August 21, 2025

Chair Tim Reed
Emergency Medical Services Funding Task Force
500 East Capitol Avenue
Pierre, SD 57501

Re: Opportunities to Strengthen EMS Systems of Care through Community Readiness

Dear Chair and Members of the Committee:

Thank you for your leadership in examining the future of emergency medical services (EMS) in South Dakota. As the state continues to address EMS workforce shortages, response time challenges, and increasing demands on rural emergency care systems, there is a significant opportunity to improve outcomes through a complementary strategy: strengthening community readiness to respond to emergencies before EMS arrives.

Research has shown systems of care can lead to more cost-effective and improved patient outcomes. Systems of care seek to implement processes, so care is coordinated, and victims of a stroke or cardiac event receive the right treatment as quickly as possible. A person's zip code should not determine whether they live or die.

Sudden cardiac arrest remains one of the leading causes of death in the United States. Survival depends heavily on the immediate actions taken by bystanders during the first few critical minutes before professional responders arrive. By increasing the number of South Dakotans prepared to recognize cardiac arrest, initiate Hands-Only Cardiopulmonary Resuscitation (CPR), and use an Automated External Defibrillator (AED), we can create more resilient communities and improve survival rates across both rural and urban areas of our state.

To that end, I encourage the Task Force to consider several evidence-based initiatives which can dramatically strengthen South Dakota's chain of survival.

Require Hands-Only CPR and AED Training as a High School Graduation Requirement

In 2014, South Dakota passed Chapter 79 (SB145) requiring the Secretary of Education to provide instruction in CPR psychomotor skills and the use of an automatic external defibrillator (AED) in the school in the health curriculum.

In 2017, South Dakota passed Chapter 75 (SB140) which updated language to provide for instruction within any school curriculum, not specifically health curriculum and for hands-only CPR and the use of an AED.

The Department of Education annually conducts a survey of each school district to determine compliance with the requirements of this Act. *Attached is the most recent report.*

Every graduating South Dakota student should leave high school with the skills and confidence to respond to a cardiac emergency. A statewide graduation requirement for Hands-Only CPR and AED awareness training would create an entire generation of citizen responders capable of intervening during the critical moments before EMS arrival.

Many states have already implemented CPR education as a graduation requirement, resulting in millions of newly trained responders nationwide. The educational burden is minimal, the cost is modest, and the public health benefit is substantial. By training every student before graduation, South Dakota can steadily build a workforce and citizenry equipped to save lives in homes, workplaces, schools, and communities. Additionally, it could eliminate the administrative burden for districts, and the Secretary of Education, to complete the annual survey.

Telecommunicator CPR Statewide Standard

Telecommunicator CPR is a proven emergency response practice which enables 911 dispatchers to recognize cardiac arrest and coach callers through CPR before EMS arrives. For rural states like South Dakota, it saves lives by reducing the time between a cardiac emergency and the start of lifesaving chest compressions.

South Dakota currently requires certification and training for all 911 telecommunicators who work in Public Safety Answering Point (PSAP) centers; essentially a 911 Center. Basic telecommunicator certification is under the jurisdiction of the South Dakota Attorney General's Officer Law Enforcement Training program and the requirement to obtain, and remain, Emergency Medical Dispatch (EMD) certified is contained in South Dakota Codified Law (SDCL) § 34-45-24 and Administrative Rule (ARSD) 50:02:04:03

Preserving, or strengthening, this standard in South Dakota is a best practice promoted by the American Heart Association and other national EMS organizations, helping ensure callers receive immediate lifesaving CPR instructions while EMS resources are responding.

Require Cardiac Emergency Response Plans in Schools and Athletic Programs

Schools and athletic facilities present unique opportunities to improve preparedness because they bring together large populations and often host physically demanding activities. While sudden cardiac arrest among students is uncommon, it remains one of the leading causes of death in school-based athletics. Cardiac emergencies can also affect teachers, staff, parents, spectators, and visitors.

South Dakota should require schools and athletic programs to develop and regularly practice Cardiac Emergency Response Plans (CERPs). These plans establish clear procedures for recognizing cardiac arrest, activating EMS, initiating CPR, retrieving AEDs, and coordinating on-scene response.

A comprehensive CERP requirement should include:

- Designated emergency response teams
- Clearly identified AED locations
- Annual drills and practice exercises
- Staff CPR and AED training
- Coordination with local EMS providers
- Post-event evaluation and continuous improvement processes
- Preparedness saves time, and in cases of sudden cardiac arrest, every minute matters.

Promote Cardiac Ready Communities and Cardiac Ready Campuses

Beyond individual training requirements, South Dakota should continue to encourage communities, businesses, colleges, schools, and public institutions to pursue recognition as Cardiac Ready Communities or Cardiac Ready Campuses through South Dakota Department of Health and the South Dakota Cardiovascular Collaborative.

