



2025 Board Election: Candidate Q&A

Candidate Name: David S. Blevins, MA, CEM, CEMSO, NR-P

1. How would you describe your leadership style, and how has it shaped your work in EMS?

- My leadership style is a blend of transformational and servant leadership, shaped by years of experience in EMS education, field practice, and professional advocacy. As a Paramedic Program Director and Associate Professor, I've committed myself to developing future EMS leaders through a vision-driven, student-centered approach. This style has not only shaped my work in the classroom and clinical environments but also guided my contributions at the national level, including my role as a Board Member with the National Association of Emergency Medical Technicians (NAEMT).
- Transformational leadership allows me to inspire students and colleagues to see beyond the immediate demands of emergency care and embrace the broader mission of advancing the profession. I strive to cultivate a learning environment where innovation, critical thinking, and professional accountability are central. This approach has helped shape a curriculum that emphasizes leadership, adaptability, and evidence-based practice—qualities that are essential in today's evolving healthcare landscape.
- Servant leadership complements this by grounding my work in empathy, humility, and service. I believe that effective leadership begins with listening, supporting, and empowering others. Whether mentoring students, collaborating with faculty, or engaging with EMS stakeholders, I prioritize relationships and shared purpose. This has fostered a culture of trust and collaboration within our program, where students feel safe to grow, and faculty feel valued in their contributions.
- My leadership style has also shaped my work on the NAEMT Board of Directors, where I advocate for the needs of EMS professionals nationwide. I bring the same values of vision and service to board discussions, policy development, and strategic planning. My educational background and frontline experience allow me to represent both academic and operational perspectives, helping bridge gaps between training, practice, and policy.
- Ultimately, my leadership reflects a belief that EMS is not just a career—it's a calling. By leading with vision and service, I aim to ensure that our graduates are not only competent clinicians but also compassionate leaders who will shape the future of emergency care. My work in EMS education and with NAEMT continues to be driven by a commitment to elevate the profession, empower its members, and improve outcomes for the communities we serve.

2. In what ways do you advocate for EMS? What strategies would you recommend for NAEMT to strengthen its advocacy efforts and gain recognition for EMS as an essential service?

- Advocacy has been a cornerstone of my career in EMS. I actively participate in Federal and State EMS on the Hill Days for Tennessee, where I engage directly with legislators to highlight the critical role EMS plays in public health, emergency response, and disaster

preparedness. I also collaborate with EMS leadership in South Carolina and Georgia, working across state lines to align priorities and amplify our collective voice.

- As a Board Member of NAEMT and a member of its Advocacy Committee, I help shape national policy discussions and contribute to strategic efforts that elevate EMS professionals. I also co-founded the Tennessee Association of EMS Providers, an organization created to give Tennessee EMS providers a unified voice in shaping the future of their profession. Through this work, I've partnered with local, state, and federal agencies to address workforce challenges, funding gaps, and regulatory barriers.
- One of the most pressing advocacy goals is gaining formal recognition of EMS as an essential service. While this designation is foundational, it must be paired with fiscal policy that reflects the operational realities of EMS. I believe we must push for a companion funding bill that ensures EMS agencies have the resources to maintain a robust readiness and preparedness posture—not just for disaster response, but for daily emergencies and interfacility transfers. Without sustainable funding, the designation of “essential” risks being symbolic rather than transformative.
- To strengthen NAEMT's advocacy efforts, I recommend the following strategies:
 - Data-Driven Messaging: Leverage national and regional data to demonstrate EMS's impact on patient outcomes, public safety, and healthcare system efficiency. This helps make the case for funding and policy reform with measurable evidence.
 - Unified State Coalitions: Support the development of state-level EMS advocacy groups, like the Tennessee Association of EMS Providers, to create grassroots momentum and ensure local voices are heard in national discussions.
 - Legislative Education Campaigns: Expand efforts to educate lawmakers about the unique challenges EMS faces, including unfunded mandates, workforce shortages, and reimbursement disparities. Personal stories from providers can be powerful tools in these conversations.
 - Strategic Partnerships: Strengthen alliances with public health, emergency management, and hospital associations to present EMS as an integrated part of the healthcare and disaster response infrastructure.
 - Public Awareness Initiatives: Invest in campaigns that help the public understand the value of EMS beyond 911 calls—highlighting its role in community health, disaster response, and interfacility care.
 - Advocating for EMS requires persistence, collaboration, and a clear vision. I remain committed to ensuring EMS professionals are recognized, supported, and empowered to serve their communities with excellence.

