2025 SENATE WORKFORCE DEVELOPMENT

SB 2100

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee
Fort Lincoln Room, State Capitol

SB 2100
1/9/2025

Relating to emergency medical services personnel training

1:30 p.m. Chairman Wobbema opened the hearing.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Cost of classes
- Recruitment of personal
- More qualified teachers
- Number of training institutions
- Limited oversight

1:30 p.m. Senator Todd Beard introduced the bill and submitted testimony #28286.

1:32 p.m. Corey Johnson, Assistant Chief, Williston Fire Department, testified in favor and submitted testimony #28128, #28369, #28370 and #28371.

1:39 p.m. Ron Lawler, North Dakota EMS association, testified in opposition to and submitted testimony #28305.

2:01 p.m. Chris Price, Health and Human Services testified in opposition to and submitted testimony #28196.

Additional written testimony:

Matthew Clark, Williston Fire Department Fire Chief, submitted testimony #28137.

Kelli M. Just, Community Volunteer EMS of LaMoure/Edgeley Ambulance Service NREMT, submitted testimony #28298.

Eric Nelson, Fire Chief of Kathryn Rural Protection District submitted testimony #28283, #28284.

2:21 p.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

January 7th, 2025

Senate Workforce Development Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Support for SB 2100

Chairman Wobbema & Committee Members,

My name is Corey Johnson, and I am a licensed EMS Instructor Coordinator by the Department of Health and Human Services' EMS Unit. I also serve as the Assistant Fire Chief for the City of Williston Fire Department. I submit this letter in support of SB 2100 as my personal testimony and as a supplement to my organization's submission.

In April of 2024, new administrative rules were enacted for the HHS Department that eliminated the ability of licensed EMS instructor coordinators to conduct initial entry certification courses independently. The rule change requires that licensed training institutes manage all initial entry certification courses. This rule change has ultimately resulted in regionalizing training programs throughout the state. Although this can have many benefits associated with it, there has been no implementation plan to see it through effectively. The primary reason provided by HHS for this significant change was to add a layer of oversight to initial entry programs and to increase the quality of education being provided that their department was unable to perform. The North Dakota EMS Association also identified this problem in their strategic plan entitled "Vision 2025."

"EMS Vision 2025 - Goal 3: By 2025, EMS Stakeholders will improve the quality of EMS education and maximize available education opportunities."

"Objective 1: Support standardization and increased quality of education. "

"Strategy 1: Develop a training affiliation model for EMS instructors."

As a result, the EMS Unit implemented a rule requiring EMS Instructor Coordinators to affiliate with EMS Training Institutes. The portion not addressed is the "affiliation model." Implementing this rule without a comprehensive plan results in fewer certification pathways, particularly in our rural communities. Year after year, our rural EMS services continue to suffer. The two primary issues that continue to be challenging are staffing and money. Without this legislation, the implemented administrative rule will undoubtedly negatively impact both. Rural services have lost their ability to recruit and train locally. Their only option is to seek out regionalized training opportunities that come with a substantial financial impact. The current EMS training grant administered by HHS covers the registration cost of some programs but not the added expenses. For example, since implementing this rule, a small rural department in Williams County has been sending their prospective recruits to programs in Jamestown. This requires students to travel across the entire

state multiple times to complete skills and clinical training requirements. For primarily volunteer agencies, this impacts their work and family life. It also adds to the cost by now requiring fuel, lodging, and meal expenses. These logistical and financial challenges greatly limit the amount of people services can afford to send to training. Services that could hold local classes of 6 or more recruits and now faced with picking one or two candidates.

Regionalized training and certifications are standard in other states but are implemented differently. Several states administer similar programs through regional EMS councils that are provided funding to implement these programs through their designated territories. Another model is capitalizing on existing community college and university systems to deliver outreach education programs focused on public safety.

It is also important to understand that SB 2100 only relates to Emergency Medical Responder [EMR] and Emergency Medical Technician [EMT] training for Basic Life Support [BLS] providers. These two training programs are the beginning of EMS training. Providers going on to more advanced certifications, such as Paramedics, must conduct their training through a nationally accredited agency and are not impacted by this. All of our rural services have been impacted by training institute requirements. Most cities in North Dakota operate at the Advanced Life Support [ALS] level with Paramedics.

By passing this legislation, the EMS Unit will have the opportunity to develop a comprehensive plan to address the issue of supporting standardization and increasing the quality of EMS education. I ask for your support in recommending SB 2100 as a "do pass" recommendation to the Senate floor.

Thank you for considering this matter.

Sincerely,

Corey A. Johnson, B.S.

CITY OF
WILLISTON
FIRE DEPARTMENT

January 7th, 2025

Senate Workforce Development Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Support for SB 2100

Chairman Wobbema & Committee Members,

Please accept this letter as support for SB 2100 as presented to the legislature. In April 2024, the Emergency Medical Services [EMS] Unit of the Department of Health and Human Services enacted new administrative rules that changed the landscape of EMS education. These rules required all initial entry certification programs to be administered through a licensed EMS training institute. Previously, the HHS Department licensed individual instructor coordinators with the authority to coordinate and deliver initial entry certification programs directly through HHS. Local EMS services could provide instructor coordinators or contract with other instructors throughout the state to conduct training programs locally.

The change in these rules created a significant void in our region for new Emergency Medical Technician and Emergency Medical Responder training programs. The Williston Fire Department is a licensed EMS training institute, and since the passage of the administrative rules, we have been overwhelmed with requests for assistance from neighboring rural services in Williams and our surrounding counties. We have received requests for training support as far away as Dunn County.

The primary reason provided by HHS for this significant change was to add a layer of oversight to initial entry programs and to increase the quality of education being provided that their department was unable to perform. This is leading to the regionalization of training. Although the principle behind this change is sound, there was no support provided to EMS training institutes to carry out this new responsibility. The Williston Fire Department never intended to provide training opportunities at this scale to our region and cannot do so without financial support. The only available option to fund this level of responsibility is through a significant fee increase that many rural ambulance services do not have the means to provide. The current EMS training grant is insufficient to support the cost of regionalized training programs.

We have already seen a reduction in new EMS providers in our region, and our neighboring services struggle every day to recruit and train new EMS providers. This legislation will restore the ability to recruit and train locally, a model the Williston Fire Department has found great success in.

Our department recognizes the motivation and need to implement solutions to improve the quality of EMS education in our region and throughout the state. By passing this legislation, the EMS Unit will have the opportunity to develop a comprehensive plan to address the issues surrounding EMS education and present it back to the legislature. For this plan to be effective and support rural ambulance services, funding must be included. We are committed to working with the EMS Unit of HHS to develop that plan. We ask for your support in recommending SB 2100 as a "do pass."

Sincerely,

Matthew Clark, EdD
Fire Chief, City of Williston Fire Department
(701) 572-3400 ext. 2312
mattc@ci.williston.nd.us

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

Chairman Wobbema, and members of the Senate Committee, I am Chris Price with the Department of Health and Human Services (Department). I appear before you in opposition to Senate Bill No. 2100.

For over a decade, the Department has collaborated extensively with stakeholders across the state to develop and refine the rules governing Emergency Medical Services (EMS) operations and EMS personnel—codified as Article 33-11 and Chapter 33-36-01, respectively. These rules were created to align with industry standards and are grounded in evidence-based practices. Importantly, they were not created in isolation but were thoroughly vetted and ultimately endorsed by the Emergency Medical Services Advisory Council, representing a broad spectrum of expertise and interests within the EMS community.

A key provision of these rules, Paragraph 5.d.1. of Section 33-36-01-03, mandates that EMS instructors be affiliated with a licensed EMS training institute. This requirement was included at the direct request of the North Dakota EMS Association as part of their *EMS Vision 2025* initiative. This document emerged from an exhaustive, yearslong outreach effort aimed at addressing critical challenges within the EMS field and devising actionable strategies to overcome them.

Senate Bill No. 2100 seeks to undermine this carefully considered provision by removing the requirement for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) instructors to maintain affiliation with a licensed EMS training institute. The change invites different instruction, which could lead to differing response protocols among EMS providers, which would be detrimental to the health and safety of North Dakota residents.

By opposing the bill, we are maintaining a uniform best practice instruction to EMS providers, which protects the health, safety, and welfare of North Dakota residents.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

We do support the idea of improving the quality of training existing and new EMS providers.

Rural North Dakota heavily relies on Basic EMRs and EMTs to shorten the time a patient is waiting for an ambulance service to arrive to render aid.

Sincerely,

Eric Nelson
Kathryn Rural Fire Protection District
701-840-2584
eric.nelson22.en@gmail.com

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.

SB2100

Members of the committee. My name is Todd Beard. I am the Senator from District 23 serving the Williston and Trenton area.

SB2100 comes before you on behalf of our local emergency services instructors and candidates. The purpose of the bill before you is to ensure qualified entry level certification training for emergency responders and technicians may be provided by emergency medical services instructors without requiring involvement from a specific emergency medical services training institute. The training institute requirement came about due to a rule change completed in the interim.

If the rule remains as it is currently written, rural communities will find it increasingly difficult to get qualified candidates through a training program. Volunteers are becoming harder to find. Making the pathway more accessible will help with recruitment.

There are others better qualified testifying today that can clarify the importance of this legislation.

Thank you for your consideration and ask for a DO PASS recommendation. I stand for any questions.

Testimony Senate Bill No. 2100

Senate Workforce Development Committee

Senator Wobbema, Chair

January 9, 2025

I am writing in support of Senate Bill No. 2100.

