

**NORTH DAKOTA ADMINISTRATIVE CODE**

**Supplement 15**

**November 1, 1979**

**Prepared by the Legislative Council staff  
for the  
Administrative Rules Committee**



TITLE 13

Banking and Financial Institutions, Department of

STAFF COMMENT: Section 13-02-03-02 contains all new material and applies to section 13-02-03-01 which limits the amount a state bank can borrow on a day-to-day basis to an amount not exceeding the bank's combined capital and surplus.

CHAPTER 13-02-03  
LIMITATION ON BANK BORROWINGS ON A DAY-TO-DAY BASIS

Section	
13-02-03-01	Limitation on Bank Borrowings on a Day-to-Day Basis
<u>13-02-03-02</u>	<u>Applicability</u>

13-02-03-01. LIMITATION ON BANK BORROWINGS ON A DAY-TO-DAY BASIS. Any state bank may borrow money through obligations representing loans from one business day to the next in an amount not to exceed such bank's combined capital and surplus.

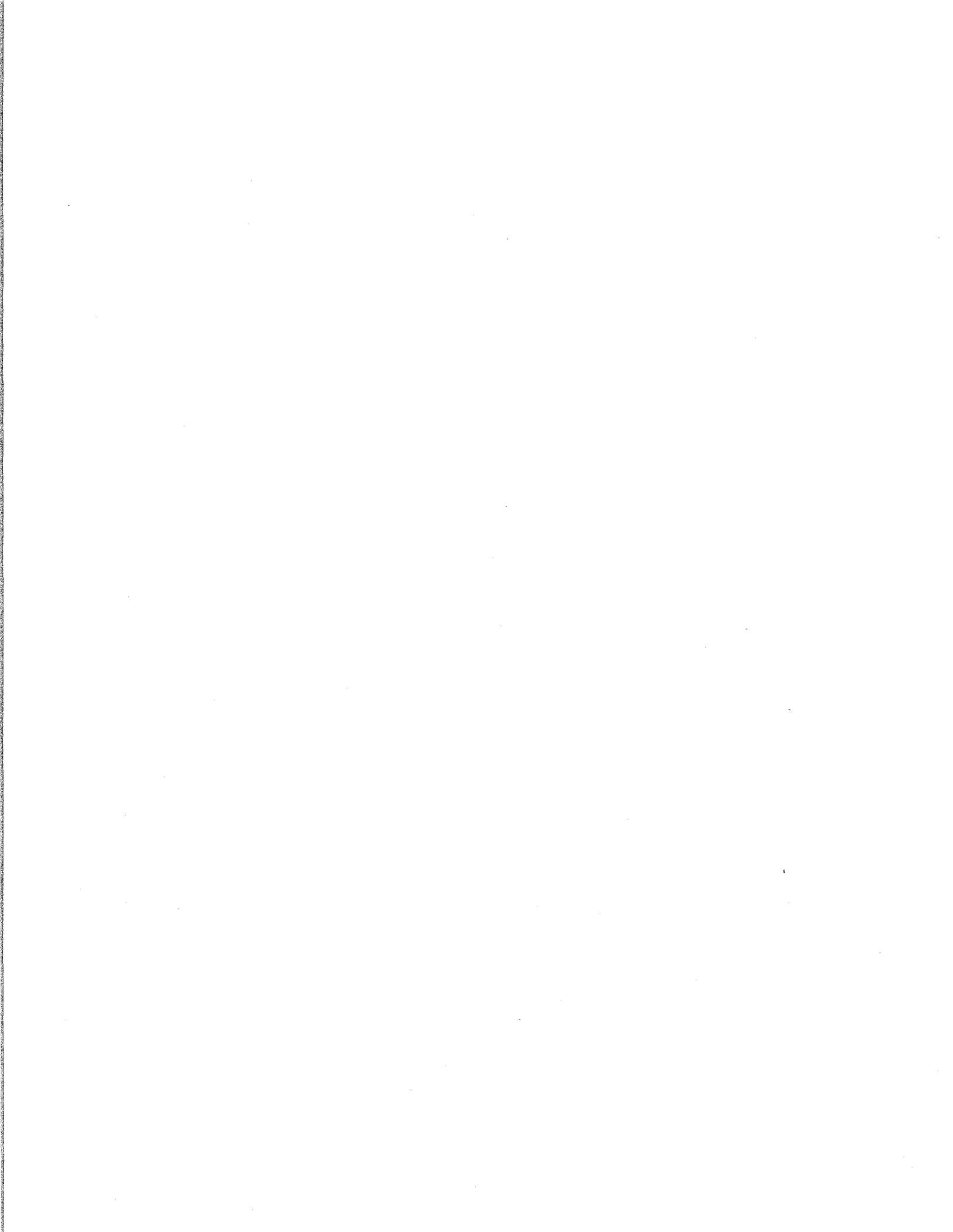
General Authority	Law Implemented
NDCC 6-01-04	NDCC 6-03-02, 6-03-51

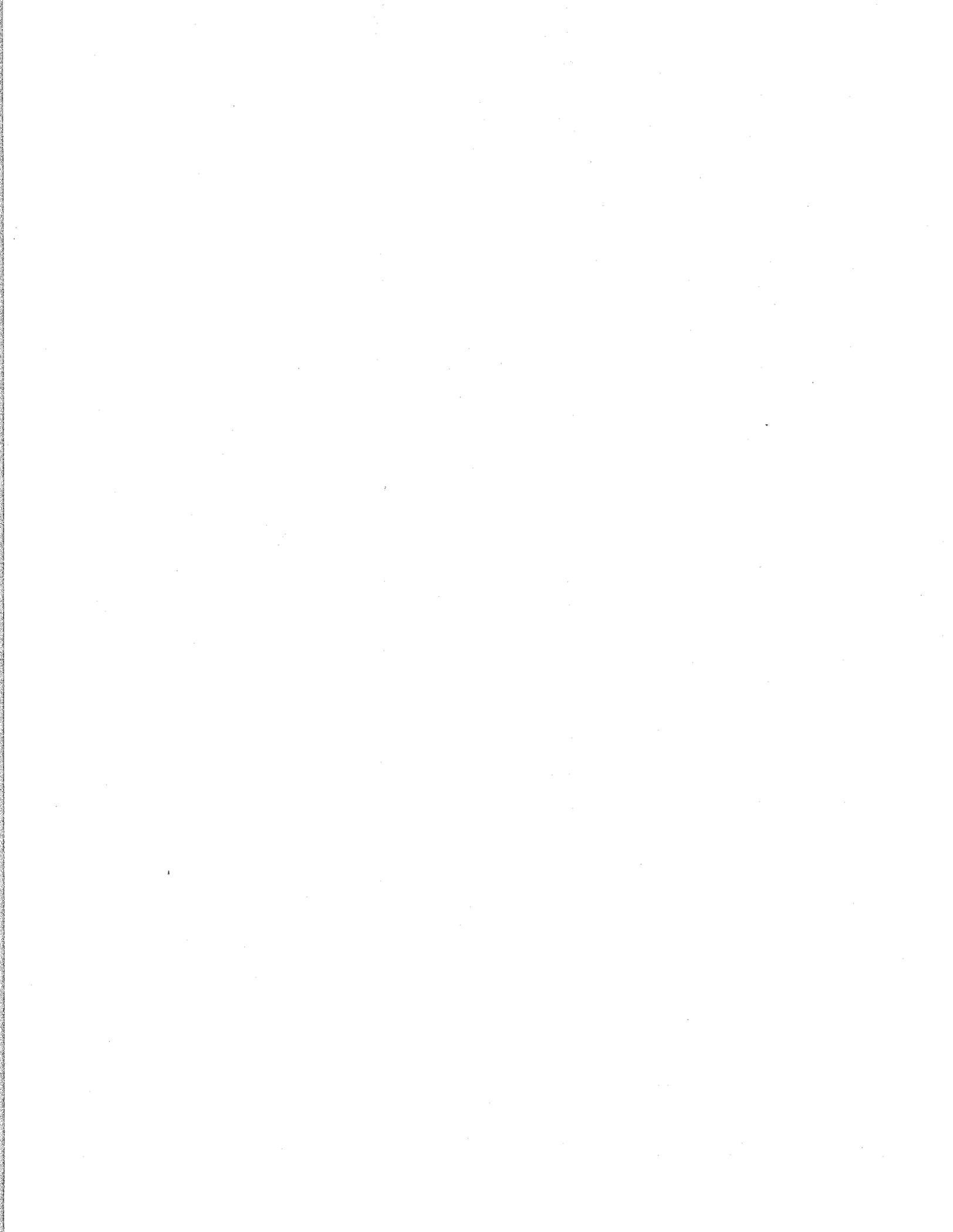
13-02-03-02. APPLICABILITY. The limitation imposed in section 13-02-03-01 shall not apply to secured borrowings.

