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Eugene, OR

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Senate Committee on Healthcare
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Dear Senator Patterson and Committee:

RE: Opposition to Senate Bill 60

Senate Bill 60 sets Oregon back, does not solve the issue being touted, serves an agenda other than the problem at hand, and at the end of the day will harm you and your families' healthcare. For the past two and half decades I have been one of the most prolific EMS trainers in Oregon, having been responsible for the training and licensing of thousands of EMS professionals across all levels of EMS. I have done this both within and outside college settings and predominantly in rural areas of Oregon.

The problem at hand is the shortage of EMS providers in Oregon. This is nether unique to Oregon nor to EMS. This is affecting most states and all of healthcare. Reducing the quality of the Oregon Emergency Medical Services System not only does not solve this problem, but it harms Oregon. SB 60 is not the answer.

For clarity, the SB60 summary states, "prohibits Oregon Health Authority from requiring associate degree or higher for eligibility for licensure as emergency medical services provider." It is important to note here that OHA does not require an "associate's Degree or higher" for licensure as an EMS provider. OHA requires this for Paramedicine only. Oregon has 5 levels of EMS; Emergency Medical Responder, Emergency Medical Technician (EMT; the minimum level to provide independent care on an ambulance), Advanced EMT, EMT-Intermediate, and Paramedic. The other 4 levels of EMS do not require a college degree (only Paramedic).

There are inherent challenges in access to healthcare in rural and small communities. This is not an EMS-only issue, but instead affects most healthcare categories. Oregon has worked to address some of this challenge in EMS by maintaining and improving the EMT Intermediate program, when nationally this level was disbanded. EMT Intermediate has a Scope of Practice that begins to approach Paramedic and helps to bridge some of this gap. This gap will not be further reduced by lowering the quality of Paramedic care.

There is plenty of evidence in the literature that shows college degrees improve critical thinking and processing skills (look to Peterson et al., 2007; Halpern, 2001; Arum & Roksa, 2011; Koenig et al., 2011, Huber & Kuncel, 2016; and numerous others). The highest level of EMS, Paramedic, is one of the hardest professional allied health jobs in western medicine. Paramedics must make split-second decisions in difficult situations, sometimes in life-threatening environments, where

critical thinking and processing is arguably the most important aspect of the job. A lot of the arguments that I have heard over the last quarter century from smaller agencies has been that they can teach new Paramedics better on the streets than those students will learn in school. This is just simply not the case. Most agencies, whether small or large, do not have staffing with individuals that have advanced, or in many cases even basic, training in teaching pedagogy and skill development. We are asking Paramedics to make decisions and provide medical interventions at the same level we ask of our nurses, but in some of the most volatile environments. We cannot afford to lower Oregon's commitment to its citizens for providing Paramedics who do not have the ability to make critical, life-sustaining, and life-saving decisions just because we are trying to solve a workforce problem that is not unique to Oregon.

Many developed countries using the same system of Western medicine as we do (i.e., the U.K., Australia, Canada, New Zealand) have moved to requiring bachelor's degrees precisely because of the need to develop better critical thinking and processing paramedics. And national organizations such as the National Association of EMS Physicians have called for higher education levels for Paramedics for the same reasons.

The solution to our workforce problem is not to reduce Oregon's quality of Paramedic training and reduce the level of emergency healthcare in Oregon that puts patients in harm, but to instead address the issue at hand. We have the ability, right now, in Oregon to have Community Colleges and OHA partner to better facilitate Credit for Prior Learning (CPL) and explore other viable and appropriate solutions to workforce needs.

Oregon is not the only state to require a degree for Paramedicine and more and more states are moving in that direction. It is not appropriate for Oregon to be relegated to the Dark Ages of EMS training and our families' health placed at risk to serve an agenda touted at solving a problem that it does not actually address.

I ask you to oppose SB60 and encourage discussion that actually gets to the heart of the issue and moves Oregon EMS forward, as the national leader it has become.

With Respect,

J. Cory Miner