For the past 20+ years, I have held a current North Dakota teaching license and have been a NREMT. I have also completed a North Dakota EMS Instructor Course and have attended all the required refresher courses. I have volunteered my time as a member of the NDEMSA as well. I was honored to be recognized as the 2019 NDEMSA EMS Provider of the Year. In the past, I have combined my passion for education and EMS by teaching numerous initial entry EMR courses in LaMoure. Many of my students have been firemen, high school students, and individuals who live in rural areas. I worked very hard to provide high quality education with many hours of hands on practice. All my students passed the state's written test and the skills test. These individuals are **extremely important** in our EMS system, and we absolutely need EMRs in rural North Dakota if we want to provide the highest level of prehospital care to all we serve.

I cannot imagine an argument against having rural firemen trained as EMRs. You have no idea how helpful it is to have firemen at the scene of a crash able to help provide medical care to patients. I also cannot imagine an argument against having high school students introduced to EMS and the healthcare field – many of my high school students are now studying to be nurses and paramedics in our state and some are actively serving in medical provider roles as members of the North Dakota Army National Guard. And I also cannot imagine an argument against having an individual living in a rural area trained as an EMR. How can it be negative to have a person trained with medical knowledge and basic medical equipment willing and able to respond to a scene prior to an ambulance service to provide patient care, often to a patient who is a neighbor, family member or friend who lives down the road and it can sometimes be over 30 minutes before an ambulance arrives due to the distance they ambulance must travel.

Now we must imagine what it is like **without** these people trained in the LaMoure area. Why? Because of the recent change, I am no longer able to teach EMR and/or EMT courses because I am not affiliated with a training center and there is no training center in our area that offers an EMR course. I have contacted two training centers and inquired about joining their staff and neither center has been able to provide me with any type of direction or even

an application. I have numerous individuals from southeast North Dakota interested in joining EMS as an EMR and it frustrates me that I am unable to help them become trained, even though I have the knowledge and education to do so and we obviously need more EMS volunteers in our rural communities!

I completed all the necessary paperwork on time, kept up on my continuing education, taught courses with my heart and soul, and took great pride in being able to provide our community with more trained EMS personnel. I would absolutely love to be able to continue to educate and inspire people of all ages to pursue a volunteer position on an ambulance service in rural North Dakota. You can help make that happen again. Please consider passing SB2100.

Kelli Just

NREMT

Berlin, ND

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.

Good afternoon, Chairman Wobbema and committee members. My name is Corey Johnson, and I am here both as the Assistant Chief of the City of Williston Fire Department and as an individual licensed EMS Instructor Coordinator supporting Senate Bill 2100.

Out of respect for your time, I will not read the letters submitted by my organization and me directly, but rather highlight those key points and add some additional information.

This bill was drafted and submitted after much discussion after the last administrative rules process undertaken by the EMS Unit and yes it does stand to reverse a rule brought forward by the EMS Unit. I want to highlight that a sponsor to this bill out of the House of Representatives is Clayton Fagley who also is the director of ~~Burlington~~ Ambulance in Ward County. Berthold

This is an important factor when considering this peace of legislation. This ~~peace of~~ legislation does not impact our large city services. Nearly all of them have the means to comply and move forward with the rule that was passed in April. I myself stand before you representing an organization that is a EMS training institute. My service will continue on status quo, today at least. My concern is what happens 6-months, 1-year, 3-years from now.

Rural ambulance services across the state are in distress. Every legislative session, our various interest organizations

Director Price, in his testimony, expressed that this was consensus-based. I challenge that premise. If memory serves me correctly, EMSAC endorsed the rules by 1 vote. The public comment period received 18 comments, many related to EMR and EMT certifications and training institutes. Mostly from rural services. The rules process was delayed because of debate pertaining to the rules, and even at the final meeting, it was made clear with several legislators acknowledging that there were still issues; however, the rules needed to move forward, with further issues being addressed during the legislative session. Run - Same person EMS - EMSAC

I bring that up not to be adversarial, but to highlight that this issue has been extremely impactful, and much more work needs to be done to see this through. – Evident through testimony Although this bill reverses a rule, it opens up an opportunity to bring forth a meaningful and comprehensive plan to address the issues this rule was intended for. If this is the best solution, which It very well may be, I stand committed to working towards the comprehensive plan to see it through.

I ask this committee to support this bill and allow us as an industry to work with the EMS Unit towards a comprehensive plan to bring back next session.

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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

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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:

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

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 standarized 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.

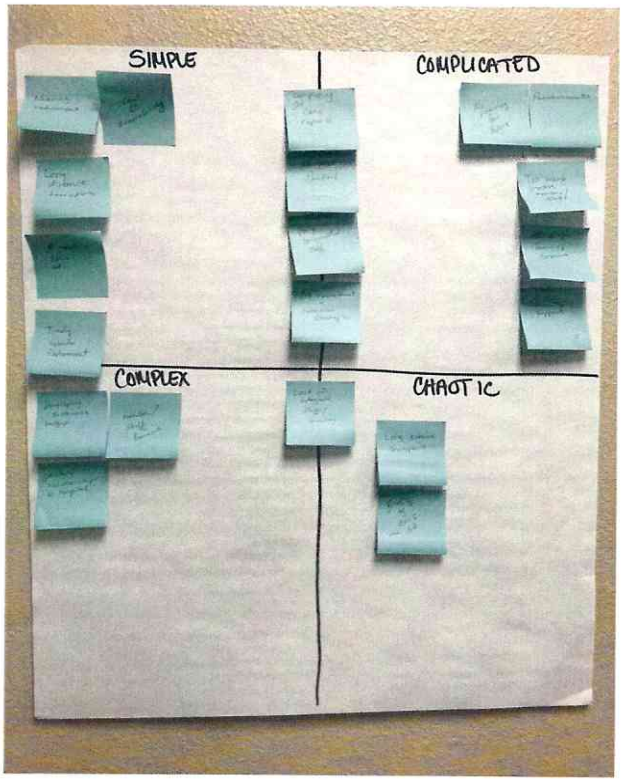
Response: The Department believes that a valid and reliable assessment of the cognitive abilities of potential licensees, as is offered by the National Registry of Emergency Medical Technicians (NREMT) assessment process, is critical to safeguarding patient safety, maintaining minimum standards of professional 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:

> 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

EMS Vision 2025

Prepared for North Dakota's EMS Stakeholders

StrengthenND®



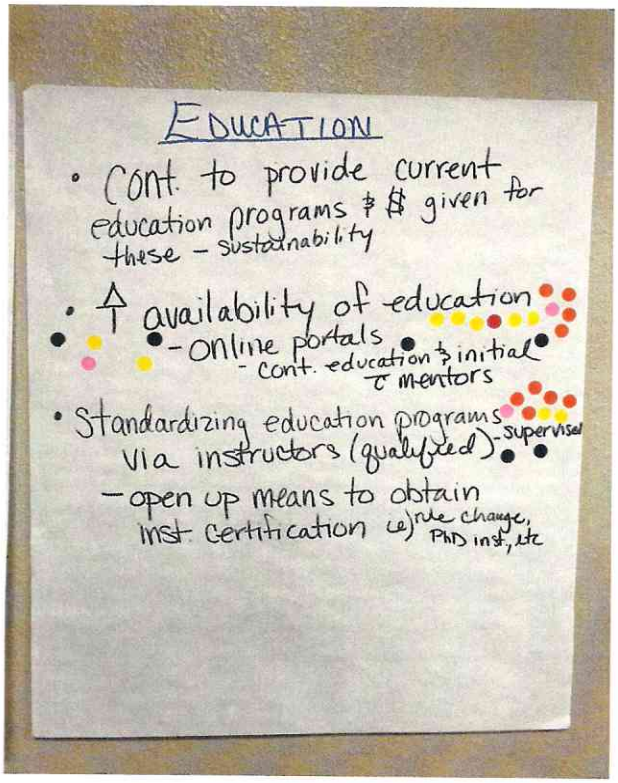


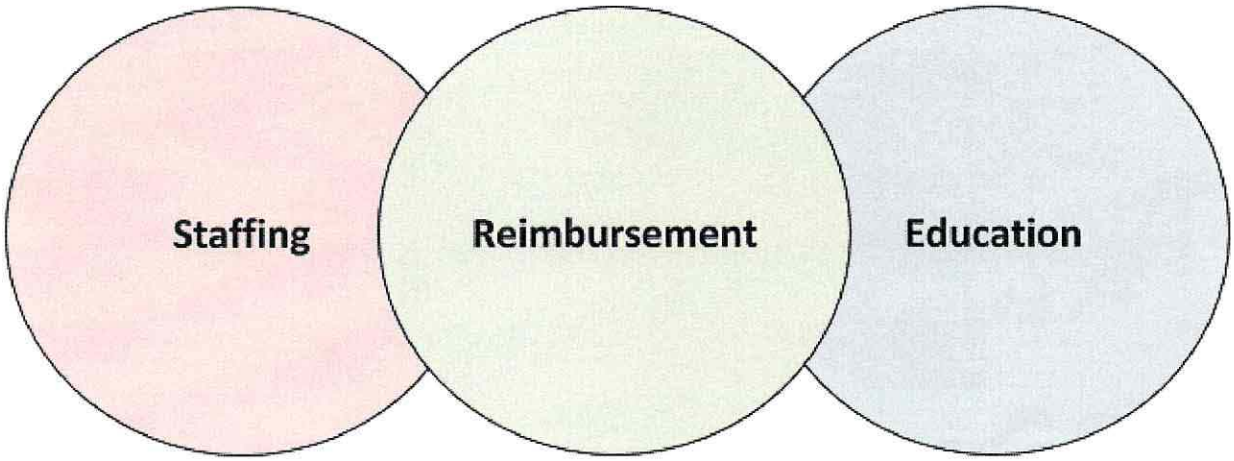
Table of Contents

Introduction

As part of an effort to create a five-year strategic vision for emergency services across North Dakota, Strengthen ND was able to facilitate two separate sessions filled with EMS stakeholders from across the state to support the generation of measurable goals and objectives. Prior to the individual planning sessions, significant efforts had already been undertaken by the North Dakota Emergency Services Association (NDEMSA) to collect data on the emerging needs being experienced by local ambulance services.