History: Effective November 1, 1979.

General Authority	Law Implemented
<u>NDCC 6-01-04</u>	<u>NDCC 6-03-02,</u> <u>6-03-51</u>







TITLE 33  
Health Department

ARTICLE 33-03

STATE DEPARTMENT OF HEALTH

Chapter	
33-03-01	Free Standing Outpatient Facility - Including Surgical Facilities - Excluding Physicians Clinic
33-03-02	Abortion
33-03-03	Maintenance and Operation of Public Water Works Systems, Swimming Pools, and Sewerage Systems
33-03-04	Quality of Water
33-03-05	School Water and Sewerage Systems
33-03-06	Sale of Bulk and Bottled Water Supplies Intended for Domestic Purposes
33-03-07	Care and Disposal of Refuse and Garbage
33-03-08	Approval of Plans and Specifications Prior to Construction of Water Works Systems, Sewerage Systems, and Swimming Pools
33-03-09	Health Maintenance Organizations
33-03-10	<u>Reserved Home Health Agencies</u>
33-03-11	<u>Reserved Electrolysis</u>
33-03-12	Reserved
33-03-13	Reserved
33-03-14	Reserved
33-03-15	Reserved
33-03-16	Construction and Location of Toilets
33-03-17	Temporary Work Camps
33-03-18	Milk Sanitation
33-03-19	Food and Drink Sanitation
33-03-20	Minimum Requirements for Sanitation in Places of Employment
33-03-21	Minimum Requirements for Sanitation in Camps
33-03-22	Migrant Labor Housing

CHAPTER 33-03-10  
HOME HEALTH AGENCIES

STAFF COMMENT: Chapter 33-03-10 contains all new material. The synopsis of this chapter by the Department of Health is contained in other committee material.

<u>Section</u>	
<u>33-03-10-01</u>	<u>Definitions</u>
<u>33-03-10-02</u>	<u>License Required - Duration - Transfer</u> <u>Prohibited - Display</u>
<u>33-03-10-03</u>	<u>Certificate of Need</u>
<u>33-03-10-04</u>	<u>Application for License</u>
<u>33-03-10-05</u>	<u>Issuance and Renewal of Licenses</u>
<u>33-03-10-06</u>	<u>Standards for Licensure</u>
<u>33-03-10-07</u>	<u>Advice and Consultation</u>
<u>33-03-10-08</u>	<u>Denial, Suspension, or Revocation of License</u>

33-03-10-01. DEFINITIONS. As used in this act, the following definitions apply.

1. "Certificate of need" means the review process required pursuant to regulations promulgated under North Dakota Century Code chapter 23-17.2.
2. "Clinical record" means a written account which covers the services the agency provides directly and those provided through arrangements with another agency which account contains pertinent past and current medical, nursing, social, and other therapeutic information, including the plan of treatment.
3. "Department" means the department of health provided for in North Dakota Century Code chapter 23-01.
4. "Home health agency" means a public or private agency, organization, facility, or subdivision thereof which is engaged in providing home health services to individuals and families where they are presently residing for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability.
5. "Home health aide" means an individual who renders personal related service under the supervision of a registered professional nurse.
6. "Home health services" means a broad range of health and social services furnished to individuals and families by a home health agency, or by others under arrangements with the agency, in the place where they are presently residing. Services must include the services of a currently licensed registered professional nurse and at least one other therapeutic service and may include additional support services. These services will be provided with the approval of a licensed physician.

7. "Licensed practical nurse" means one who has met all legal requirements for licensure and holds a current license to practice in North Dakota pursuant to requirements under North Dakota Century Code chapter 43-12.1.
8. "Nursing services" means those services pertaining to the preventive, curative, and restorative aspects of nursing care that are performed by or under the supervision of a registered professional nurse.
9. "Person" means an individual, firm, partnership, association, corporation, or any other entity, whether organized for profit or not.
10. "Physician" means any person currently licensed under North Dakota Century Code chapter 43-17.
11. "Registered professional nurse" means a registered nurse as defined under North Dakota Century Code chapter 43-12.1.
12. "Skilled nursing" means professional nursing services rendered by nurses licensed under North Dakota Century Code chapter 43-12.1.
13. "Supportive services" includes but is not limited to the use of medical appliances; medical supplies, other than drugs and biologicals prescribed by a physician; the collection of blood and other samples for laboratory analysis; and nutritional guidance, homemaker, or companion services.
14. "Therapeutic services" means services which include:
  - a. Physical, occupational, or speech therapy;
  - b. Medical social services;
  - c. Home health aide services;
  - d. Skilled nursing care; or
  - e. Respiratory therapy.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-02. LICENSE REQUIRED - DURATION - TRANSFER PROHIBITED - DISPLAY.

1. A person may not conduct, maintain, or operate a home health agency without a license issued by the department.
2. The license shall expire midnight on December thirty-first of the year issued. License renewal shall be on a calendar year basis.

