

Submitted for  
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Thank you for the opportunity to speak out against this bill

My name is Bryan Harmer. I have been a paramedic for nearly 20 years, having worked in several systems in southern Michigan. I have also taught Emergency Medical Services (EMS) for over ten years and am currently a full-time professor of emergency medical services at Lansing Community College. I have taught every level of EMS provider and have extensive experience in curriculum design in EMS programs. In addition to this, I am currently a Ph.D. student at Western Michigan University in the Interdisciplinary Health Sciences program, where I study human factors in patient safety in EMS.

I am joined with other EMS providers, educators, and healthcare organizations to oppose this bill. It is sad that during EMS Week, we have to come to Lansing and defend the integrity of our profession. The formation of this bill was pushed by a combination of misleading information and complete disrespect for the paramedic profession and the patients we serve. The suggestion that all a person needs to know to be a paramedic are protocols and Advanced Cardiac Life Support is offensive and ultimately untrue. Any self-respecting paramedic knows how ridiculous that statement is.

I want to take a moment to explain Paramedicine. Paramedics are NOT simply first aid; we are considered advanced life support. We are responsible for administering potentially dangerous medications like ketamine, fentanyl, midazolam, and diazepam. Antidysrhythmics like lidocaine, amiodarone, adenosine (a drug that chemically stops your heart from restart it) and dozens of other medications that can kill our patients if not administered correctly. We also perform advanced procedures like surgical cricothyrotomy (cutting a person's trachea open to establish an airway), needle thoracocentesis (placing a needle into a person's chest cavity to relieve air pressure built up causing a lung to collapse), multiple electrical therapies like transcutaneous pacing, synchronized cardioversion and of course, defibrillations. These are just a few of the numerous advanced procedures we perform, but the training required for those pales in comparison to the hundreds of hours spent learning about cardiology, basic and advanced ECG interpretation, capnography, pharmacology, toxicology, endocrinology, nephrology, pediatric and neonatal emergencies, environmental emergencies, obstetrics, multi-system trauma, and hazardous materials to name a few. This is necessary to properly assess and diagnose a patient in unideal conditions with limited time to implement proper lifesaving treatment. We must consider the necessary requirements needed to prepare practitioners for this line of work. Decreasing educational requirements threatens the safety of the patients we serve.

The NREMT (our national certifying body) has been around since 1970. It is currently used in 48 of the 50 states in the country. At the paramedic level (the highest), they require that anyone taking their exam must come from a nationally accredited program. This is to assure that the education they are receiving prior to testing is adequate and that students have the resources needed to learn. Paramedic program accreditation and the NREMT is supported by nearly every national EMS organization in the country. Sadly, some people believe that removing the national accreditation requirement for paramedic education by bypassing the National Registry through a state exam is a good thing; it is not.

There are three primary reasons I oppose this bill:

1. **It does not solve or mitigate our workforce issue in any meaningful way.** The idea that having more paramedic programs in the state will result in more paramedics may sound good on the surface, but the evidence does not support this.
  - The idea that adding more paramedic programs will have a meaningful impact on our workforce shortage appears to be a bogus claim. I recently examined our concentration of paramedic programs in Michigan compared to several other states, and it seems we have a higher concentration than most others that I reviewed. Furthermore, when looking at this data, there doesn't appear to be a relationship between the concentration of EMS programs and the concentration of providers.
  - Some state EMS organizations have stated that paramedic programs have "dried up" since 2014. Although that is partly true, they typically fail to mention that many of those programs weren't running courses because they lacked enrollment. When they were able to, they often only had a small group of students. Also, at least one of those agencies that I am aware of "dried up" because they took advantage of a group of students by allowing a secretary (who was not an EMS provider) to teach their paramedic course. That resulted in the state EMS department becoming involved and their license to teach was suspended, and they never sought to teach paramedic programs again.
  - I have been part of several recruitment campaigns and, at this point, have likely spoken to hundreds of young people over the past several years who were graduating high school and were trying to decide their career paths. Nearly every time I have spoken at an event with these students, I am asked how much an EMS provider makes. After telling them, you can see the look on their faces change to disappointment. Sadly, fast food workers earn more than many EMS providers in this state.
    - i. **That's the real issue-** This bill fails to address any of the root causes of our workforce shortage: Low wages, bad working conditions, and lack of professional advancement. It isn't uncommon for EMS providers to work multiple jobs and well over 60 hours a week to make ends meet and feed their families. Instead of working on the obvious root causes, here we stand trying to keep the EMS profession from stepping backwards into the Stone Age and decreasing the quality of EMS education and testing in Michigan.
2. **It is a complete waste of taxpayers' money to create tests that already exist in the form of the National Registry exam.**
  - It will cost millions to essentially reinvent the wheel while decreasing the educational standards of EMS providers. As a fiscal conservative, I am alarmed by such careless spending of our money. Furthermore, two years to create validated exams for all levels of providers is outrageous. Completing this is very time-consuming and requires extensive design, testing, and data analysis. This will result in a bad exam that will probably negatively impact pass rates or perhaps allow people to pass that should not be treating patients.