Summary of Data Collected

Through one-on-one interviews, small focus groups, and a wide-reaching electronic survey, NDEMSA was able to categorize and prioritize the self-reported challenges into three broad areas: Staffing, Education, & Reimbursement.



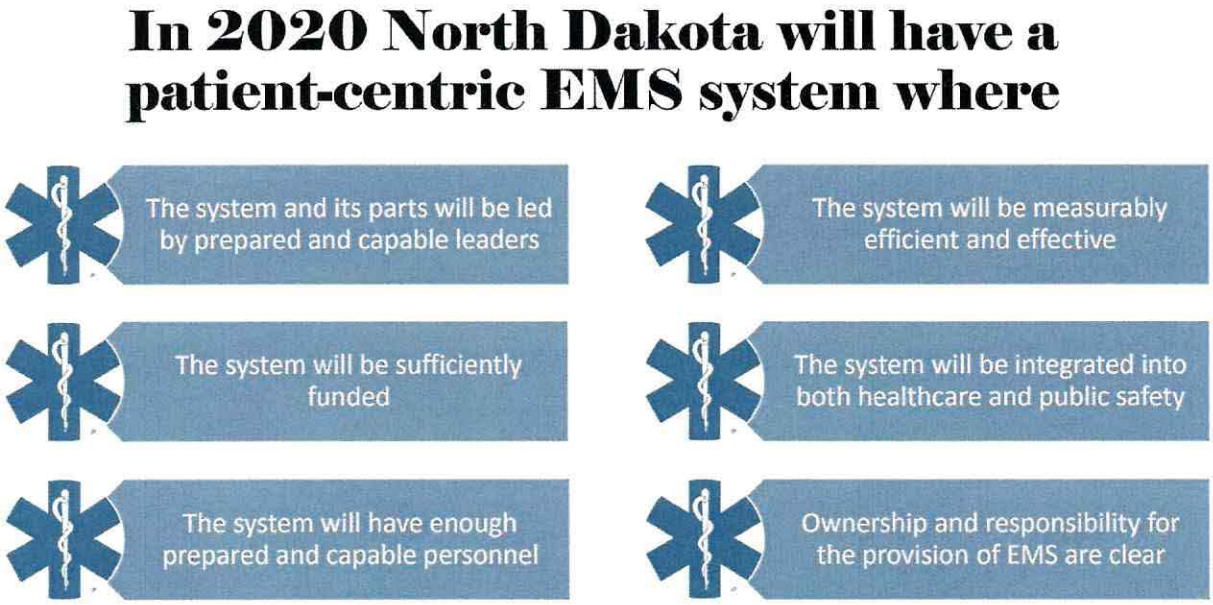
Further, the following top eleven challenges were reported most frequently throughout all of North Dakota, as per the electronic survey:

1. Lack of Adequate Members/Staff (38.8%)
2. Member/Staff Burnout (23.5%)
3. Member/Staff Nearing Retirement (23.5%)
4. Adequate Reimbursement for Transports (22.4%)
5. Motivating Staff to Attend Training Sessions (18.8%)
6. Long Distance Transports (17.7%)

7. No Recruitment & Retention Strategies (15.3%)
8. Too Many Inactive Members/Staff (15.3%)
9. Poorly Compensated Members/Staff (12.9%)
10. High Cost of EMS Education (10.6%)
11. Developing a Sustainable Budget (10.6%)

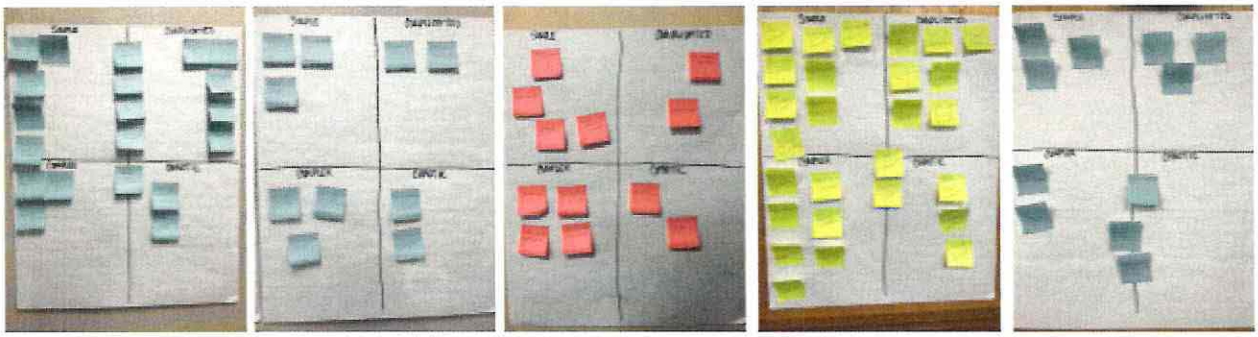
Process Utilized

To support the generation of a five-year strategic vision, Strengthen ND began the first planning session, which was held on August 13th, 2019, with a review of the data collected (summarized above) and a review of the previous strategic vision, which was meant to be achieved by 2020.



Following the review and discussion of the data and previous vision, the large group in attendance was then broken into five groups to begin work on an exercise named "Agreement & Certainty Matrix", where the groups were asked to sort the challenges identified into the following categories: Simple, Complicated, Complex, & Chaotic. The exercise was meant to support deeper thinking into each of the identified challenges to better identify the dynamics at play and their root causes.

Resulting Matrices



Once the challenges had been fully discussed and shared, the group was then asked to develop strategies or solutions to mitigate the identified challenges. Further, they were asked to narrow their proposed solutions or strategies into their top five proposed under the three categories of Staffing, Reimbursement, and Education. Finally, the individuals in attendance were asked to rank the most important solution or strategy to implement with a colored dot. Below, outlined in the columns, are the final rankings of the proposed strategies under each category.

STAFFING

- Phase out "volunteer" and promote EMS as a profession (28)
- Statewide ad campaign for recruitment, public awareness, and education (16)
    - "Who is EMS?"
    - Highlighting purpose
- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Recognition for years of service (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)

REIMBURSEMENT

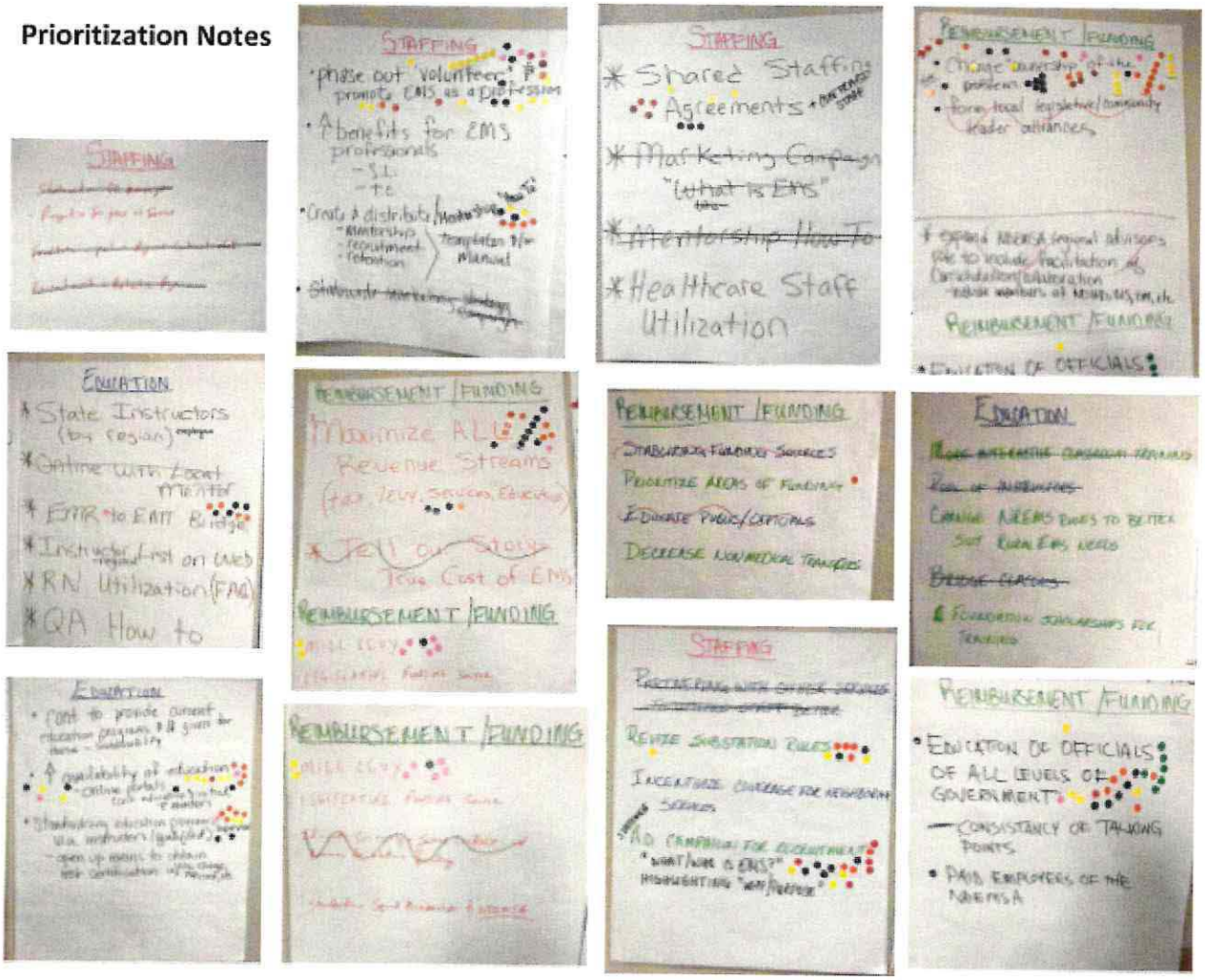
- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
    - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSA (0)

