. What happens when people call 911 and are waiting much longer for help? There are three QRU services I know of that will close their doors due to this change. These EMRs don't attend conferences, they prefer to attend a weekend of training at the local ambulance service for their hours, and one service that gets training once a month to meet their hours.

**Response:** The Department has elected to withdraw the revision to the nomenclature of licensed Emergency Medical Services personnel and has revised the rules accordingly.

The Department believes that a valid and reliable assessment of the cognitive abilities of potential licensees, as is offered by the National Registry of Emergency Medical Technicians (NREMT) assessment process, is critical to safeguarding patient safety, maintaining minimum standards of professional competence, and promoting accountability among EMS personnel and their partner healthcare providers. The Department proposes to recognize Emergency Medical Responders (EMR) certified as of January 1, 2024, as well as those attending EMR courses approved before January 1, 2024, and certified by June 30, 2024, using the existing process. Despite not using the NREMT for initial certification, the Department requires the NREMT recertification requirements be met; therefore, existing EMRs will not be required to modify the process they currently use to recertify. The Department has revised subdivision f of subsection 1 of section 33-36-01-03 to read as follows:

- f. Individuals certified as emergency medical responders as of January 1, 2024, and those attending emergency medical responder courses approved before January 1, 2024, and certified by June 30, 2024, will not be required to obtain national registry certification.
  - (1) Prior to student eligibility for initial certification by the department under the conditions identified in this subdivision, competency in the required knowledge and skills must be verified by a North Dakota recognized emergency medical services instructor or North Dakota licensed emergency medical services training institute.
  - (2) Prior to eligibility for recertification by the department under

Advanced Care Paramedic. I believe this is a major mistake for several reasons and ask you to reject these proposed changes.

First, the National Registry of Emergency Medical Technicians (NREMT) uses the EMT, AEMT, and NRP designations for providers. Several years ago they adopted those designations to get away from the confusion of everyone being an EMT (EMT-Basic, EMT-Intermediate, EMT-Advanced, EMT-Paramedic). If North Dakota changes the designation and everyone is a Paramedic, we would be back to the same confusion NREMT got away from. The general public understands that an EMT can render basic care and a Paramedic can provide advanced care. If everyone is called a Paramedic the public will be confused when a 'Primary Care Paramedic' shows up and is unable to give grandma the medications she needs to relieve her pain or keep her alive on the trip to the hospital.

The 49 other states use EMT, AEMT, and NRP designations. Even the states that don't recognize NREMT registration use those designations. Why would we want to be different than every other state? Being unique can be good at times, but when it comes to something that would create confusion, that can't be a good thing. At the EMS Conference Mr. Price was asked about this and his only reply was that some other countries use these designations. We are in the United States of America, not those other countries. We should be striving to blend in with the other 49 states, not going off on a separate tangent just to be different.

There are several locations within the proposed changes that provide clarification and cross-references between the NREMT designations and the proposed ND designations. For example, in section 33-11-01.2-01(9), it is proposed to state that a person certified by NREMT as an EMT is eligible to be licensed as a primary care paramedic in North Dakota. Another example is in section 33-36-01-03(2)(d) which states that 'licensure as a primary care paramedic is equivalent to licensure as an emergency medical technician.' These are just 2 of many locations in the proposed rules that are needed to clarify the titles and reference them to other items in the North Dakota Century Code where the titles of EMT, AEMT, and NRP are used. This just seems to be cluttering up the NDCC. Why can't we just keep calling EMS personnel what they have been called for years, and what they are called throughout the rest of the country?

In 33-11-01.1-01 the titles 'Emergency medical responder' and 'Emergency medical technician' are listed. The new proposed titles are not listed in the definitions section.

