

Dear Legislators,

I am writing this testimony in *opposition* to SB 60. First, some professional background information so that you know that my thoughts come from a place of experience as well as community and professional advocacy: I have worked in the emergency medical services profession for 25 years, 20 of those as a paramedic. I have spent the last 14 years teaching EMTs and paramedics at Portland Community College while serving my rural community outside of Portland as a part time critical care paramedic. I earned my AAS in paramedicine at Austin (Texas) Community College, as well as a bachelor's degree in healthcare management from Pacific University.

Out of respect for your time I will focus my testimony on what would likely be lost if SB 60 were approved and offer a few alternative solutions to the staffing issue.

First, the anatomy and physiology series as well as psychology and human relations. These classes provide the degreed paramedic with the in depth understanding of the form and function of the human body necessary in creating an effective prehospital treatment plan.

Second, college level math and writing courses. These classes provide a foundation for calculating critical drug dosages in the moment and effectively documenting the patient care that they provide. Drug dosing errors are a leading cause of patient death healthcare wide. The documentation is reviewed by physicians during continued care, insurance companies and the federal government for reimbursement and, at times, the legal system.

Also, critical intervention and health and wellness classes. These courses provide a foundation for their mental and physical health to aid them in this arduous profession where we daily manage events that most people experience once in a lifetime. Not so long ago the average paramedic career was 5-8 years long. Staff retention is a critical component in addressing staffing shortages. There is other content that would be lost but these are some of the more important in my opinion.

I understand that many Oregon EMS services are feeling the pinch of staffing shortages post Covid. I assure you that my colleagues and I, both in the classroom and on the ambulance, are worn ragged but reducing education requirements and certifying undereducated paramedics is a *dangerous* step backward!

The greatest bottleneck we face in paramedic education is access to the in-hospital clinical sites that are required. Whether a program is an AAS program or not, *all* paramedic students are required to complete a term of in-hospital clinical rotations before moving on to a term of ambulance rotations. We struggle every year with finding hospital space for our 20 paramedic students. *This* is the limiting factor in class size; *this* is where a public advocate for EMS education could be most impactful.

Thank you for your consideration in this matter,

Robert Victorino

Portland Community College EMS clinical coordinator.