3. A license is valid only for the home health agency for which it was issued. A license may not be sold, assigned, or transferred.
4. Upon discontinuance of the operation or of transfer of ownership of an agency, the license must be returned to the department.
5. The licensed home health agency may serve only the geographic area as defined in the application.
6. The license shall be displayed in a conspicuous place inside the home health agency office easily viewable by the public.
7. When a subdivision of an agency, e.g., the home care department of a hospital or the nursing division of a health department, applies for a license, the subdivision rather than the parent organization must be licensed as a home health agency and maintain records in such a way that subdivision activities and expenditures attributable to services provided are identifiable. The parent organization may determine who signs the agreement and other documents, and receive and disburse funds.
8. The department shall require an applicant or a licensee to disclose the name, address, and official position of all persons who have a ten percent or more ownership interest in the home health agency.
9. Existing home health agency. Agencies subject to this chapter which are already in operation at the time of the effective date of this chapter, will be given a reasonable time, not to exceed three months from the effective date of this chapter, within which to comply with the rules, regulations, and minimum standards provided for herein.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-03. CERTIFICATE OF NEED.

1. A new agency must first obtain a certificate of need from the department prior to applying for a license.
2. An existing agency must first obtain a certificate of need from the department prior to an expansion of its geographic area of service.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-04. APPLICATION FOR LICENSE. Application for the license shall be made in the manner as prescribed by the department.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-05. ISSUANCE AND RENEWAL OF LICENSES. On receipt of an initial or renewal application, the department or its authorized agent shall evaluate the agency. If minimum standards, described in section 33-03-10-06 are met, the department shall issue a license. No license on an initial application for a license will be granted without the applicant's certificate of need clearance.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-06. STANDARDS FOR LICENSURE.

1. The minimum standards which a home health agency must meet for licensure are:
  - a. The agency must provide skilled nursing and at least one other therapeutic service, i.e., physical therapy, occupational therapy, speech therapy, medical social services, or home health aide services, on a regular basis.
  - b. The agency must maintain personnel folders on agency employees which indicate that qualified personnel are available to render designated services. Where hospital or long term care personnel are utilized by the hospital or long term care home health agency to treat agency patients during the normal working hours, the facility's personnel folder meets this requirement. Home health agencies that contract for staff to provide services shall maintain a current written agreement with personnel in the personnel folders.
  - c. The agency must maintain plans of treatment, clinical notes, etc., to verify that such services are actually provided and not merely listed as being offered.
  - d. The agency must maintain full information in its files relating to ownership of the agency. In those instances where the agency is incorporated for profit, the files must contain names and addresses of the corporate officers and of each person having ten percent or greater interest in the ownership of the agency.

- e. The agency must have a supervising physician or a supervising registered professional nurse who is responsible for the direction, coordination, and general supervision of the therapeutic services provided by the agency and who is employed on a full-time basis. There must be supervision from a physician or a registered professional nurse during all hours of operation.
  - f. If services are to be provided by arrangement with other agencies or organizations, the home health agency must ensure that such other agencies or organizations furnish qualified and trained personnel.
  - g. If services are provided under written contracts between a home health agency and other agencies or organizations, the home health agency must have documentation which verifies that communications between the contractor and the staff of the agency are frequent, and that the home health agency has all information necessary to assure that the responsibility for the care of patients rests with the licensee.
  - h. The agency must maintain clinical records on all patients to serve as documentation of the medical, nursing, and therapeutic care rendered to the patient and for communication between the physician and agency.
  - i. The agency must ensure that home health aides are properly trained, and function under adequate supervision.
2. All phases of an agency's operation shall be without discrimination against individuals or groups of individuals on the basis of race, creed, color, national origin, sex, age.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-07. ADVICE AND CONSULTATION. The department shall provide professional advice and consultation related to the quality of home health agency aspects of health care and services provided by the licensee.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

33-03-10-08. DENIAL, SUSPENSION, OR REVOCATION OF LICENSE. The department may deny, suspend, or revoke a license for noncompliance with this chapter in

accordance with administrative hearing provisions of North Dakota Century Code chapter 28-32.

History: Effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-01-01

CHAPTER 33-03-11  
ELECTROLYSIS

STAFF COMMENT: Chapter 33-03-11 contains all new material and results from 1979 House Bill No. 1398 (North Dakota Century Code chapter 43-38). In the opinion letter approving these rules, the Attorney General stated: "We are not suggesting that you are required to have the approving opinion of the Attorney General pursuant to Chapter 28-32 of the North Dakota Century Code as a prerequisite to the validity of these regulations." Although not required to be published in the Administrative Code, the Department of Health submitted the rules for publication for public information purposes. This is also why the rules have an odd effective date; they became effective upon adoption by the State Health Council. The synopsis of this chapter by the Department of Health is contained in other committee material.

Section

<u>33-03-11-01</u>	<u>Definitions</u>
<u>33-03-11-02</u>	<u>License Required - Fees</u>
<u>33-03-11-03</u>	<u>Application for License</u>
<u>33-03-11-04</u>	<u>Issuance and Renewal of Licenses</u>
<u>33-03-11-05</u>	<u>Minimum Standards for Licensure</u>
<u>33-03-11-06</u>	<u>Denial, Suspension, or Revocation of License</u>
<u>33-03-11-07</u>	<u>State Health Officer - Administration of Program</u>
<u>33-03-11-08</u>	<u>Recognition of Curriculum</u>

33-03-11-01. DEFINITIONS. Words defined in North Dakota Century Code chapter 43-38 have the same meaning in this chapter, and in addition:

1. "Initial license" means the first license.
2. "Instructor" means a person who has successfully completed a course in electrolysis from an electrolysis school, who has at least three years practice in the field of electrolysis, who is knowledgeable in the art of electrolysis, capable of imparting such knowledge to another person, and such person actually instructs, is employed to instruct, or otherwise is involved in instruction.
3. "Person" means an individual human being.
4. "Relicensure" means any license issued after the initial license.

5. "State health officer" means the state health officer of the North Dakota state department of health as defined in North Dakota Century Code title 23.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-01

33-03-11-02. LICENSE REQUIRED - FEES.

1. A person may not hold oneself out to the public as an electrologist or an electronic hair removal technician without a license issued by the state health council.
2. A license may not be sold, assigned, or transferred.
3. The license shall expire midnight on December thirty-first of the year issued. License renewal shall be on a calendar year basis renewable on January first of each year.
4. The license shall be displayed in a conspicuous place easily viewable by the persons treated.
5. The license fee shall be thirty dollars each for an initial license for the first year or part of a year.
6. The relicensure fee shall be twenty-five dollars each per year or part of a year.
7. Licenses will be issued and license fees will be collected on a calendar year basis. License fees will not be prorated for a partial year.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-04

33-03-11-03. APPLICATION FOR LICENSE. Application for a license shall be made to the state health officer on forms prescribed by the state health officer.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-03

33-03-11-04. ISSUANCE AND RENEWAL OF LICENSES. Upon receipt of an initial or relicensure application, the state health council will evaluate the applicant's qualifications. The evaluation may be an onsite inspection for the purpose of sanitation and disease control. If minimum standards described in section 33-03-11-05 are met, the state health council shall issue a license.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-02

33-03-11-05. MINIMUM STANDARDS FOR LICENSURE.