While it is good to review the administrative rules every so often and update them as needed, I know of several EMS personnel who have asked for updated patient care protocols. They have been told that they are being worked on. The last time the protocols were updated was 2016. Seven years is way too long to wait for updates. I haven't talked to too many ambulance services who have their own protocols (and don't just use the state protocols as is), but those services review their protocols at least every couple of years, if not every year. Considering the patient care protocols have an immediate effect on patient care, I believe it is

2024, using the existing process. Despite not using the NREMT for initial certification, the Department requires the NREMT recertification requirements be met; therefore, existing EMRs will not be required to modify the process they currently use to recertify. The commenter raised concern regarding travel to a testing center for the National Registry of Emergency Medical Technicians (NREMT) EMR examination. The NREMT offers remote proctoring of examinations so there is no need to travel to a testing center. The Department has revised subdivision f of subsection 1 of section 33-36-01-03 to read as follows:

f. Individuals certified as emergency medical responders as of January 1, 2024, and those attending emergency medical responder courses approved before January 1, 2024, and certified by June 30, 2024, will not be required to obtain national registry certification.

(1) Prior to student eligibility for initial certification by the department under the conditions identified in this subdivision, competency in the required knowledge and skills must be verified by a North Dakota recognized emergency medical services instructor or North Dakota licensed emergency medical services training institute.

(2) Prior to eligibility for recertification by the department under the conditions identified in this subdivision, individuals must complete recertification requirements equivalent to those required by the national registry.

**Comment:** Looking at page 2 and the talk about community paramedic means a paramedicine professional that completed a department-approved education program. I have some questions about the approved education programs. From the education programs that I've seen out there throughout the country, they are geared to paramedics, and not the EMT and AEMT levels. I do know that there's a new program in the state that's getting going, however, that's not the norm for most people. I would like to know is there an approved curriculum for that program seeing as we are looking at making EMTs, AEMTs, and paramedics community paramedics. I think the nomenclature of changing the titles of EMT to primary care paramedic, AEMT to intermediate care paramedic is confusing both to us as individuals within the system and to the public.

**Response:** The Department has elected to withdraw the revision to the nomenclature of licensed Emergency Medical Services personnel and has revised the rules accordingly.

**Comment:** On page 3, number 12, the paramedicine instructor. I take that as any EMS instructor in the state right now whether that's at the EMT level, AEMT level, or the paramedic level. Coming from someone who's taught at the paramedic level for the last 12 years and

**Response:** The Department believes that the affiliation of EMS Instructors with licensed EMS Training Institutes will improve the quality of EMS education by bringing oversight and resources to entry-level EMS education programs. This position is shared by the North Dakota EMS Association as it was a strategy developed during the *Vision 2025* planning process. The Department disagrees with the commenter's speculation that there will be untoward impacts on the number and cost of training programs. The Department currently provides a training grant for initial EMS education that is intended to cover the cost of tuition. The grant amounts are adjusted frequently to address changes in costs incurred by students (including those presumably imposed upon them by EMS Training Institutes). In addition, the Department did not provide affiliation standards, allowing the EMS Training Institutes to determine the requirements for instructor affiliation. In this way the EMS Training Institute can create a model for affiliation that best serves the needs of the students of the affiliated instructors and the needs of the EMS Training Institute.

The Department believes that a valid and reliable assessment of the cognitive abilities of potential licensees, as is offered by the National Registry of Emergency Medical Technicians (NREMT) assessment process, is critical to safeguarding patient safety, maintaining minimum standards of professional competence, and promoting accountability among EMS personnel and their partner healthcare providers. The Department proposes to recognize Emergency Medical Responders (EMR) certified as of January 1, 2024, as well as those attending EMR courses approved before January 1, 2024, and certified by June 30, 2024, using the existing process. Despite not using the NREMT for initial certification, the Department requires the NREMT recertification requirements be met; therefore, existing EMRs will not be required to modify the process they currently use to recertify. The Department has revised subdivision f of subsection 1 of section 33-36-01-03 to read as follows:

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people that way as far as certification. I would love to have EMTs in community EMT programs, community AEMT programs, along with community paramedics. And then also making sure that we have a standardized curriculum for each one of those areas instead of just saying an approved program. And if we're not going to go with a national certifying agency, like the ISEVA for testing, then we need to have our own standards and our curriculum.

**Response:** The Department has elected to withdraw the revision to the nomenclature of licensed Emergency Medical Services personnel and has revised the rules accordingly.

