



James Dinsch

Position Sought: Great Plains Region Director

Statement of Candidacy

I am seeking election to the Great Plains Region Director position. I have been a member of NAEMT and past instructor for quite some time, and I believe I can now commit to take that to the next level to be an advocate for the members, the field clinicians.

To that end, I only have one goal, and that is to make sure the voices of those clinicians are heard at all levels. The individual boots on the ground providing care to patients each day need a strong voice advocating for them and the work that they do without being lost in the bigger issues or the bigger services. Having been serving in exclusively rural areas the past several years, the kind of areas that make up much of the Great Plains Region, has emphasized this to me. I have always championed the concept that one's zip code should not dictate the care they receive. While I believe the profession is making strides in this direction at the federal and state level, most recently through the investments coming in the Rural Health Transformation Grant and before that the SIREN Act, there is so much room to improve on this, especially when we look at true life-saving treatments that could have significant clinical impact in rural America but are cost-prohibitive at small scale, such as prehospital blood administration.

I believe every challenge facing the profession revolve around the singular focus of finance—costs rise, tax support gets cut if it's even an option, and reimbursement effectively remains stagnant. That is not a recipe for growth but failure. While EMS is viewed as essential by our patients, it rarely is treated that way by government leaders. As volunteerism drops, services are forced to turn to limited financed to pay for staff staffing. At the same time, it's increasingly hard to encourage people to enter a profession with limited earning potential and no true career ladder, where we fundamentally tell our ambitious colleagues if they want to advance, they'll need to leave EMS and enter a different arm of medicine like nursing, PA, or physician.

NAEMT, in conjunction with the other national organizations with whom they have been partnering in recent years, has a tremendous opportunity to be the strong voice for the clinicians, and ultimately our patients, advocating at the national and state levels to change first how EMS is viewed and then second how EMS must be supported. EMS must be viewed as an essential practice of medicine not just its transportation. EMS must be funded for its readiness and then reimbursed for its clinical care. Because everyone looks to CMS, the change must start there. Ultimately, we need to chip away until we get to true Medicare reform of EMS reimbursement for all of what we are and for the cost savings we can offer.

I am your best candidate for the NAEMT board because I am one of you, and because I will say what needs to be said.