1. An applicant for licensure must meet the minimum standards prescribed by this subsection.
  - a. The applicant must be at least eighteen years of age.
  - b. The applicant must have a general education equivalent to the completion of four years in high school.
  - c. An electrologist not licensed on July 1, 1979, by the North Dakota board of hairdressers and cosmetologists must document successful completion of an electrolysis course from an electrolysis school which meets the minimum standards of curriculum as set forth in section 33-03-11-08. An application for an initial electrologist license must be accompanied with letters of recommendation for an electrologist license from two instructors or two physicians knowledgeable about the applicant's work product.
  - d. An electronic hair removal technician must have successfully completed a course in an electrolysis school which meets the minimum standards as set forth in section 33-03-11-08 in electronic hair removal in the technique of removing hair other than through the use of the electric needle. The applicant must provide one letter of recommendation for the issuance of a technician license from one instructor knowledgeable in the electronic hair removal process without the use of an electric needle.
  - e. The licensee must at all times employ sanitary and disease control practices acceptable to the state health council. Written effective procedures for aseptic techniques must be available and followed by the licensee.
2. Electrologists and electronic hair removal technicians practicing or holding a license to practice from the North Dakota board of hairdressers and cosmetologists on June 30, 1979, will be deemed qualified and will be issued their licenses upon certification from the board as to the existence of such licenses. All other applicants for a

license must document their qualifications for licensure in accordance with this section.

3. A licensed electrologist is permitted to use the electric needle and to practice the art of removal of hair by any method other than the use of the electric needle.
4. A licensed electronic hair removal technician is not permitted to remove hair with the use of the electric needle, but is permitted to practice any other method of hair removal.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-03

33-03-11-06. DENIAL, SUSPENSION, OR REVOCATION OF LICENSE. The state health council may deny, suspend, or revoke a license for noncompliance with this chapter.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-03

33-03-11-07. STATE HEALTH OFFICER - ADMINISTRATION OF PROGRAM. The state health officer shall administer the electrolysis licensing program in North Dakota. Pursuant to subsection 5 of North Dakota Century Code section 43-38-03, it is the intent of the state health council to set program policy through the promulgation of regulations as charged in the statute and to vest all other administrative powers in the state health officer.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 23-01-05,  
43-38-03

33-03-11-08. RECOGNITION OF CURRICULUM.

1. The state health council will recognize an applicant for a license as eligible for a license when the applicant has graduated from an electrolysis school which has provided at a minimum the following curriculum taught by instructors:

<u>a. Subject</u>	<u>Hours</u>
<u>(1) Practical training in the following branches of electrolysis:</u>	<u>200</u>
<u>Sanitation and sterilization as applied to electrology</u>	
<u>Patron protection</u>	
<u>Use of the electrical currents</u>	
<u>Use of equipment and instruments</u>	
<u>Insertion of needles (single and multiple). (Not required for electronic hair removal technicians.)</u>	
<u>Precautionary measures to observe before and after treatment</u>	
<u>Immediate after-care</u>	
<u>Home care (patron instruction in home care)</u>	
<u>Destruction of the papilla</u>	
<u>Observation (demonstration and result of work)</u>	
<u>Note: At least two-thirds of the hours in this subject shall be in actual performance of services on another person.</u>	
<u>(2) Theoretical and practical training in the following:</u>	
<u>Ethics, professional conduct</u>	<u>15</u>
<u>Optional and unassigned hours</u>	<u>10</u>
<u>(3) Theory covering the following subjects:</u>	<u>75</u>
<u>Sanitation and sterilization as applied to electrology</u>	
<u>Electricity</u>	
<u>Electrology (not required for electronic hair removal technicians)</u>	

Thermology (not required for  
electronic hair removal technicians)

Dermatology

Trichology

Bacteriology

Study of the peripheral  
vascular system (capillaries)

Study of the sensory nervous  
system (nerve endings)

Hygiene

Provisions of the electrolysis law  
and regulations pertinent to the  
practice of electrology.

Total electrologist hours required                      300

Total electronic hair removal technician  
hours required is three hundred less the  
number of hours not required in  
electrology, thermology, and the  
insertion of needles.

2. Students enrolled in an electrolysis school in North Dakota are prohibited to do practical work on patrons outside of school premises. Practical work may be done by students within the school premises and under the direct supervision of a licensed electrologist instructor.
3. An instructor in electrolysis in any electrolysis school in North Dakota is subject to the licensure provisions of this chapter.
4. All electrolysis schools in North Dakota are to post a sign with letters at least four inches [10.16 centimeters] tall conspicuously placed to be seen by the school's patrons as follows:

All electrolysis work in this school is performed by students under the direct supervision of a licensed electrologist. You will only be charged a reasonable fee to cover expenses of equipment and materials used.

5. Cosmetology schools in North Dakota teaching the theory of electrolysis to their cosmetology students as part of the cosmetology curriculum are exempt from the provisions of this chapter. However, such instructions on electrolysis in a cosmetology school will not be credited toward the number of hours required in an electrolysis school for licensure purposes.

History: Effective September 25, 1979.

General Authority  
NDCC 43-38-03

Law Implemented  
NDCC 43-38-03

STAFF COMMENT: Section 33-06-05-01 results from 1979 House Bill No. 1509 (North Dakota Century Code section 23-07-17.1). The synopsis of this section is contained in other committee material.

33-06-05-01. REQUIREMENTS.

1. Definition Definitions. As used in this section; ~~"elementary school"~~ includes kindergarten through the sixth grade:
  - a. "Institution" includes all day care and child care facilities, head start programs, nursery schools, public and private kindergartens, and elementary and high schools operating in North Dakota.
  - b. "Institution authority" means anyone designated by the governing body of an institution.
2. Minimum requirements.
  - a. Minimum requirements for preelementary school shall be three doses of diphtheria, pertussis, and tetanus vaccine, three doses of oral poliomyelitis vaccine and one dose each of measles (rubeola), mumps, and rubella vaccine if given after twelve months of age. Minimum requirements for children attending day care and child care facilities, head start programs, and nursery schools shall be three inoculations of diphtheria, pertussis, and tetanus vaccine, three doses of oral poliomyelitis vaccine, and one dose each of measles, mumps, and rubella (German measles) vaccine if given after fifteen months of age.
  - b. Minimum requirements for elementary school shall be four doses of diphtheria, pertussis, and tetanus vaccine, four doses of poliomyelitis vaccine, and one dose each of measles (rubeola), mumps, and rubella vaccine if given after twelve months of age. Minimum requirements for children attending kindergartens and elementary and high schools shall be four inoculations of diphtheria, pertussis, and tetanus vaccine, four doses of oral poliomyelitis vaccine, and one dose each of measles, mumps, and rubella (German measles) vaccine if given after fifteen months of age.
  - c. Exception to these minimum requirements for those children who do not start immunizations at the recommended time shall be determined by an authorized representative of the state department of health.
3. Recordkeeping and reporting. Records and reports prescribed by the state department of health shall be completed and submitted in accordance with instructions on the forms furnished by the state department of health.

- a. Certificates of immunization must be presented to the designated institution authority before any child is admitted to an institution. The original must be maintained in the child's school record. The copy must be retained by the parent or guardian.
  - b. The school immunization summary report and the record of inadequately immunized children must be submitted to the state department of health by October first of each year.
4. Appointment of an institution authority.
- a. An institution authority shall be appointed for each institution by its governing board or authorized personnel. He or she shall be an employee of such institution.
  - b. The name of the designated institution authority, the institution, address, and telephone number shall be submitted to the state department of health, immunization division, by July first of each year.
5. Children admitted to school in the process of receiving immunizations.