EDUCATION

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)

- Standardizing education programs via instructors (qualified) and supervision (10)
    - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- EMR to EMT bridge (9)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Prioritization Notes



The second planning session was held with a smaller group of EMS Stakeholders on August 19th, 2019. The goal of this planning session was to refine the strategies proposed into big picture areas and associated strategies. To do this, the individuals in attendance reviewed the results of the prior planning session, discussed their common threads, and developed four large vision areas. Once the large vision areas were identified, a road mapping process was utilized to take a deeper dive into the proposed goals and objectives. The visual results of the mapping session can be found below.

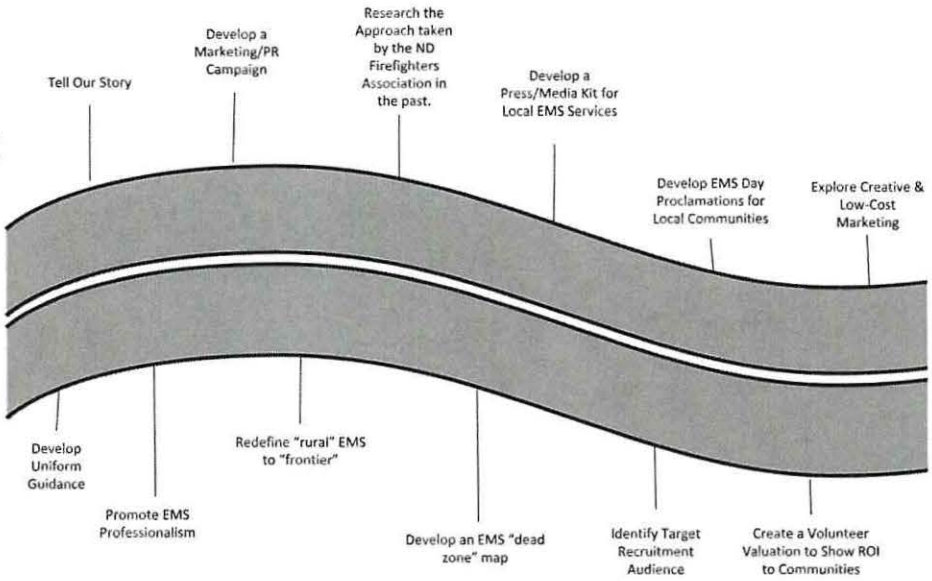
GOAL 1

People Power | Who will steer, guide, and push?

- ND Association of Counties
- ND Firefighters Association
- EMS Stakeholders

Gas Station | What will power us?

- Grant funding for a PR campaign
- Earned revenue opportunities to support marketing



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will elevate the perception and visibility of EMS throughout North Dakota.

Statewide Marketing Campaign Adaptable Messaging & Promotion Materials

Suggested "Brand Standards"

"Volunteer to Professional"

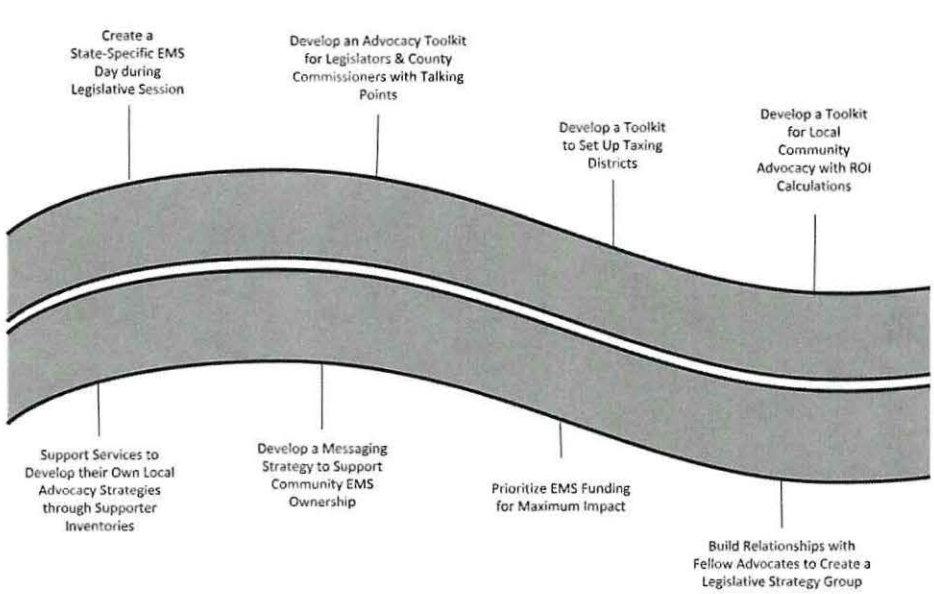
GOAL 2

People Power | Who will steer, guide, and push?

- EMS Stakeholders
- Medical Directors
- American Medical Association
- NDSU Traffic Safety Study Personnel

Gas Station | What will power us?

- National Day Calendar
- Added Funds



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will create and deploy an advocacy initiative to educate communities and support long-term EMS sustainability.

Education to Elected Officials

Develop Funding/Revenue Stream Tools & Education

General Public Education with Localized Messaging/Tools

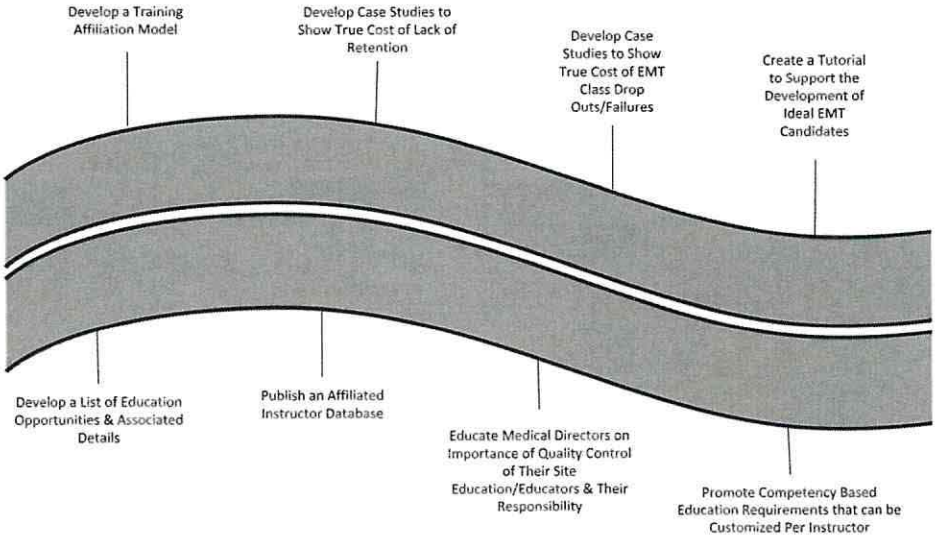
GOAL 3

People Power | Who will steer, guide, and push?

- Department of Health
- NDEMSA Education Committee
- EMS Advisory Council
- Medical Site Directors

Gas Station | What will power us?

- Area Training Institutions



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will improve the quality of EMS education and maximize available education opportunities.

Embracing Technology

Oversight & Training Locations

Regional Skills Labs

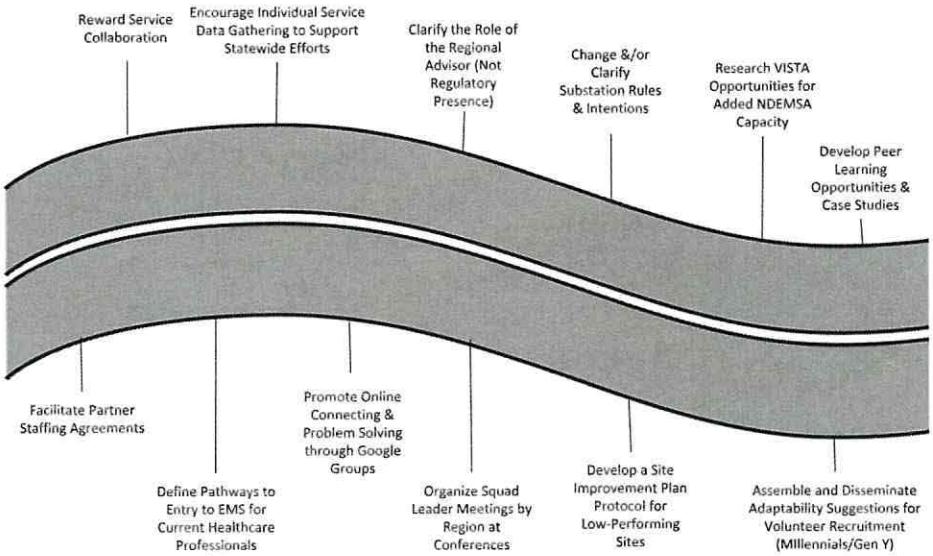
GOAL 4

People Power | Who will steer, guide, and push?