**Comment:** As a licensed EMR/EMT (another comment received from Mooreton First Responders/Fire Department had EMT) in the state of North Dakota, and a member of Mooreton First Responders (same comment was received from Lidgerwood Rural Ambulance Service and Wyndmere-Barney Ambulance District) which is a Quick Response Unit serving the Mooreton region of North Dakota, these proposed amendments would wreak havoc on our organization. I will explain in greater detail below my specific issues with the proposed amendments, however I would strongly suggest that the DHHS focus its energy and time more on how to solve actual issues facing the rural EMS agencies of North Dakota instead of proposing amendments which would effectively remove most of the volunteer EMS members of our state.

Issue 1 – Nomenclature language change – EMT to Primary Care Paramedic, AEMT to Intermediate Care Paramedic, Paramedic to Advanced Care Paramedic. This change makes it very inconvenient for reciprocity with border states as well as the National Registry. There is no direct need for a title change as it doesn't provide any benefits and only creates more paperwork, and costly excess training without a proper funding mechanism.

**Response:** The Department has elected to withdraw the revision to the nomenclature of licensed Emergency Medical Services personnel and has revised the rules accordingly.

**Comment:** Issue 2 – 33-36-01-03 – All classes in the state must be conducted by a licensed EMS training institute. This change makes the already near-impossible task of initial training and continuing education classes for volunteer members of the EMS system even more difficult. This change would possibly be welcomed for more advanced care levels, such as Paramedic, but lower levels of care should be made more accessible to encourage participation, instead of restricting access.

**Response:** The Department believes that the affiliation of EMS Instructors with licensed EMS Training Institutes will improve the quality of EMS education by bringing oversight and resources to entry-level EMS education programs. This position is shared by the North Dakota EMS Association as it was a strategy developed during the *Vision 2025* planning process. In addition, the Department did not provide affiliation standards, allowing the EMS Training Institutes to determine the requirements for instructor affiliation. In this way the EMS

**Comment:** Issue 4 – 33-36-01-03(f) – All state EMR's must transition to NREMT certification by June 30, 2028. This change absolutely cannot happen. Most EMRs in the state would not be willing to volunteer their free time to make the change to becoming an EMT. There is no need for this change as the EMR level of care is an essential part of the EMS system in the state and should not be removed. Even if current EMRs were "grandfathered" in, not allowing new EMRs would deter new members of the EMS system, especially in a volunteer setting, from taking that necessary step of becoming an EMR to gain knowledge and interest in the EMS system in the state. Most of the volunteers in my organization began their volunteer EMS careers as an EMR and worked their way up to higher levels of care as they became more skilled and interested.

In conclusion, these proposed rule changes would cause significant harm to the Quick Response Units and Ambulance Services alike across the State of North Dakota. The DHHS needs to scrap these proposed changes and start over with a new perspective on the EMS system in the state. With a dwindling number of EMS providers in the state, especially volunteers, the DHHS needs to look at how we can encourage more people to step up and volunteer by "cutting red tape" and "unnecessary administrative regulations" and make it easier for volunteer EMS members in the state to earn and keep their certifications and to stay active in the EMS system. The proposed rule changes would effectively do the opposite, a change which no one in rural North Dakota would like to see. If our area did not have a QRU with EMR/EMT volunteers the soonest available ambulance would be another 15 minutes out if they are even available, on top of possibly serious injuries that our QRU could be assisting with before an ambulance shows up. We are small towns and are lucky to have the small amount of volunteers we do and this change would do away with all of that and our friends and family in small communities like ours would suffer greatly. Minutes matter in a situation and can be the difference between life and death for some people.

**Response:** The Department believes that a valid and reliable assessment of the cognitive abilities of potential licensees, as is offered by the National Registry of Emergency Medical Technicians (NREMT) assessment process, is critical to safeguarding patient safety, maintaining minimum standards of professional competence, and promoting accountability among EMS personnel and their partner healthcare providers. The Department proposes to recognize Emergency Medical Responders (EMR) certified as of January 1, 2024, as well as those attending EMR courses approved before January 1, 2024, and certified by June 30, 2024, using the existing process. Despite not using the NREMT for initial certification, the Department requires the NREMT recertification requirements be met; therefore, existing EMRs will not be required to modify the process they currently use to recertify. The Department has revised subdivision f of subsection 1 of section 33-36-01-03 to read as follows:

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