Any child admitted to school under the provision that such child is in the process of receiving the required immunizations shall be required to receive the immunizations according to the recommended schedule set forth by the state department of health. Any child not adhering to the recommended schedule shall be promptly excluded from school.

History: Amended effective November 1, 1979.

General Authority  
NDCC 23-01-03

Law Implemented  
NDCC 23-07-17.1

STAFF COMMENT: The synopsis of the changes to chapter 33-07-03 is contained in other committee material.

33-07-03-01. GENERAL PROVISIONS.

1. Institutions covered by the Medical Hospital Licensure Act. The following types of institutions have been so designated for the purpose of rules and regulations and are deemed to come within the provisions of North Dakota Century Code section 23-16-01 which provides for licensure of any institution which maintains and operates organized facilities for the diagnosis, treatment or care of two or more nonrelated persons suffering from illness, injury, or deformity or where obstetrical or other care is rendered over a period exceeding twenty-four hours.
  - a. Hospitals, including general, medical, and specialized hospitals.
  - b. Long-term care facilities.
    - (1) Nursing homes.
    - (2) Intermediate care facilities.
  - c. Infirmaries.
  - d. Maternity homes.
  - e. Outpatient facilities, including surgicenters (excluding physicians' clinics).
2. Institutions not covered by the Medical Hospital Licensure Act. The following types of institutions which provide some medical or nursing service are deemed not to come within the meaning of the Medical Hospital Licensure Act, North Dakota Century Code chapter 23-16.
  - a. Any institution which is regularly licensed by the social service board of North Dakota such as homes for unmarried mothers and homes providing custodial care for the aged. (However, in the case of homes for unmarried mothers and those for the custodial care of the aged, the state department of health has the responsibility for the inspection of these institutions which are licensed by the social service board of North Dakota. This inspection is to be on the same basis as the inspections made of institutions which are covered by North Dakota Century Code chapter 23-16. Upon the findings of this inspection, recommendations will be formulated by the state department of health.)
  - b. Federal and state institutions. (In the case of state institutions, the primary purpose of which is the provision of medical care, the state department of health has the responsibility for inspection on

the same basis as those made of institutions which are covered by the North Dakota Century Code chapter 23-16. Upon the findings of such inspections, recommendations will be formulated by the state department of health.)

- c. Chiropractic hospitals. (These hospitals are licensed under the provisions of North Dakota Century Code chapter 23-17.)
  - d. Homes in which the only persons receiving nursing care are those related to the householder by blood or marriage.
  - e. Homes in which only one person receives care at any one time except maternity homes which receive more than one patient in six months. Such maternity homes are deemed to come under North Dakota Century Code chapter 23-16 and are required to be licensed.
  - f. First-aid stations and emergency care facilities which do not provide accommodations for hospitalization as hereinbefore defined.
3. Definitions. The following terms are defined for purposes of North Dakota Century Code chapter 23-16:
- a. "Bed capacity" is bed space designed for inpatient care, including space originally designed or remodeled for inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate floor area is provided. Beds shall be counted as nonconforming if the room contains inadequate floor area.
    - (1) Adequate floor area is defined as:
      - (a) One hundred twenty-five square feet [11.61 square meters] in single rooms.
      - (b) Eighty square feet [7.43 square meters] per bed or pediatric crib in multibed rooms.
      - (c) Forty square feet [3.72 square meters] per bassinet in pediatric nurseries.
- In measuring the floor area of patient rooms for the purpose of determining bed capacity, only the net usable space in the room shall be considered. Space in toilet rooms, wash rooms, closets, vestibules, and corridors shall not be counted.
- (2) Areas to be included:
    - (a) Bed space in all nursing units, including:
      - (1) Intensive care units, cardiac care units.
      - (2) Minimal or self care units.
    - (b) Isolation units.

- (c) Pediatrics units, including:
    - (1) Pediatric bassinets.
    - (2) Incubators located in the pediatrics department.
  - (d) Observation units equipped and staffed for overnight use.
  - (e) All space designed for inpatient bed care even if currently closed or assigned to easily convertible, nonpatient uses such as storage, or sisters' quarters.
  - (f) Space in areas originally designed as solaria, waiting rooms, offices, conference rooms, and classrooms which have necessary fixed equipment (nurse's call, lighting, etc.) and are accessible to a nurse's station exclusively staffed for inpatient bed care.
  - (g) Bed space under construction if planned for immediate completion (not an unfinished "shell" floor).
- (3) Areas to be excluded:
- (a) Newborn nurseries in maternity department.
  - (b) Labor rooms.
  - (c) Recovery rooms.
  - (d) Emergency units.
  - (e) Preparation or anesthesia induction rooms.
  - (f) Rooms designed for diagnostic or treatment procedures.
  - (g) Hospital staff sleeping quarters including accommodations for on-call staff.
  - (h) Corridors.
  - (i) Solaria, waiting rooms and such, which are not readily equipped and staffed for inpatient bed care.
  - (j) Unfinished space (shell). (An area which is finished except for movable equipment shall not be considered unfinished space.)
- b. "Emanant services" means services which originate out of and are provided out of a licensed nursing or intermediate care facility to a basic/resident or apartment facility for which the governing body of a licensed nursing or intermediate care facility has responsibility.

- c. "General hospital" means an establishment with organized medical staffs; with permanent facilities that include inpatient beds; and with medical services including physician services and continuous nursing services to provide diagnosis and treatment for a variety of medical conditions, both surgical and nonsurgical and services including rehabilitation services.
- d. "Governing body" means the individual or group in whom the ultimate authority and legal responsibility is vested for the conduct of the institution.
- e. "Hospital" means an institution, the principal activity or business of which is the reception of a person for diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor.
- f. "Hospitalization" means the reception and care of any person for a continuous period longer than twenty-four hours, for the purpose of consultations, diagnosis, or treatment including rehabilitation bearing on the physical and mental health of such person.
- g. "Infirmity" means those special inpatient facilities which are established in connection with an educational or penal institution, or an industrial or commercial establishment for persons who during their attendance, confinement, or employment in such institution or establishment, require nursing service or physician treatment. Applicable requirements of chapter 33-07-01 shall apply.
- h. "Level of care" means the classification of a patient in accordance with the patient's/resident's medical and nursing needs generally expressed as a nursing, intermediate or basic level of care dependent upon the degree of care necessitated to adequately care for the needs of the patient/resident. "Basic" level of care means the resident's need for room and board and personal care such as dressing, bathing, and grooming. The criteria for level of care determination to be used by all providers will be per Guidelines for Patient Review 1975 (Title XIX criteria).
- i. "Licensee" means the individual, officer, or member of the staff on the governing body of a hospital or related institution.
- i: j. "Long-term care facilities" are the following:
  - (1) "Intermediate health care facility" means a health related institution or unit of a health care facility planned, organized, operated, and maintained to provide facilities and services which are supportive, restorative, and preventive in nature with related medical and social care, to individuals who because of physical or mental condition, or both, require less than twenty-four hour nursing care provided by licensed personnel in an institutional environment.
  - (2) "Nursing home" means an institution in which nursing care is rendered for compensation at any one time to two or more

persons not related to the licensee by blood or marriage. A nursing home shall serve persons suffering from a prolonged physical or mental illness or defect or persons recovering from some injury or disease and requiring twenty-four hour nursing services provided by licensed personnel. Care given in a nursing home shall provide all of the procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside care, applications of dressings and bandages, and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts. A nursing home does not provide for the acutely ill or for patients requiring special equipment and facilities such as surgical or obstetrical.