- ND State Radio System
- ND Association of Counties
- American Medical Association
- ND 911 Association
- County 911 Coordinators
- EMS Stakeholders

Gas Station | What will power us?

- HRSA Grant Data Measures to Guide Implementation



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will foster partnerships to create and facilitate expanded efficiencies for operational, staffing and administrative, and service capabilities for local EMS services.

Recruitment & Retention Tools

Education on Substation Rules

Healthcare Staff Utilization Guidance

Following the completion of the second planning session, Strengthen ND took all of the information provided and created measurable objectives from the strategies noted above and the goals outlined in the planning session.

Planning Outcomes

Through the processes implemented, the following goals, objectives, and strategies can be developed to support the growth and sustainability of EMS throughout North Dakota.

Goal 1: By 2025, EMS Stakeholders will elevate the perception and visibility of EMS throughout North Dakota.	
Objectives	**Lead** & Partners
Objective 1: Determine and grow the North Dakota EMS brand.	**EMS Stakeholders** ND Association of Counties ND Firefighters Association
• **Strategy 1:** Develop and disseminate uniform and public appearance guidance statewide. • **Strategy 2:** Tell, document, and publish the stories of EMS professionals across North Dakota to elevate EMS visibility and illustrate local impact.	
Objective 2: Develop and implement a statewide EMS awareness campaign.	
• **Strategy 1:** Connect with the ND Firefighters Association to learn from their past awareness campaign strategies. • **Strategy 2:** Assemble an EMS "dead zone" map to utilize for awareness purposes. • **Strategy 3:** Identify the target audience(s) and create segmented messaging. • **Strategy 4:** Create statewide and localized volunteer valuations to show the return on investment of EMS professionals to the state and communities. • **Strategy 5:** Develop media kits for local ambulance services, reflecting the messaging of the statewide awareness campaign, including opportunities for low-cost local marketing. • **Strategy 6:** Develop an EMS Day proclamation for local communities to utilize.	

Goal 2: By 2025, EMS Stakeholders will create and deploy an advocacy initiative to educate communities and support long-term EMS sustainability.	
Objectives	**Lead** & Partners
Objective 1: Build the advocacy capacity of local ambulance services.	**EMS Stakeholders**
• **Strategy 1:** Develop a messaging strategy to support	

community buy-in for EMS ownership, with return on investment calculations for individual communities. • **Strategy 2:** Develop an advocacy toolkit to local services to speak with legislators and county commissioners.	Medical Directors American Medical Association NDSU Traffic Safety Study Personnel
Objective 2: Build the sustainability capacity of local ambulance services.	
• **Strategy 1:** Revise EMS funding strategies to support maximum impact to critical local ambulance services. • **Strategy 2:** Develop a toolkit to support local ambulance services to set up taxing districts.	
Objective 3: Build the advocacy capacity of EMS Stakeholders to make a bigger impact at Legislative Bienniums.	
• **Strategy 1:** Build relationships with related organizations to create a legislative strategy group. • **Strategy 2:** Create a state-specific EMS Day during the Legislative Session.	

Goal 3: By 2025, EMS Stakeholders will improve the quality of EMS education and maximize available education opportunities.	
Objectives	**Lead** & Partners
Objective 1: Support standardization and increased quality of education.	**Department of Health** NDEMSA Education Committee EMS Advisory Council Medical Site Directors
• **Strategy 1:** Develop a training affiliation model for EMS instructors. • **Strategy 2:** Educate medical directors on their responsibility to assure quality education is provided at their sites. • **Strategy 3:** Promote competency-based education requirements that can be customized per affiliated instructor. • **Strategy 4:** Publish an affiliated instructor database.	
Objective 2: Support local ambulance services and personnel to access and maximize available training opportunities.	
• **Strategy 1:** Create a tutorial to guide the development of the ideal EMT/EMR candidate. • **Strategy 2:** Create case studies to illustrate the cost of low candidate retention and candidate drop-outs/failures. • **Strategy 3:** Develop and disseminate a comprehensive list of educational opportunities and qualifications to local services.	

Goal 4: By 2025, EMS Stakeholders will foster partnerships to create and facilitate expanded efficiencies for operational, staffing and administrative, and service capabilities for local EMS services.	
Objectives	**Lead** & Partners
Objective 1: Strengthen regional and statewide peer learning networks.	**EMS Stakeholders** ND State Radio System ND Association of Counties American Medical Association ND 911 Association County 911 Coordinators
• **Strategy 1:** Develop peer learning opportunities (i.e. shared ride alongs). • **Strategy 2:** Promote statewide online connecting and problem solving through Google Groups. • **Strategy 3:** Organize squad leader meetings by region at conferences.	
Objective 2: Support local ambulance services to assess opportunities for collaboration and facilitate shared agreements.	
• **Strategy 1:** Encourage individual service data gathering to support potential partnership opportunities. • **Strategy 2:** Clarify substation rules and intentions for services, which may be good candidates. • **Strategy 3:** Define pathways to entry to EMS for current healthcare professionals for added volunteer capacity. • **Strategy 4:** Facilitate partner staffing agreements for qualifying services.	
Objective 3: Increase NDEMSA's ability to impact to local services.	
• **Strategy 1:** Assess the viability of securing AmeriCorps VISTAs for service delivery and organizational capacity building. • **Strategy 2:** Clarify the role of Regional Advisors to local ambulance services to maximize the relationships. • **Strategy 3:** Develop a site improvement plan protocol for low-performing sites. • **Strategy 4:** Assemble and disseminate adaptability suggestions for volunteer recruitments (Millennials/Gen Y).	

Raw Data & Agendas from Sessions

Large Group Planning Session

August 13, 2019

Agenda

I. **Introductions & Purpose**
(9:30 am - 9:40 am)

II. **Review & Summary of Data Collected & Themes Identified**
(9:40 am - 11:15 am)

III. **Agreement & Certainty Matrix**
Sorting Challenges into Simple, Complicated, Complex, & Chaotic Domains
(11:15 am - 12:00 pm)

IV. **Lunch** (12:00 pm - 1:00 pm)

V. **Agreement & Certainty Matrix**
Brainstorming & Exploring Solutions that are Simple, Complicated, Complex, & Chaotic
(1:00 pm - 2:45 pm)

VI. **Break** (2:45 pm - 3:00 pm)

VII. **What, So What, Now What**
Analyzing Results & Prioritizing Next Steps
(3:00 pm - 4:45 pm)

VIII. **Wrap Up & Next Steps** (4:45 pm - 5:00 pm)

Notes: _____

Small Group Planning Session

August 19, 2019

Agenda

I. **Introductions & Purpose**
(9:30 am - 9:45 am)

II. **Review & Summary of Large Group Session**
(9:45 am - 10:45 am)

III. **Distilling A Big Vision & Goals**
(10:45 am - 12:00 pm)

IV. **Lunch** (12:00 pm - 1:00 pm)

V. **Taking A Deep Dive into Measurable Goals & Objectives**
(1:00 pm - 2:30 pm)

VI. **Break** (2:30 pm - 2:45 pm)

VII. **Taking A Deep Dive into Measurable Goals & Objectives (cont'd)**
(2:45 pm - 4:30 pm)

VIII. **Wrap Up & Next Steps** (4:30 pm - 5:00 pm)

Notes: _____

STAFFING

- Phase out "volunteer" and promote EMS as a profession (28)
- Statewide ad campaign for recruitment, public awareness, and education (16)
    - "Who is EMS?"
    - Highlighting purpose
- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Recognition for years of service (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)

REIMBURSEMENT/FUNDING

- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
    - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSA (0)

EDUCATION

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)
- Standardizing education programs via instructors (qualified) and supervision (10)
    - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- EMR to EMT bridge (9)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

STAFFING **REIMBURSEMENT/FUNDING** **EDUCATION**

- Change ownership of the EMS problem (45)
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- Recognition for years of service (0)
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- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSA (0)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Goal 1: Enact a statewide marketing campaign to change the perception of EMS professionals to spur recruitment, retention, and community education.

- Statewide ad campaign for recruitment, public awareness, and education (16)
    - "Who is EMS?"

    - Highlighting purpose
- Phase out "volunteer" and promote EMS as a profession (28)
- Recognition for years of service (0)
- Legislative Funding source (0)

Goal 2: Enact advocacy strategies to support long-term EMS sustainability and funding.

- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
    - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSA (0)
- Standardize squad membership to NDEMSA (0)

Goal 3: Increase the quality and quantity of available education opportunities by leveraging technology.

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)
- EMR to EMT bridge (9)
- Standardizing education programs via instructors (qualified) and supervision (10)
    - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Goal 4: Increase opportunities and partnerships for increased staffing capacity.

- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee
Fort Lincoln Room, State Capitol

SB 2100
1/23/2025

Relating to emergency medical services personnel training.

3:13 p.m. Chairman Wobbema opened the hearing.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Number of instructors
- Location of training facilities
- Finding volunteers
- Burden of travel

3:14 p.m. Chairman Wobbema opened committee discussion on impacts of proposed legislation.

3:26 p.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee
Fort Lincoln Room, State Capitol

SB 2100
2/14/2025

Relating to emergency medical services personnel training.

9:03 a.m. Chairman Wobbema called the meeting to order.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Unfunded mandate
- Volunteer willingness
- Potential study consideration
- Participation of training institutes

9:17 a.m. Senator Powers moved Do Not Pass.

9:17 a.m. Senator Larson seconded the motion.

Senators	Vote
Senator Mike Wobbema	N
Senator Michelle Axtman	AB
Senator Josh Boschee	Y
Senator Diane Larson	Y
Senator Michelle Powers	Y

Motion Passed 3-1-1.

Senator Powers will carry the bill.

9:20 a.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

REPORT OF STANDING COMMITTEE
SB 2100 (25.0331.01000)

Workforce Development Committee (Sen. Wobbema, Chairman) recommends **DO NOT PASS** (3 YEAS, 1 NAY, 1 ABSENT OR EXCUSED AND NOT VOTING). SB 2100 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

2025 HOUSE HUMAN SERVICES

SB 2100

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2100
3/10/2025

Relating to emergency medical services personnel training.

3:08 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Rios, Rohr
Members Absent: Representative Kiefert

Discussion Topics:

- EMS and Ambulance Services Coordination
- EMS instructors' requirements
- Training Materials across the State
- Federal Standards for EMS training
- Success rates of passing EMS tests

3:09 p.m. Todd Beard, Senator, Williston, introduces the bill. #39854

3:12 p.m. Corey Johnson, Assistant Fire Chief, City of Williston Fire Department, testified in favor and submitted testimony #39822 and #40127.

3:25 p.m. Bob Flath, Commissioner, LaMoure County, testified and submitted testimony in favor #39690.

3:27 p.m. Bill Kalanek, CRO of APT, testified in opposition.

3:27 p.m. Adam Parker, Member, ND Emergency Medical Services Association, testified in opposition and submitted testimony #40146.

3:43 p.m. Christopher Price, Health Response and Licensure, ND Department of Health and Human Services, testified in opposition and submitted testimony #39908.

Additional written testimony:
Jessica Duffy, LaMoure County Health Department, submitted testimony in favor #39559.
Brittney Ekart, Manager, Grenora Ambulance Service, submitted testimony in favor #39753.
Lori Gentzkow, Vice President, Community Volunteer EMS of LaMoure, submitted testimony in favor #39969
Kristen Moos, EMS Manager and Paramedic, Napoleon Ambulance, submitted testimony in favor #39933
Art Hagebock, LaMoure Printing Company, submitted testimony in favor #39967.

3:51 p.m. Chairman M. Ruby closed the hearing.

Madaline Cooper, Committee Clerk for Jackson Toman, Committee Clerk

Public Health
Prevent. Promote. Protect.
LaMoure County Public Health Department

03/07/2025

Dear Chairman Ruby and Committee Members,

My Name is Jessica Duffy. I am the Director of LaMoure county Public Health Department as well as a volunteer of the Community Volunteer EMS of LaMoure. As the director of Public Health, I support local EMS for our citizens. As a volunteer member of the EMS, I understand the value of local training and education for our members and I support SB 2100

SB 2100 A BILL for an Act to amend and reenact section 23-27-04.3 of the North Dakota Century Code, relating to emergency medical services personnel training.

This bill is important for the survival of our rural ambulances and fire departments. Our rural services are mostly operated by volunteers who work full-time jobs and traveling to other larger cities for training creates a hardship. If we do not pass this bill allowing local trainers to train our rural locals, we will have fewer and fewer volunteers to operate these services.

Line 18-21 of SB 2100
Rules adopted must allow emergency medical services instructors to provide direct, **entry-level** certification training for the levels of emergency medical responder and emergency medical technician, under the oversight of the department and **without the requirements of an emergency medical services training institute.**

Ask yourself, why is it good for North Dakota to reduce our options for lifesaving education? The instructors for the classes all received training and certification to teach these basic lifesaving skills. The more people trained in Emergency Medical Response the better! Rural instructors train local community members to care for our people in emergency situations and to provide basic lifesaving care like CPR, Heimlich maneuver and stop the blead.

Passing this BILL supports EDUCATION options for rural communities.

I support the local education option for rural emergency services.

Thank you,
Jessica Duffy RN Administrator
LaMoure County Public Health Department
100 1st Ave SW
LaMoure ND 58458
701-883-5356
Fax: 701-883-5015

Senate bill 2100

Chirman Ruby and members of the House Human Service Committee,

My name is Bob Flath and I am a County Commissioner with LaMoure County, ND.

I also serve as a volunteer firefighter and EMR.

and serve as Chair for the LaMoure County Emergency Planning Committee and have the support of all members of that committee and speak for them as well.

We all stand in support to SB 2100

This bill can hopefully nullify a training requirement rule that was voted down by yourselves in the last session only to later (April 2024) be put in place through administrative rule by the ND Health and Human Service Department under the advice of the ND EMS Association. Seems as though the EMS Association is running the show. Now this new rule forces trainers to become covered by affiliated organizations like Sanford or Jamestown Regional Medical to name a couple examples. Our local trainer approached these organizations and only one agreed they could likely work with us, only after researching this because they knew nothing of it, but they did not currently know who in their organization would do this work or what the costs would be. This only adds more pressure to already stressed services, but perhaps this is the goal?

Where does this end? Is this one new affiliated individual component the last level? If at some point we find that one of these individuals does not live up to the expectations of the NDHHS or whoever it is that is in charge do we then need to add another individual looking over that individuals back??? All the while our local services or political subs get to pay for it, perhaps we can inject the use of a consultant here as well sometime in the future? If this is happening because someone believes there was a bad apple somewhere, why do we not root out that individual and move on?

Thank you for your time in hearing my concerns,

Bob Flath

LaMoure County Commissioner

(701)320-0194

Members of the LaMoure Emergency Planning Committee who stand with me in Opposition of SB 2033:

Grant Mathern, Edgeley Fire
Paul Ostendorf, Edgeley Industry
Jessica Duffy LaMoure County Public Health
Kimberly Robbins LaMoure County Emergency Manager
Art Hagebock Print Media
Sheriff Bob Fernandes
Doug Hintzman Kulm Ambulance
Janice Shannon Edgeley Ambulance Service
Alan Nitschke Jud Fire

Grenora Ambulance Service

March 9, 2025

Support for SB 2100

Chairman Ruby & Committee Members,

On behalf of Grenora Ambulance, I would like to express our strong support for Senate Bill 2100. We are writing to highlight the significant challenges we are facing as a rural EMS service in light of the recent changes to the Emergency Medical Services (EMS) training regulations. These changes have placed an undue financial burden on our department and threaten our ability to recruit and train new EMS providers locally.

As you may know, the new administrative rules enacted in April 2024 require that all initial EMS certification programs be conducted through licensed EMS training institutes. While we understand the intent behind these changes, which is to improve oversight and the quality of education, it has become increasingly difficult for small, rural departments like ours to keep up with these requirements. The cost of sending our personnel to out-of-town training institutes is simply unaffordable for us. It creates a significant financial strain on our department and our community, and the added travel and training expenses are unsustainable.

Grenora Ambulance has always prided itself on being able to train our own EMS providers locally. This system has been both effective and efficient in serving our community. However, with the recent regulatory changes, we are now forced to look outside our community for training, which is not only costly but also disrupts the availability of our staff during the training process. This issue is further compounded by the insufficient funding available through the EMS training grants, which have not kept pace with the rising costs of regionalized training programs.

SB 2100 represents an essential step toward restoring local control over our training programs, while ensuring that rural EMS services like ours can continue to provide quality care without the financial strain of sending personnel away for training. With the right support and resources, we can maintain a local, accessible, and cost-effective training model that serves our community's needs and helps us to recruit and retain qualified EMS providers.

We respectfully urge you to support SB 2100 and recommend its passage. The future of rural EMS services depends on our ability to train locally, and this legislation will help ensure that we can continue to provide the highest level of care to our community.

Thank you for your time and consideration.

Sincerely,

Brittney Eckart,

MBA-HCM, BSN-RN

Grenora Ambulance Service Manager

GrenoraEMS@gmail.com

205 Main St. PO Box 234

Grenora, ND 58845

Office: 701-694-6402

Personal: 701-770-5359

CITY OF
WILLISTON
FIRE DEPARTMENT

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,

Corey A. Johnson, B.S.
Assistant Fire Chief, City of Williston Fire Department
(701) 572-3400 ext. 2317
coreyj@ci.williston.nd.us

SB2100

Members of the committee. My name is Todd Beard. I am the Senator from District 23 serving the Williston and Trenton area.

SB2100 comes before you on behalf of our local emergency services instructors and candidates. The purpose of the bill before you is to ensure qualified entry level certification training for emergency responders and technicians may be provided by emergency medical services instructors without requiring involvement from a specific emergency medical services training institute. The training institute requirement came about due to a rule change completed in the interim.

If the rule remains as it is currently written, rural communities will find it increasingly difficult to get qualified candidates through a training program. Volunteers are becoming harder to find. Making the pathway more accessible will help with recruitment.