**3. It will likely result in subpar EMS providers- mainly paramedics- practicing in prehospital emergency medicine.**

- This is particularly concerning to me as someone involved in patient safety research in EMS. Medical errors are a major problem in the United States and disproportionately affect minorities, women, and children (especially those under one year of age). About ten years ago, a powerful study conducted here in Michigan examined pediatric care in EMS and discovered alarming results. Among many things, paramedics gave the wrong dose of medication to children over 30 percent of the time, with many of those being 5 to 10 times the correct dose. Some medication doses were incorrect over 60 percent of the time. This included medications like benzodiazepines and opioids. I am not stating this to shame anyone but rather to point out that strategies to combat this focus on increasing educational requirements, not decreasing them. Leaders in EMS should never aim to reduce the academic standards of EMS providers. Reducing these standards is dangerous and shows a complete lack of respect for EMS providers and the patients we serve.
- The most egregious error I ever encountered in EMS resulted from a paramedic who had recently graduated from a paramedic program held in the basement of a fire department, back when unaccredited programs were permitted in Michigan. This error resulted in the death of a young mother of two children. This event is the catalyst that drove my interest in patient safety in EMS. I am dedicated to making sure we strive to increase the quality of EMS education in Michigan, not decrease it.

**Other organizations:**

Other Michigan-based healthcare organizations have voiced their opposition to this bill over patient safety and quality of care concerns. This includes the Michigan College of Emergency Physicians and the Michigan Health and Hospital Association. Additionally, it should be noted that many national EMS organizations who have spoken about this issue have voiced support for paramedic program accreditation and the NREMT,<sup>1</sup> and some further support increased degree requirements.<sup>2</sup> Lastly, paramedic program accreditation was part of the National Highway Traffic Safety Administration (NHTSA) and Health Resources and Services Administration EMS Agenda for the Future.<sup>3</sup> Paramedic program accreditation and the NREMT are nationally supported in EMS.

**The EMS Workforce:**

I am not alone in my concern over this bill. Many in the workforce are angry at these organizations for ignoring the real reasons we have a workforce shortage in EMS. Sadly, because we received short notice that this would be getting discussed, many could not join the committee meeting. However, a few days ago, I quickly put together an online petition to bring attention to this bill. I shared it on Facebook with my EMS friends and asked them to share it with their EMS friends. In just a few days, it already has over 350 signatures (and still growing), mainly from EMS providers across the state who wish to see this bill struck down because they know the negative impact it will have on our profession and the patients we serve. Although there was a small error at the end of the petition referring to a temporary license during the first few days the petition was open, that has since been corrected and the number of people signing it is still increasing. Also, it should be noted that people who are leaving comments about why they are

signing it are typically referring to their concern over the decreased educational and testing standards it creates. Nobody has mentioned they signed it over the temporary license statement.

It should also be noted that a fire-based organization recently posted on Facebook that they were pushing to create a state exam for EMS providers. They got ridiculed in the comments section by EMS providers across the state and took the post down about 24-48 hours later. The EMS workforce (Paramedics and EMTs) appear to be widely against this bill.

I stand with my brothers and sisters in EMS to fight against this bill as it stands. We do not support the creation of a state test nor any piece of legislation that will allow bypassing our National Registry, allowing unaccredited programs to teach paramedic courses.

**My suggestion:** Instead of spending millions to create several competency exams that already exist through the National Registry of Emergency Medical Technicians, why don't we provide funding to organizations who wish to teach paramedic programs to help them become accredited? Here is why this would be a better option:

- It would likely be a much cheaper option than spending millions in taxpayers' dollars to create, validate, and implement exams.
- It would not decrease the quality of paramedic education in this state. Instead of lowering the bar, we would be helping organizations rise above it.
- It would be much faster to implement. Instead of waiting years for exams to be developed, organizations could begin running paramedic programs in just months. Programs would simply need to be in the process of accreditation (issued a letter of review) to start teaching these courses.
- Nearly everyone in the workforce would support this. The primary concern that EMS providers and educators have over this bill is the fact that it would decrease the quality of EMS education and examination. This suggestion would result in maintaining the same high quality we have now, while simply helping organizations achieve that standard so they can run these programs.
- The accreditation requirements and process would better prepare organizations to serve their communities and students through other educational initiatives.

This alternative option is an excellent strategy that addresses the concerns of both proponents and opponents of HB 6086. **If the goal is to have more paramedic programs in Michigan, this alternative would be a cheaper, faster, and safer alternative that everyone could live with.** If you wish, I would gladly speak further with you about this.

Thank you,

Bryan Harmer MAEd., CCEMTP, IC

1. National Association of EMS Educators. Position Statement: EMS EDUCATION AGENDA FOR THE FUTURE: A SYSTEMS APPROACH. *Prehospital Emergency Care*. 2000;4(4):365-366. doi:10.1080/10903120090941137
2. Caffrey SM, Barnes LC, Olvera DJ. Prehospital Emergency Care Joint Position Statement on Degree Requirements for Paramedics JOINT POSITION STATEMENT ON DEGREE REQUIREMENTS FOR PARAMEDICS AS, NRP, FP-C and CMTE on behalf of the National Association of EMS Educators, the National EMS Management Association and the International Association of Flight and Critical Care Paramedics. *Prehospital Emergency Care*. 2018;0:1-4. doi:10.1080/10903127.2018.1519006
3. National Highway Traffic Safety Administration, Health Resources and Services Administration. EMS Agenda for the Future.1996.