(3) If a facility is established for the provisions of custodial and personal care, but it develops that two or more persons usually served by such institutions require nursing care, such institutions shall be deemed to come within the meaning of North Dakota Century Code chapter 23-16 and such facility shall conform to all appropriate long-term care facility regulations or the institution shall transfer such patients to facilities properly staffed and equipped to care for such persons.

j: k. "Maternity home" means an institution of private dwelling type in which care for maternity patients is rendered. Any such home which receives more than one maternity patient (exclusive of those related to the licensee by blood or marriage) within a period of six months is deemed to be a maternity home. A maternity home which regularly provides accommodations for two or more patients at any one time shall be classified as a maternity hospital and shall be required to meet the requirements for a specialized hospital. Applicable requirements of chapter 33-07-01 shall apply.

k: l. "Medical hospital" means an establishment with organized medical staff; with permanent facilities that include inpatient beds; and with medical services, including physician services and continuous nursing services, to provide diagnosis; and to provide nonsurgical treatment.

l: m. "Medical staff" means a formal organization of physicians (and dentists, where appropriate) with the delegated authority and responsibility to maintain proper standards of medical care and to plan for continued improvement of that care.

m: n. "Nursing services" means those services pertaining to the curative, restorative, or preventive aspects of nursing care that are performed or supervised by a registered professional nurse at the direction of a physician.

n: o. "Outpatient facility" (including surgicenters - excluding physician's clinic) means a facility, located in or apart from a hospital, providing community service for the diagnosis or diagnosis and treatment of ambulatory patients (including ambulatory

inpatients) in need of physical or mental care (See chapter 33-03-01):

- (1) Which is operated in connection with a hospital; or
- (2) In which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the state or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the state; or
- (3) Which offers to patients not requiring hospitalization the services of licensed physicians in various medical specialties, and which makes provision for its patients to receive a reasonably full range of diagnostic and treatment services.

o: p. "Separate license for building on separate premises" means the case of a hospital or a related institution where two or more buildings are used in the housing of patients, a separate license for each building if the buildings are on separate premises. Separate licenses are required even though the buildings are operated under the same management. Separate licenses are not required, however, for separate buildings on the same grounds.

- (1) The licensee shall be responsible for maintaining a desirable standard of resident care and environmental sanitation.
- (2) The licensee must exercise proper precautions in hiring responsible employees.

History: Amended effective March 1, 1979; November 1, 1979.

General Authority  
NDCC 28-32-02

Law Implemented  
NDCC 28-32-02

### 33-07-03-06. INSTITUTION POLICIES.

1. It is the responsibility of the governing body to establish, implement, and maintain policies and written procedures for the health, welfare, and safety of all residents and to govern all areas of service provided by the facility. The policies shall include procedures for the admission, transfer, and discharge of all residents.
  - a. Only those persons whose needs can be met within the accommodations and services provided by the institution shall be accepted into the facility.
  - b. As changes occur in the physical or mental condition of residents and appropriate services or care is not regularly provided by the

- b. Written policies on orientation for all new employees which include review of personnel policies, patient service policies, and emergency and disaster instructions.
7. The governing body of a long-term care facility shall require that physicians visit patients as often as medically indicated and documented on the patient record. Visits shall be at least quarterly for a patient in an intermediate care facility unless justified otherwise; in a nursing home, monthly for the first quarter and thereafter as deemed necessary and documented.
8. The governing body's responsibility shall be to implement a procedure whereby an ongoing evaluation of level of care required by all patients/residents in a nursing or intermediate facility is made a part of the records and shall be available to the licensing surveyor.

Classification of each patient/resident as to level of care required is essential for proper placement or retention of the patient/resident, optimum utilization of beds, surveyor's judgment as to adequacy of staff to provide care, and the planning of additional resources to take care of the needs of the North Dakota citizen.

- a. The governing body of a long-term care facility shall provide the highest level of care for which the facility is licensed and may provide lower levels of care as needed by the patients/residents in its community, e.g., a licensed nursing facility shall provide nursing level of care and may provide lower levels of care to its patients/residents. A licensed intermediate care facility shall provide for intermediate level of care and may provide lower levels of care to its residents.
- b. The licensed facility is responsible to maintain a level of care assessment for each patient/resident and submit level of care reports to the department on an annual basis.
9. A licensed facility shall not discriminate in its admission or retention policies against patients/residents because of race, color, creed, or national origin. Facilities participating in Titles XVIII or XIX shall not discriminate in its admission or retention policies against patients/residents because of eligibility of benefits under these titled programs. A notice to this effect shall be posted.

History: Amended effective November 1, 1979.

General Authority  
NDCC 28-32-02

Law Implemented  
NDCC 28-32-02

33-07-03-11. NURSING DEPARTMENT.

1. Nursing service. The facility shall provide twenty-four hour a day licensed nurse coverage on all shifts seven days per week to meet the

institution, residents shall be transferred promptly to other appropriate facilities.

- c. The resident, the resident's close next of kin, the attending physician, and the responsible agency, if any, shall be consulted in advance of the transfer or discharge of any resident. Casework services or other means shall be utilized to assure that adequate arrangements exist for meeting residents' needs through other resources.
  - d. Visiting hours are established so as to permit and encourage visiting by friends and relatives.
2. Information describing the care and services provided by the facility shall be accurate and not misleading.
  3. The terms used in the name of the facility shall be consistent with the services offered in the facility. Misleading terms in the name of the facility will not be permitted.
  4. The governing body shall not employ or keep in active employment anyone with contagious or infectious disease including tuberculosis. In case of a known positive tuberculin reactor, it shall not be necessary to continue giving tuberculin tests, but it is mandatory that a chest X-ray be given annually if the reactor has not had a year of chemoprophylaxis or two years of chemotherapy treatments for active tuberculosis. Employees with symptoms or signs of communicable disease or infected skin lesions shall not be permitted to work.
  5. The following patients shall not be admitted to long-term care facilities:
    - a. Obstetrical patients.
    - b. Communicable disease patients.
    - c. Acutely ill patients.
    - d. Acutely mentally ill patients.
    - e. Acute alcohol or drug addicts.
    - f. Mentally retarded patients may be admitted to long-term care facilities, provided consultation is obtained from a mental health and retardation unit.
  6. Written policies and procedures shall be developed by the governing board with assistance from professional personnel. Written policies shall include :
    - a. Prohibition of mistreatment, neglect, or abuse of residents, and provision for the registration of complaints.

nursing needs of all patients. The governing body shall establish and implement procedures whereby the nursing service shall:

- a. Develop and maintain nursing service objectives, standards of nursing practice, nursing procedure manuals, and written job descriptions for each level of nursing personnel.
- b. Recommend to the administrator the number and levels of nursing personnel to be employed, participate in their recruitment and selection, and recommend termination of employment when necessary.
- c. Assign and supervise all levels of nursing personnel.
- d. Participate in planning and budgeting for nursing care.
- e. Participate in the development and implementation of patient care policies and bring patient care problems requiring changes in policy to the attention of the administrator and to the professional policy advisory group or groups.
- f. Coordinate nursing services with other patient care services such as physician, physical therapy, occupational therapy, and dietary.
- g. Plan and conduct orientation programs for new nursing personnel, and continue inservice education for all nursing personnel.
- h. Participate in the selection of prospective patients in terms of nursing services they need and nursing competencies available.
- i. Identify and make known to all nursing personnel nursing service goals. Written administrative and nursing care policies shall be developed to guide the nursing care program toward these goals through realistic and attainable objectives. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice. They shall be developed on the basis of current scientific knowledge and shall take into account new equipment and current practice. Policies shall include statements relating to at least the following:
  - (1) Noting physicians' orders.
  - (2) Assigning the nursing care of patients.
  - (3) Assigning nursing personnel.
  - (4) Medication administration.
  - (5) Charting by nursing personnel.
  - (6) Infection control in conjunction with the infection committee.
  - (7) Patient safety.

- j. Make available written copies of the procedure manual to the nursing staff in every nursing care unit and service area and to other services and departments of the home. The nursing procedure manual should be used:
    - (1) As a basis for training programs to enable new nursing personnel to acquire local knowledge and current skills.
    - (2) To provide a ready reference on procedures for all nursing personnel.
    - (3) To standardize procedures and equipment.
    - (4) To provide a basis for evaluation and study to ensure continued improvements in techniques.
  - k. Develop, review, and revise annually the nursing policies and procedures by nursing representatives in cooperation with appropriate representatives from administration, the medical staff, and such other home services or departments as are concerned. They shall be dated, to indicate the time of the most recent review.
  - l. Assure that a patient care plan is established for each patient and that the patient's plan is reviewed and modified as necessary.
2. Director of nursing. The director of nursing service shall be a registered professional nurse, employed full time, during the day, responsible for the nursing service of the facility. The director of nursing service shall be experienced or trained in areas such as nursing service administration, rehabilitative nursing, psychiatric nursing, or geriatric nursing. The administrator shall not be the director of nursing service.
- a. A registered nurse, who may or may not be the director of nursing, shall be on duty seven days per week. A registered nurse, or a qualified licensed practical nurse, is designated as charge nurse by the director of nursing for each shift; the charge nurse is responsible for supervision of the total nursing activities in the facility during the charge nurses' shift.
  - b. In multistory buildings, the adequacy of licensed nurse coverage on each floor shall be determined by the state department of health, consistent with the needs of the patient.
  - c. In the case of a long-term care facility which is a part of, or attached to, a hospital, there shall be separate licensed nurse coverage for long-term care and for acute care.
3. Nursing care. Residents accepted by an intermediate care facility or an intermediate care unit within a hospital or nursing home shall not require twenty-four hour nursing care. There shall be at least one licensed nurse on duty during the day shift, seven days per week, but the number of nurses it shall have will be dependent upon the type and level of nursing care required by the resident. The governing body

- (5) Assisting patients to carry out prescribed physical therapy exercises between visits of the physical therapist.
5. Dietary supervision. The governing body shall adopt procedures that assure that nursing personnel are aware of the dietary needs and food and fluid intake of patients. Good dietary supervision consists of:
  - a. Nursing personnel observing that patients are served diets as prescribed.
  - b. Patients needing help in eating are given needed assistance promptly upon receipt of meals.
  - c. Adaptive self-help devices are provided to contribute to the patient's independence in eating.
  - d. Food and fluid intake of patients are observed and deviations from normal are reported to the charge nurse. Persistent unresolved problems shall be reported to the physician.
6. Patient/Resident care plan.
  - a. In coordination with the other patient/resident care services to be provided, a written patient/resident care plan for each patient/resident is developed and maintained ~~by the nursing service~~ consistent with the attending physician's plan of medical care, and is implemented upon admission.
  - b. The plan indicates care to be given and, level of care and rationale for the level of care, goals to be accomplished, and which professional service is responsible for each element of care.
  - c. The patient/resident care plan is reviewed, evaluated, and updated as necessary by all professional personnel involved in the care of the patient.
  - d. Relevant nursing information from the patient/resident plan is included with other medical information when patients are transferred.
  - e. In the event of differences arising as to a level of care designation between the facility and the surveyor, the licensing authority may call upon a third party, e.g., social service board screening team, to make its findings as to level of care and the licensing authority will abide by such findings.
7. Inservice educational program. The institution shall establish and implement procedures which will assure that there shall be continuing inservice educational programs in effect for all nursing personnel in addition to a thorough job orientation for new personnel. Each nursing home shall have an oriented procedural program for all new employees.
  - a. Planned inservice programs shall be conducted at regular intervals for all nursing personnel.

shall establish and implement procedures which will assure the resident that adequate nursing care is provided by the institution or unit of a hospital or nursing home. The state department of health, through its surveys of the institution, or through other means, shall make the "adequacy" determination. The institution's health care and related services shall be under the supervision of a sufficient number of staff members, on duty, awake and fully dressed, qualified by training and experience to assure prompt appropriate action in cases of injury, illness, fire, or other emergencies.

- a. In the presence of minor illness and for temporary periods, bedside care under the direction of the residents' physician shall be provided by a licensed professional nurse or licensed practical nurse so that all residents' health needs are met and each resident receives treatments, medications, diet, and other health services as prescribed and planned, all hours of each day and all days of each week.
  - b. Nursing personnel include registered nurses, licensed practical nurses, aides, and orderlies. The number of additional attendants required shall be determined by the state department of health and shall be sufficient to properly care for the resident, consistent with the program offered.
4. Restorative nursing care. The institution shall be responsible to see that there is an active program of restorative nursing care directed toward assisting each patient to achieve and maintain the patient's highest level of self-care and independence. The institution shall establish and implement policies which assure the patient that:
- a. Restorative nursing care initiated in the hospital is continued immediately upon admission to the long-term care facility.
  - b. Nursing personnel are taught restorative nursing measures and practice them in their daily care of patients. These measures include:
    - (1) Maintaining good body alignment and proper positioning of bedfast patients.
    - (2) Assisting bedfast patients in changing positions at frequent intervals to prevent decubiti and deformities.
    - (3) Making every effort to keep patients active and out of bed for reasonable periods of time except when contraindicated by physicians' orders, and encouraging patients to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities.
    - (4) Assisting patients to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests if necessary.

- b. All patient care personnel shall be instructed and supervised in the care of emotionally disturbed and confused patients, and should be helped to understand the social aspects of patient care.
- c. Skill training includes demonstration, practice, and supervision of simple nursing procedures applicable in the individual facility. It also includes simple restorative nursing procedures.
- d. Orientation of new personnel shall include a review of the procedures to be followed in emergencies.
- e. Opportunities shall be provided for nursing personnel to attend training courses in restorative nursing and other educational programs related to the care of long-term patients.