These programs typically focus on:

- Broad CPR and AED training
- Strategic AED placement
- Emergency response planning
- Public awareness and education
- Collaboration among healthcare providers, EMS agencies, schools, employers, and local governments

Recognition programs create a framework for continuous improvement while encouraging local ownership of emergency preparedness efforts. They also provide measurable goals which communities can work toward as part of a statewide strategy to improve cardiac arrest survival.

Standardize South Dakota's EMS Triage, Transfer and Transport Plans

In addition to advancing community readiness initiatives, South Dakota has established a formal statewide trauma system with required local EMS transport plans, triage guidelines, and destination protocols for trauma patients. However, while trauma triage and transport are standardized through state rule, emergency medical transport and transfer practices for other time-sensitive conditions may vary by region, agency, protocol, and available resources. Continued efforts to improve statewide consistency in triage, transfer, transport, and communications protocols could help ensure a patient's outcome is not determined by geography or local resource availability.

Summary

The recommendations outlined in this letter directly support and strengthen these statewide systems:

- **Hands-Only CPR and AED training** increases the likelihood bystanders will intervene before EMS arrives.
- **Telecommunicator CPR certification** enables dispatchers to quickly identify cardiac arrest and coach lifesaving interventions over the phone.
- **Cardiac Emergency Response Plans in schools and athletic facilities** establish coordinated responses which reduce delays in treatment and improve outcomes.
- **Cardiac Ready Community and Cardiac Ready Campus initiatives** create cultures of preparedness to support rapid recognition and response to medical emergencies.
- **EMS Triage, Transfer and Transport Plans standardized** ensures - patients receive the right care, at the right place, at the right time.

South Dakota's investments in EMS infrastructure, workforce development, and emergency transportation are vital. However, the greatest return on those investments comes when they are integrated within a coordinated system of care which begins the moment a citizen recognizes an emergency and calls 911. By strengthening both community preparedness and standardizing EMS triage, transfer and transport plans, South Dakota can improve survival rates, reduce disability, lower long-term healthcare costs, and ensure better outcomes for residents regardless of where they live.

A High-Impact, Cost-Effective Investment

Strengthening community readiness is not a substitute for investing in EMS. Rather, it is a force multiplier for the EMS system. The reality is many cardiac emergencies occur before an ambulance can arrive, particularly in rural areas where response times may be longer due to distance and workforce constraints.

By requiring CPR and AED education, maintaining telecommunicator CPR standards, establishing Cardiac Emergency Response Plans, and promoting Cardiac Ready Communities, South Dakota can empower citizens to act during those critical first minutes when survival is most dependent on immediate intervention.

These initiatives represent practical, cost-effective, and evidence-based opportunities to complement the Committee's efforts to improve emergency medical services statewide. Together, they can build a stronger chain of survival and help ensure more South Dakotans survive a heart attack or stroke and return home to their families.

Taken together, these recommendations support a comprehensive system which links individuals, communities, community responders, emergency communications, EMS professionals, and healthcare facilities into a seamless chain of survival capable of delivering better outcomes for South Dakotans across the state.

Thank you for your consideration and for your commitment to improving emergency care across South Dakota.

With heart,

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2025 Cardiopulmonary Resuscitation (CPR) Report to the Legislature
South Dakota Department of Education

December 1, 2025

CPR DATA

On September 3 the South Dakota Department of Education (the department) sent an electronic survey to all superintendents in South Dakota's public schools. The survey requested one response per school district. Per SDCL 13-3-93, the purpose of the survey was to collect data regarding the extent of training related to cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AED) offered in schools. The survey closed October 10. The results below show the responses from 147 of the 148 public school districts in 2024 and 146 of 147 public districts in 2025. One district responded both years that because they are only K-5, they are not offering CPR. Big Stone School District closed in 2025.

The survey results indicate CPR education is most commonly provided in high school, especially grade 9, though there was a slight shift toward later grades (10-12). Elementary and early middle school grades continue to have limited exposure to CPR education.

Of the 147 districts responding to the survey, several districts are offering CPR\AED education at multiple grade levels. Some districts are utilizing community certified trainers for one-day events or providing training events for various K-12 grades. Many districts are also offering CPR/AED training for their staff and utilizing the department's CPR resource page to identify agencies such as local EMT, school or county nurses, Red Cross, or Fire and Rescue to offer trainings allowing certification for students and staff.

Grade Level in which CPR education is available to students				
	2024		2025	
	count	%	count	%
Kindergarten	1	0.28%	1	0.31%
Grade 1	1	0.28%	1	0.31%
Grade 2	1	0.28%	1	0.31%
Grade 3	1	0.28%	1	0.31%
Grade 4	1	0.28%	1	0.31%
Grade 5	4	1.12%	2	0.62%
Grade 6	12	3.35%	10	3.11%
Grade 7	16	4.47%	16	4.97%
Grade 8	33	9.22%	31	9.63%
Grade 9	113	31.56%	91	28.26%
Grade 10	57	15.92%	53	16.46%
Grade 11	49	13.69%	48	14.91%
Grade 12	68	18.99%	65	20.19%
Not offered	1	0.28%	1	0.31%

**Note: Because districts can indicate multiple grade levels the count will exceed the number of respondents.*

This year there was a notable decline in districts requiring CPR for graduation: 43.5% in 2024 to 30.1% in 2025. The number of districts requiring CPR for graduation decreased from 102 to 83.