There are others better qualified testifying today that can clarify the importance of this legislation.

Thank you for your consideration and ask for a DO PASS recommendation. I stand for any questions.

NORTH Dakota | Health & Human Services
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Testimony
Senate Bill No. 2100
House Human Services Committee
Representative Matthew Ruby, Chair
March 10, 2025

Good afternoon, Chairman Ruby, and members of the Human Services Committee, I am Chris Price with the Department of Health and Human Services (Department). I appear before you in opposition to Senate Bill No. 2100.

For over a decade, the Department has collaborated extensively with stakeholders across the state to develop and refine the rules governing Emergency Medical Services (EMS) operations and EMS personnel—codified as Article 33-11 and Chapter 33-36-01, respectively. These rules were meticulously crafted to align with industry standards and are grounded in evidence-based practices. Importantly, they were not created in isolation but were thoroughly vetted and ultimately endorsed by the Emergency Medical Services Advisory Council, representing a broad spectrum of expertise and interests within the EMS community.

A key provision of these rules, Paragraph 5.d.1. of Section 33-36-01-03, mandates that EMS instructors be affiliated with a licensed EMS training institution. This requirement was not arbitrarily imposed; it was included at the direct request of the North Dakota EMS Association as part of their *EMS Vision 2025* initiative. This visionary document emerged from an exhaustive, yearslong outreach effort aimed at addressing critical challenges within the EMS field and devising actionable strategies to overcome them.

Senate Bill No. 2100 seeks to weaken a carefully considered provision of the revised rules by eliminating the requirement for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) instructors to maintain affiliation with a licensed EMS training institution. Proponents of this bill cite examples of the negative impact of this provision on rural EMS since its adoption last April; however, the affiliation requirement has not yet taken effect and will not be fully implemented for all instructors until July 1, 2026. This phased implementation, aligned with the EMS personnel licensing cycle, allows

stakeholders time to collaborate on the development of revised EMS training institution rules and establish consensus on the instructor affiliation process.

During the phase-in period the Department has continued to approve and register EMR and EMT courses led by non-affiliated instructors, including fifteen (15) of the thirty-nine (39) courses registered since the adoption of the revised rules. It should be noted, in 2024, 80 percent of the 200 EMT students who successfully passed the initial certification examination were trained by instructors affiliated with a licensed EMS training institution—four times the number trained by non-affiliated instructors. This demonstrates that the vast majority of EMT students are already receiving instruction via licensed EMS training institute affiliated instructors, two years before the mandate is fully implemented. Furthermore, since the revised rules took effect, eight additional organizations have obtained licensure as EMS training institutions, indicating that the path to licensure remains accessible.

It also is important to highlight that in 2024, two (2) courses conducted by non-affiliated instructors had a zero (0) percent pass rate, while four (4) others had pass rates of 50 percent or lower. In contrast, all courses conducted by affiliated instructors had pass rates above 53 percent. These low pass rates among non-affiliated instructors underscore the quality concerns that led to the instructor affiliation mandate.

Senate Bill No. 2100 threatens the oversight and accountability necessary to uphold rigorous standards in EMS education. Opposing this bill is essential to preserving the quality and safety of EMS training in North Dakota.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

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

March 10, 2025

Chairman Ruby and Members of the Committee:

Please accept this letter in support of SB 2100. My name is Kristen Moos from Napoleon. I am a paramedic and also an EMS Instructor Coordinator in ND. I have read the testimonies already submitted in regards to this bill. I completely agree with all the other testimonies that are in favor of this bill. I have taught several EMS classes in the past. I have gone through the required EMS instructor coordinator training classes as required by the state EMS division as well as attend the instructor refresher courses as required every 2 years. I do agree that it needs to be made certain that the EMS instructors need to follow guidelines and requirements so we produce great EMS providers. As an EMS instructor, we do have guidelines and requirements that we have to abide by. There are standards set forth by the National Registry of Emergency Medical Responders (NREMT) that need to be followed. We don't decide what we want to teach and don't want to teach in these classes. Also, if we don't do our job in teaching these EMS students, they will not pass the National Registry testing and will not become EMS providers which is not what we want as instructors as we put a lot of time and effort into their learning. We want our students to pass these national tests and want our students to be the best EMS providers possible as they will be providing care to our community. I provided links below that show the guidelines we have to follow.

Link to North Dakota of Health EMS Instructor/Coordinator Handbook: North Dakota Department of Health

Link to guidelines for teaching an EMT class: North Dakota 2020 EMT Portfolio Program Rollout

I please ask that you pass this bill so that the rule made by the EMS Department is not effective and we can go back to teaching EMS classes the way we used to before this rule was made. It is hard enough to find people in these rural areas to volunteer on ambulance services because of the time commitment to do the training and the time commitment for continuing education hours. An EMR is required to get 16 continuing education hours every 2 years, EMT is required to get 40 continuing education hours every 2 years, a paramedic is required to get 60 continuing education hours every 2 years. Getting these continuing education hours means that often we take off work and use vacation time to attend conferences and/or miss weekends with our family to do this. We also miss out on time with our family when we respond to calls and also miss time away from work when we respond to calls. So it is hard to get people in rural areas who will commit to these time conditions. This is not a full time job for us in rural areas as most of us have other full time jobs. We do this to help out our communities.

If we are not able to supply the training like we have been, it will be even harder to get people to commit to the time commitment to train to become an EMS provider. This rule made by the EMS Department will make it harder for us rural communities to hold trainings which in turn will be harder to have enough EMS providers in the rural area communities where ambulance services are greatly needed due to not being close to a hospital. This rule would also create more of a financial burden as well to us small rural services.

It sounds like there may be some EMS instructors that aren't providing great teaching. So I would hope that the EMS Department would work with these instructors and help them if they need help or don't allow them to be an instructor any longer if they are not willing to accept the help. The EMS Department should allow our pass/fail numbers to speak for our ability to teach a good class and

we should not be punished for those who are not being a great instructor. I don't think we need to be micromanaged on this. Why were we given instructor licenses if they didn't feel like we would make good instructors?? The persons opposed to this bill have commented that instructors aligned with a training institute will make them great instructors. I don't believe that being aligned with a training institute will make better instructors. I know of some training institutes that do NOT offer great EMS classes now so that is why I don't believe that instructors would be better just because they are aligned with a training institute.

I didn't mean to make this long, but I am very concerned what it would mean for us rural area ambulance services if this bill is not passed. Please take the testimonies that are in favor of this bill under consideration and please do pass this bill to return things to the way they used to be. I greatly appreciate your time and consideration in this manner.

Sincerely,

Kristen Moos
625 Avenue C
Napoleon, ND 58561
701-321-1481

Chairman Ruby and other committee members:

My name is Art Hagebock. I own four newspapers in southeast North Dakota. I recently retired after fifteen years as the Fire Chief in LaMoure. I also am an EMR and serve on the ambulance service in LaMoure.

When I retired, we had thirteen firemen that were EMR's. What these firemen bring to the table is having firemen with basic medical training at a scene such as a car accident that can help victims until the scene is safe for more advanced medical personnel. The training for these firemen were done in-house by a very talented and knowledgeable instructor Kelli Just. She has been instructing for many years and does a great job. We all know what it takes to be a volunteer fireman and the struggles it is to keep a full roster of qualified individuals. Every fireman on our department is strictly a volunteer and we do not get paid one penny to be on the department. These men need to be trained in water rescue, ice rescue, auto extrication, high angle rescue, heavy rescue, wildland fire, structure fire, hazardous materials, grain bin rescue, radio communication, scene size up along with trying to keep those skills to the highest possible level.

This bill will allow us to keep our training in-house. I cannot see any of our firemen traveling to get this basic medical training done. This will only affect any person that could use this type of help.

This issue came up a couple of years ago and was defeated in the legislature. The interim committee brought back the issue and put it in place through administrative rule. If this is how policy is done, defeated in the legislature but passed through administrative rule, why am I paying this group to be here when everything can be ran by non-elected officials.

I had a conversation with Mr. Price when this first was introduced a couple of years ago. My only question I wanted answered is, "If this would have been implemented ten or twenty years ago, how many lives would we have saved?" His answer to me was that he did not have anything documented but he wanted to do this to keep better track of the training.

This bill along with the others here keep making a complete circle to just a couple of businesses and individuals who stand to gain financially from this without any regard for common sense or thinking about the struggles of not just EMS but also the fire side of things.

Thank you for your time and support of all the volunteer fire departments in the state.

March 9, 2025

To the Honorable Members of the North Dakota Legislative Assembly,

We are writing in support of Senate Bill No. 2100. We are in favor of local training options and ask you to support this bill.

We know there were many EMS instructors who were highly skilled, trained, and experienced providing high quality education in rural communities. These EMS instructors kept their training and certifications current and held the same qualifications that training center administrators hold. They want to provide local training to local residents and first responders.

Currently, the rules cause our rural responders to travel to large communities to receive their training. This takes additional time and costs additional funds as well as mileage. Our future providers will be making less than the minimum wage to provide coverage 24/7 for our community. They sign up to join our service because they want to help our community – not to make money. Now we will need to ask them to leave their families and jobs even longer periods of time to learn the skills to help others.

Finally, our local instructor is able to allow students to learn about and practice with the equipment they would be using during a real response. With supporting this bill, we will be able to continue to have our current EMS providers assist with initial training practice sessions, which built relationships and trust among members.