3. How can NAEMT better support and develop the EMS workforce, particularly newer generations? How would you convey the value of membership to both current and future members?

- The lifeblood of EMS is not the equipment, protocols, or vehicles—it's the clinicians. These professionals are the most human aspect of our system, responding with skill and compassion to the needs of our communities, citizens, and visitors. Yet today, EMS is undergoing one of the most significant transformations since the 1966 white paper, with models like Mobile Integrated Healthcare (MIH)/Community Paramedicine (CP) and Telehealth Integration Programs (TIP) being discussed and implemented across the globe.
- While these innovations offer exciting potential, they are often being deployed in environments where more is expected with fewer resources, and our clinicians are

bearing the weight of that imbalance. At a time when newer generations are entering the workforce—bringing fresh perspectives, high expectations, and a desire for meaningful impact—we must place everything on the table to improve the environment they're stepping into.

- NAEMT has a critical role to play in this transformation. To truly support and develop the EMS workforce, especially newer generations, we must engage them directly. That means creating space for their voices in policy discussions, operational planning, and workforce development strategies. It means listening to their concerns, understanding their values, and involving them in shaping the future of EMS—not just adapting them to it.
- As NAEMT members, we are already at the forefront of advancing MIH/CP and TIP models. Our association serves as a key player in promoting these innovations in ways that benefit both patients and providers. But to ensure their success, we must implement them with the workforce in mind—with input from both seasoned professionals and those just beginning their careers. This inclusive approach will help build systems that are not only clinically effective but also sustainable and supportive of those delivering care.
- When I speak to current and future members, I emphasize that NAEMT membership is a gateway to influence. It connects you to a national network of professionals who are shaping EMS policy, advancing education, and advocating for recognition and funding. Membership offers tangible benefits—training, discounts, resources—but more importantly, it offers a platform for your voice. Whether you're a new EMT or a veteran paramedic, NAEMT gives you the opportunity to be part of something bigger: a movement to elevate EMS as a respected, essential component of healthcare and public safety.
- To support the next generation, NAEMT must continue to lead with vision, inclusion, and action. By investing in workforce development, listening to our clinicians, and advocating for meaningful change, we can build a future where EMS professionals are empowered, valued, and equipped to thrive.

4. What is a pressing issue currently facing EMS and how could NAEMT help address it?

- One of the most pressing issues facing EMS today is the outdated and inadequate reimbursement model that continues to define our profession primarily by transport, rather than by the care we provide. As EMS evolves to meet the needs of modern healthcare—through models like Mobile Integrated Healthcare (MIH), Community Paramedicine (CP), and Treat in Place (TIP)—our funding mechanisms remain stuck in the past. This disconnect threatens the sustainability of innovation and places an increasing burden on EMS clinicians who are being asked to do more with less.
- In any conversation about the future of EMS, we talk about new models, new units, new equipment, and more personnel. But all of these advancements hinge on one critical factor: reimbursement reform. Without a modernized funding structure, EMS cannot fully transition from a transport-based service to a healthcare-integrated system. Clinicians must be empowered to treat patients where they are—whether that means transporting to a hospital, a specialty care center, an urgent care clinic, or treating in place with follow-up through a PCP or MIH/CP program.
- NAEMT is uniquely positioned to lead this transformation. As a national voice for EMS professionals, NAEMT can advocate for a complete redesign of reimbursement policies

that reflect the realities of 21st-century care. This includes pushing for legislation that recognizes EMS as an essential healthcare provider—not just a transportation service—and secures funding for alternative care models that improve outcomes and reduce system strain.

- To address this issue, NAEMT should:
 - Expand its federal advocacy efforts to include targeted campaigns for reimbursement reform, working with CMS, private payers, and legislators to redefine EMS's role in healthcare financing.
 - Support pilot programs and research that demonstrate the cost-effectiveness and clinical value of MIH/CP and TIP models, providing data that can be used to influence policy and payer decisions.
 - Engage EMS clinicians directly in shaping these reforms, ensuring that the voices of those delivering care are heard in discussions about how care is funded and structured.
 - Collaborate with healthcare systems and public health agencies to integrate EMS into broader care coordination efforts, reinforcing its role as a frontline healthcare provider.
- By advocating for reimbursement reform, NAEMT can help unlock the full potential of EMS—allowing clinicians to deliver the right care, at the right time, in the right place, and be compensated fairly for doing so. This will not only improve patient outcomes but also enhance the work environment for EMS professionals, ensuring that innovation is matched with sustainability.