CPR education/training as a graduation requirement				
	2024		2025	
	count	%	count	%
Yes	64	43.54%	44	30.14%
No	83	56.46%	102	69.86%
Total	**147**	**100.00%**	**146**	**100.00%**

Tthe department, along with a CPR stakeholders group, created the CPR Resources for Schools webpage to assist districts in providing CPR and AED education. To comply with SDCL 13-3-92, all resources and contacts are for state-based organizations with national recognition. Only 30.14% of districts indicated having visited the website to review the statewide agencies.

Several districts indicated they provide CPR/AED education by utilizing local EMT/fire/hospital certified trainers for one day trainings or workshop settings rather than through course of instruction areas listed on the survey. Some districts indicated they provide CPR/AED opportunities through stand-alone classes, careers courses, or those that connect to the health industry. The next three tables provide additional details about how CPR and AED skills are being taught in districts.

Courses in which CPR and AED skills are taught				
	2024		2025	
	count	%	count	%
Health	106	72.11%	113	77.40%
Physical Education	26	17.69%	26	17.81%
Science	7	4.76%	4	2.74%
Other	8	5.44%	3	2.05%
Total	**147**	**100.00%**	**146**	**100.00%**

Other responses:

- Senior careers class
- Local trainer
- Human development (CTE) class
- Sports medicine (CTE) class
- Medical Terminology/CNA class
- Emergency Medical Technician class
- Intro to EMS class

Length of time CPR education is provided				
	2024		2025	
	count	%	count	%
One day training	77	52.38%	49	33.56%
A few days to a week	53	36.05%	76	52.05%
Several Weeks	0	0.00%	12	8.22%
One quarter (9 weeks)	13	8.84%	6	4.11%
Other	4	2.72%	3	2.05%
Total	**147**	**100.00%**	**146**	**100.00%**

Extent of CPR education provided				
	2024		2025	
	count	%	count	%
CPR and AED skills training	99	67.35%	114	78.08%
CPR training with certification and AED training	26	17.69%	29	19.86%
Skipped Question	22	14.97%	3	2.05%
Total	**147**	**100.00%**	**146**	**100.00%**

SD CODIFIED LAWS FOR CPR

13-3-91. Cardiopulmonary resuscitation skills to be included in school curriculum. The secretary of education shall identify cardiopulmonary resuscitation (CPR) skills that all schools shall include within required school curriculum and shall inform school districts of resources and training available to assist schools to provide instruction in CPR and the use of automated external defibrillators.
Source: SL 2014, ch 79, § 1; SL 2017, ch 75, § 1.

13-3-92. Cardiopulmonary resuscitation training resources. Any training resources the secretary of education recommends pursuant to § 13-3-91 shall be nationally recognized, use the most current national guidelines for CPR and emergency cardiovascular care, and incorporate psychomotor skills development into the instruction.
Source: SL 2014, ch 79, § 2.

13-3-93. Annual survey of cardiopulmonary resuscitation instruction--Report to Legislature. The secretary of education shall electronically survey school districts regarding whether, and to what extent, the instruction of cardiopulmonary resuscitation and the use of automated external defibrillators is offered. The survey must gather data regarding what grades, for what period of time, and in connection with what course of instruction, if any, the training is offered. The secretary shall submit a report of the results of this data collection to the Senate and House standing committees on education and health and human services no later than December 1 of each year.
Source: SL 2014, ch 79, § 3.

13-3-94. Programs that may be used for cardiopulmonary resuscitation instruction. To provide the instruction required in § 13-3-91, the school board or governing body shall use either of the following:

(1) An instructional program developed by the American Heart Association or the American Red Cross; or

(2) An instructional program that is nationally recognized and based on the most current American Heart Association guidelines for CPR and emergency cardiovascular care.

The psychomotor skills necessary to perform hands-only CPR and awareness in the use of an AED shall be incorporated into the instruction.

For the purposes of this section, the term, psychomotor skills, means the use of hands-on practicing to support cognitive learning.
Source: SL 2017, ch 75, § 2.

13-3-95. CPR and AED instructors. A certified teacher is not required to be an authorized CPR or AED instructor to facilitate, provide, or oversee the instruction required in § 13-3-94. However, any CPR course that results in the students earning a CPR course completion card shall be taught by an authorized CPR or AED instructor.
Source: SL 2017, ch 75, § 3.

13-3-96. Annual survey of schools. The Department of Education shall annually conduct a survey of each applicable school to determine compliance with the requirements of §§ 13-3-91, 13-3-94, and 13-3-95.
Source: SL 2017, ch 75, § 4.