By passing Senate Bill No. 2100 – rural EMS providers can keep training local, thus greatly helping with recruitment efforts and preparing future providers with high quality education using the equipment they will need to be familiar with at a lower cost.

Thank you for your attention to this matter.

Sincerely,

Community Volunteer EMS of LaMoure Executive Board Members

Jessica Duffy, RN – LaMoure
Lori Gentzkow , CPR Driver– LaMoure
Jason Joy, CPR Driver – LaMoure
Ryan Bohenstingl , CPR Driver– LaMoure
Kelli Just, EMT – Berlin
Nancy Noot, EMT – Marion

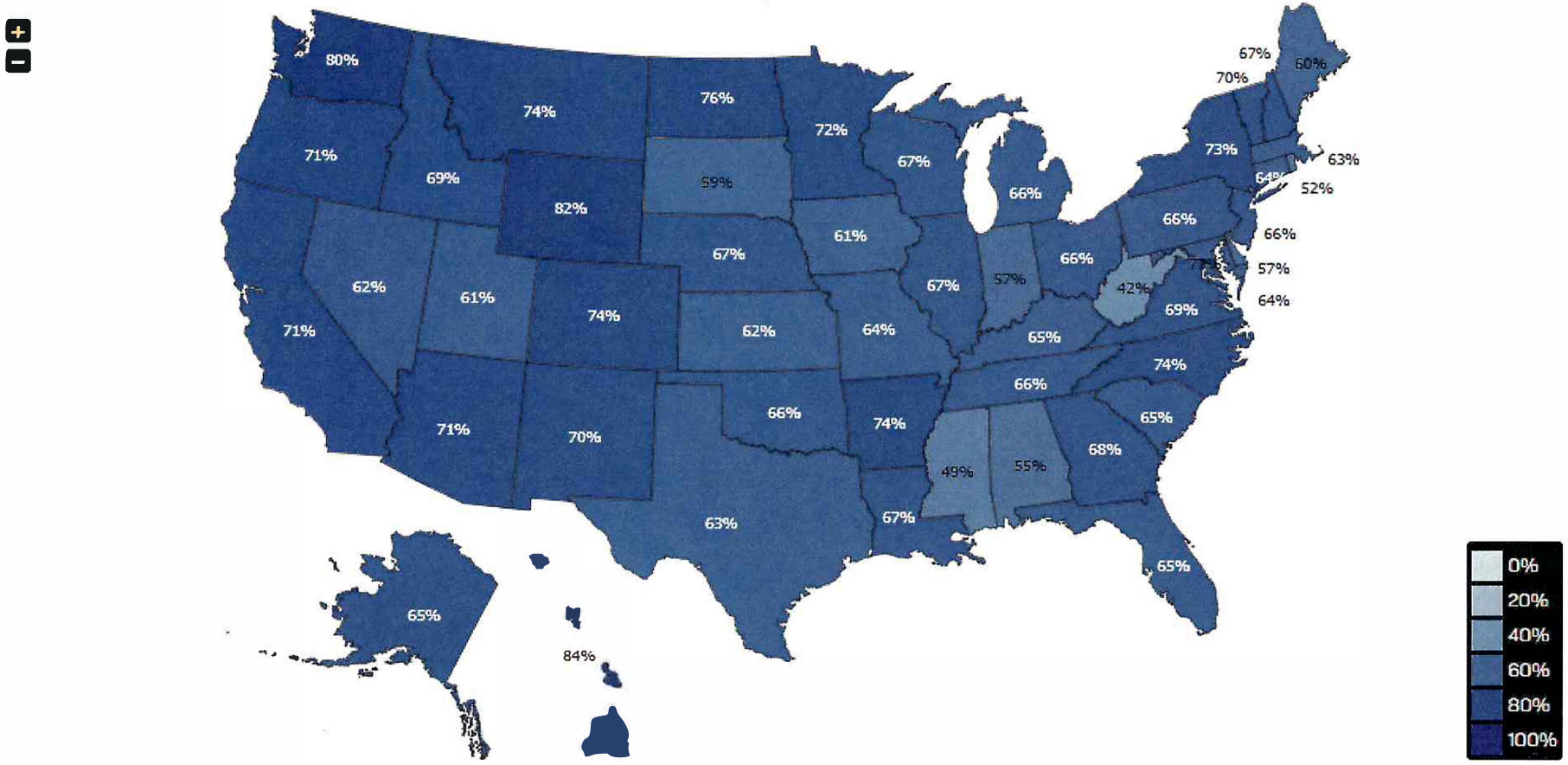
National Registry Data, Dashboard, & Maps

Select Report

EMT First Attempt Pass Rates by State

Select Year

2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | **2019** | 2020 | 2021 | 2022 | 2023 | 2024



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Testimony
Senate Bill 2100
House Human Services Committee
Monday, March 10, 2025
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Ruby and members of the committee. My name is Adam Parker, I am the co-chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. The Association **strongly opposes** SB 2100.

I. This bill seeks to eliminate a requirement that has been debated and discussed for a decade by EMS stakeholders and has consistently been the prevailing idea to ensure quality EMS Education.

Every time the discussion on quality EMS Education is had, ideas are discussed, a healthy debate ensues, and the prevailing idea among stakeholders is to require alignment with training institutes. The proponent of this bill even admitted in his testimony on the Senate that this might be the best idea. It is. Because this is not a new discussion, and we have heard the arguments before. The proponents primary concern is regarding the implementation of the requirement. The EMS Association does not share these concerns.

This bill would tie the hands of the department from making necessary advances in education and ensure the status quo, or worse.

II. The impact of the new rule is greatly exaggerated because limited instructors are not already aligned, and most students are already taught by training institutes and the barrier to entry is low for training institute licensure.

A. The rule impacts would impact only fifteen actively teaching instructors which teach approximately 21% of students.

Information provided by the Department indicates that only 15 actively teaching instructors are not already aligned with a training institute. Furthermore, of recently licensed students, 79% of all students are taught by training institute or training institute aligned instructors.

B. Instructors or agencies can easily become a training institute to meet the requirements of the new rule.

There are 21 training institutes currently licensed, at least 6 of which have been added since the new rule. Licensing requirements are contained in N.D.A.C 33-36-02. Most requirements are necessary even if teaching independently, such as agreements with clinical sites. Other requirements aren't required when teaching independently, but hard to argue, such as

insurance and student handbooks. Upon request, many training institutes will send all the necessary materials (handbooks, policies, etc.) to any prospective training institute. This further reduces the burden of becoming an institute.

Instructors and agencies have flexibility under the new rule to either align or create a training institute. Contrary to some proponents claims the rule regionalizes training, the rule does no such thing. The EMS Association would oppose such regionalization, as we have with other concepts of regionalization of EMS Agencies. Agencies should have the flexibility to implement what is best for their circumstances, and the new rule was carefully crafted, and the EMS Association will continue to advocate during the training institute rule-making process, to accomplish that goal.

C. There is no negative impact because no course has been denied since the implementation of the rule.

Thirty-eight (38) percent of current courses are taught by instructors without a formal training institute affiliation. No course has been denied by the department because of a lack of training institute affiliation. Until the training institute rules are adopted, which would define "affiliate," the Department has broadly interpreted the word to allow instructors who are not formally affiliated to continue to teach courses. Furthermore, the timing of instructor recertification has further ensured that the alignment rule can be successfully implemented without negative impacts. The Department's position on this has been widely communicated by both the Department and the EMS Association. So there is no negative impact of the new rule.

The EMS Association does not share the concerns of the proponents of this bill that there is, or will be, a negative impact because of the new rule. The EMS Association is confident that collaboration between the Association, the Department, and current training institutes will lead to successful implementation of the plan after the training institute rules are adopted.

III. The impact feared by the proponents is more likely to be realized if this bill passes.

The proponents of this bill fear the new rule will impede the ability to offer courses in rural areas. The opposite effect is more likely. There is significantly more flexibility allowed under this rule which is likely to have positive impacts on rural instructors' ability to teach. For example, many rural instructors do not teach enough courses to remain current. However, affiliates of training institutes have more ability to remain current and be able to teach courses when they desire.

Independent instructors would have to have the Department do site surveys for every course they teach. We have routinely heard from our members regarding frustrations around scheduling and availability of the Department for these site surveys. The affiliation requirement addresses this issue and promotes more efficient administration of courses.

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IV. Conclusion

The EMS Association **strongly opposes** this bill because it is unnecessary and will impede any future progress on identifying education quality. Many training institutes that exist today are already affiliating with instructors or have offered to affiliate instructors at no cost. We are confident the decade-long idea can be successfully implemented and will not have the impact proponents fear.

We respectfully request the committee recommend a Do Not Pass on SB 2100. In the alternative, although the EMS Association feels unnecessary for the reasons already stated, the committee could amend the bill to preclude the enforcement of the alignment rule until after December 31, 2026.

Thank you for the opportunity to testify, I would be happy to answer any questions you may have.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2100
3/10/2025

Relating to emergency medical services personnel training.

4:36 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr
Members Absent: Representative Beltz

Discussion Topics:

- Committee Action

4:38 p.m. Representative Holle moved a Do Pass.

4:38 p.m. Representative Rios seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	AB
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

4:38 p.m. Motion carried 10-2-1.

Representative Holle will carry the bill.

4:39 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
SB 2100 (25.0331.01000)

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO PASS** (10 YEAS, 2 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). SB 2100 was placed on the Fourteenth order on the calendar.