



2025 Board Election: Candidate Q&A

Candidate Name: Benjamin A. Proctor, NRP, TP-C

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

- I am a graduate of the NAEMT Lighthouse Leadership program and I would describe my leadership style as adaptive. The Army gave me the foundation of my leadership, teaching me discipline, accountability, and how to lead in high-pressure environments. The Lighthouse program added something just as valuable by connecting me with mentors from across the pre-hospital medicine spectrum.
- Those mentors showed me how leadership looks different outside of the military, and how collaboration and empowerment can bring out the best in people. I learned that leadership is not about holding a position, it is about creating an environment where people feel supported and motivated to grow.
- In pre-hospital medicine, I carry that mindset into everything I do. I invest in mentorship because I know how much it shaped me. I push for innovation because I believe our profession cannot stand still. Most of all, I focus on people. Whether in the Army or in civilian practice, success always comes down to building trust, setting a vision, and helping others reach it.

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?

- I see myself as both an educator and a connector. Advocacy in pre-hospital medicine has to be more than speaking to lawmakers. It starts with educating our own people so they understand the issues, and then connecting them with the right platforms to make their voices heard.
- One area I strongly believe in is the EMS Compact. It helps EMTs and paramedics by reducing licensing barriers when they move between states, which gives providers more mobility and makes it easier for agencies to fill gaps. We need NAEMT to keep pushing for nationwide adoption.
- Another issue is the lack of visibility from organizations like NREMT on state-level challenges. For example, Texas recently passed legislation that blocks paramedics from performing IVs in medical spas, but it never appeared on the NREMT's legislative updates. Members need to know about these issues so they can act. NAEMT can help by putting more emphasis on collecting and sharing information from the state level.
- Finally, we need to address the financial model of pre-hospital medicine. Right now revenue depends almost entirely on transport. That system is outdated and harmful to patients. The next big push should be treat-in-place legislation. Agencies should be reimbursed for providing quality care on scene, not just for driving patients to the ER. If we can shift that model, pre-hospital medicine will finally be recognized as healthcare, not just transportation.

- That is the kind of advocacy I believe in, and it is where I think NAEMT can make the biggest difference for the future of our profession.

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 biggest challenges I see in pre-hospital medicine right now are pay, burnout, limited advancement, and lack of mentorship. I have experienced these firsthand and seen how they push good providers out of the field. If NAEMT wants to support the workforce it has to tackle those issues directly.
- One way is by creating real advancement opportunities. Right now many paramedics feel stuck. We need roles like Advanced Practice Paramedics who can treat patients at home, prevent unnecessary ER visits, and bring real value to healthcare systems. That kind of advancement not only improves patient care but also gives providers better pay and a stronger sense of purpose.
- Another area is education. At last year's NREMT meeting members asked about advanced degrees and leadership dismissed it as a dead issue. That is not acceptable. If we want pre-hospital medicine to be recognized as a profession we have to embrace higher education. NAEMT should lead that conversation.
- We also need to bridge the military-to-civilian gap. Programs like the DoD SkillBridge are a perfect way to bring experienced medics into pre-hospital medicine while giving them a path after service. It is good for providers, agencies, and patients.
- When I talk to younger EMTs and paramedics I tell them NAEMT is their voice. Membership gives them a seat at the table where the future of pre-hospital medicine is being shaped. It connects them to mentors, advocacy, and a professional community that wants to see them succeed. That is the value I see and what I share with every new generation coming into the field.

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

- The most pressing issue in pre-hospital medicine is that we are not fully recognized as an essential part of healthcare. That lack of recognition shows up everywhere in reimbursement models that only pay for transport, wages that do not reflect the work we do, uneven education standards, and limited career paths.
- Recognition matters. Without it we are always fighting an uphill battle. Agencies are forced to use the "expensive taxi" model just to keep doors open, even when they know it is not what patients need. Providers burn out because they do not see a sustainable future in the profession. Efforts to advance education or create new roles stall because the system does not see pre-hospital medicine as equal partners in healthcare.
- NAEMT has a chance to change this. We need to be the loudest voice saying pre-hospital medicine is healthcare. That means leading on reimbursement reform, pushing for national standards in education, and telling our story in a way that resonates with lawmakers and the public.
- I believe this is where my strengths come in. I am good at creating enthusiasm, building relationships, and communicating why pre-hospital medicine matters. Recognition will not come from numbers alone. It will come from passionate people making the case that pre-hospital medicine saves lives, prevents unnecessary hospital visits, and is a cornerstone of community health.

- If NAEMT leads with a unified voice, we can get pre-hospital medicine the recognition it deserves. Once that happens every other challenge such as pay, burnout, and advancement becomes easier to solve.
- I also believe we need to move away from using the term EMS as if it defines our profession. EMS is a system, not the profession itself. Our profession is pre-hospital medicine, and we must make that distinction clear. There are NAEMT members who work outside of traditional EMS systems, yet they still represent the highest standards of EMTs and Paramedics. We must include and advocate for all of them, no matter the system in which they operate.