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Committee: Senate Committee on Healthcare

Measure: SB60

Thank you for accepting this written testimony against SB60 which would reduce educational qualifications and standards for Emergency Medical Service providers in Oregon. I have been heavily involved in EMS in Oregon since 1991 as a volunteer firefighter for a small, rural agency, an educator at both the community college and university, a paramedic for a private ambulance agency and as a county regulator for a large, integrated EMS system in Washington County.

When I first started my EMS career in 1991 there was no requirement of an AAS degree, but as I was finishing my training the education requirements had rolled in. I was of course very much against AAS degrees at the time! I was deeply impacted by the ability to afford the courses that were necessary so that I could embark on my career; a career I desperately needed to feed myself and my kids. But after I had finished, held the degree in my hands and started real patient care, on very real, critical patients, in the back of a real ambulance, at times all by myself I was SO incredibly thankful I had challenged myself and finished that degree. Classes that had seemed so frivolous like Anatomy and Physiology, Crisis Communications, Writing, Medical Terminology at the time, were all vital to the lifesaving care that those patients received by me.

The healthcare industry is delivered through the hands of people who have dedicated themselves to one mission: saving lives. Emergency Medical Services is a part of the healthcare industry. As such, it must be educated to proactively integrate the care delivered in the field to that being delivered within brick-and-mortar buildings by other healthcare professionals. In the past, the care that was delivered in the field was not integrated into ongoing healthcare and procedures that were in the field would be repeated once patients were delivered to an emergency room. This led to greater cost to the system, prolonged or delayed treatments for patients and less patient satisfaction. By providing integrated care, patients could much more quickly be delivered to the correct healthcare facility, receive ongoing, rather than “start-over” treatment, and experience better outcomes in general. This integrated care model was realized by the healthcare system can trust the level of care delivered in the field by licensed providers.

The days of EMS providers being merely “ambulance drivers” is long gone! Today, paramedics provide various medication administrations through complicated medication pumps, breathing treatments through various types of oxygen delivery apparatus, complicated and time-critical medical procedures that require critical thinking and differential medical diagnosis that cannot be obtained without supporting medical education courses that have national industry standards. Having legislated requirements for these standards protects our communities by setting expectations education, proof of proficiency of skills, and licensing. These are standards that our national and local community expects and deserves. Currently, the state of Oregon has aligned itself with national guidelines that ensure these education standards and protect the community trust by requiring an AAS degree for licensing paramedics. An AAS degree gives providers a more fully rounded education by providing the necessary education in math, professional

medical writing skills, and medical training to more clearly analyze needed treatment, deliver treatments, and articulate that treatment to ongoing care providers.

Lastly, when the AAS degree requirement was being discussed for early implementation in the 90s there was acknowledgement that this requirement would impact frontier and rural providers the most where call volume was low and patient transport times were high. However, it was felt at the time that those providers would gain the greatest value of leaning even more heavily on the foundation of excellent education and treatment standards to see them through times where they might work autonomously, sometimes for hours by themselves with a patient in the back of their ambulance. By not requiring standards for training, education and licensing we are relegating critical patients, at their time of greatest needs to lesser trained individuals.

Thank you for accepting this written testimony.