History: Amended effective November 1, 1979.

General Authority  
NDCC 28-32-02

Law Implemented  
NDCC 28-32-02



ARTICLE 33-11

LICENSING OF AMBULANCE SERVICES

STAFF COMMENT: Except for section 33-11-01-11, chapter 33-11-01 contains all new material. The new section 33-11-01-11 is essentially the old section 33-11-01-01, relating to equipment requirements. To maintain continuity of regulatory requirements and regulatory history, the old sections 33-11-01-01 and 33-11-01-02 were treated as amended into new sections 33-11-01-11 and 33-11-01-12. In the opinion letter approving these rules, the Attorney General said the State Health Council is not an administrative agency as defined in North Dakota Century Code chapter 28-32 for the purposes of North Dakota Century Code chapter 23-27. Although not required to be published in the Administrative Code, the Department of Health submitted the rules for publication for public information purposes. This is also why the rules have an odd effective date. The synopsis of the changes to this chapter is contained in other committee material.

Chapter  
33-11-01 North Dakota Ambulance Services -  
Required-Equipment-List

CHAPTER 33-11-01  
NORTH DAKOTA AMBULANCE SERVICES -  
REQUIRED-EQUIPMENT-LIST

Section	
<u>33-11-01-01</u>	<u>Definitions</u>
<u>33-11-01-02</u>	<u>License Required - Fees</u>
<u>33-11-01-03</u>	<u>Application for License</u>
<u>33-11-01-04</u>	<u>Issuance and Renewal of Licenses</u>
<u>33-11-01-05</u>	<u>Special Licenses and Waivers</u>
<u>33-11-01-06</u>	<u>Availability of Ambulance Service</u>
<u>33-11-01-07</u>	<u>Driver's License Required</u>
<u>33-11-01-08</u>	<u>Training Standards for Ambulance Driver</u>
<u>33-11-01-09</u>	<u>Training Standards for Attendant</u>
<u>33-11-01-10</u>	<u>Number of Personnel Required</u>
<del>33-11-01-01</del>	<del>General-Requirements</del>
<u>33-11-01-11</u>	<u>Equipment Requirements</u>
<del>33-11-01-02</del>	<del>Equipment-to-be-Carried-if-Attendants Are-Trained-to-Use-the-Equipment</del>
<u>33-11-01-12</u>	<u>Other Requirements</u>
<u>33-11-01-13</u>	<u>Out-of-State Operators</u>

33-11-01-01. DEFINITIONS. Words defined in North Dakota Century Code chapter 23-27 shall have the same meaning in this chapter.

1. "An ambulance driver" means an individual who operates a vehicle as defined in section 33-11-01-07.

2. "An ambulance run" means the response of an ambulance vehicle and personnel to an emergency or nonemergency for the purpose of rendering medical care or transportation or both to someone sick or incapacitated.
3. "An attendant" means a qualified individual responsible for the care of the patient while on an ambulance run pursuant to the requirements in section 33-11-01-09.
4. "Department" means the state department of health as defined in North Dakota Century Code chapter 23-01.
5. "Driver's license" means the license as required under North Dakota Century Code section 39-06-01.
6. "Equivalent" means training of equal or greater value which accomplishes the same results.
7. "Personnel" means qualified attendants, or drivers, or both, within an ambulance service.
8. "Separate location" means separate town, city, or municipality.
9. "State health council" means the council as defined in North Dakota Century Code title 23.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

~~33-11-01-02:---EQUIPMENT--TO-BE-CARRIED-IF-ATTENDANTS-ARE-TRAINED-TO-USE-THE-EQUIPMENT-~~

~~1:--Blood-pressure-monometer;-cuff;-and-stethoscope-~~

~~2:--Half-ring-Thomas-splint-or-Hare-splint-~~

General Authority  
NDCC-28-32-02

Law Implemented  
NDCC-28-32-02

33-11-01-02. LICENSE REQUIRED - FEES.

1. No surface ambulance services, as defined in North Dakota Century Code chapter 23-27, shall be advertised or offered to the public or any person unless the operator of such service shall be licensed by the state health council.
2. The license shall expire midnight on December thirty-first of the year issued. License renewal shall be on a calendar year basis. For special

licenses, the expiration date shall be in accordance with the time period specified.

3. A license is valid only for the service for which it is issued. A license may not be sold, assigned, or transferred.
4. The license shall be displayed in a conspicuous place inside the patient compartment of the ambulance vehicle. An operator operating more than one ambulance unit out of a town, city, or municipality will be issued duplicate licenses for each unit at no additional charge.
5. The annual license fee, including special licenses, shall be twenty-five dollars for each ambulance service operated.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-01

Law Implemented  
NDCC 23-27-01

33-11-01-03. APPLICATION FOR LICENSE.

1. Application for the license shall be made in the manner prescribed by the department.
2. Operators operating more than one ambulance service out of separate locations are required to apply for a license and pay an annual license fee for each location.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-04. ISSUANCE AND RENEWAL OF LICENSES.

1. On receipt of an initial or renewal application, the department or its authorized agent may inspect the ambulance service. If minimum standards, described in this chapter, are met, the department shall issue a license.
2. If minimum standards are not met, the department will allow the ambulance service thirty days to comply with the standards. The department will work with the ambulance service to obtain compliance.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-05. SPECIAL LICENSES AND WAIVERS.

1. An operator of a surface ambulance service intended for industrial site use, such as the Coyote Project near Beulah and the Coal Creek Station near Falkirk, or other special purpose such as sporting events, tourist gatherings, et cetera, may be issued a special license by the department.
2. Based on each individual case, the department may waive any provisions of this chapter.
3. The waiver provision shall only be used for a specific period in specific instances provided such a waiver does not adversely affect the health and safety of the person transported, and then only if a nonwaiver would result in unreasonable hardship upon the ambulance service.
4. A waiver consideration at special events will be pursued only after department consultation with the local ambulance service.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-01

Law Implemented  
NDCC 23-27-01

33-11-01-06. AVAILABILITY OF AMBULANCE SERVICE. The ambulance service shall be available twenty-four hours per day and seven days per week, except as exempted through waiver by the department.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-07. DRIVER'S LICENSE REQUIRED. All drivers of ambulance service vehicles shall have a current valid North Dakota driver's license pursuant to requirements under North Dakota Century Code chapter 39-06.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-08. TRAINING STANDARDS FOR AMBULANCE DRIVER.

1. The driver shall have a current American heart association basic rescuer (cardiopulmonary resuscitation) certification unless there are two attendants as defined in section 33-11-01-09 or one attendant plus one other person with a current American heart association basic rescuer certification attending the patient and shall meet the requirements as defined under subsection 1 of section 33-11-01-01.
2. The requirements of subsection 1 become effective July 1, 1980.
3. From September 25, 1979, through June 30, 1980, the driver shall have a current valid North Dakota driver's license pursuant to requirements under North Dakota Century Code chapter 39-06.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-09. TRAINING STANDARDS FOR ATTENDANT.

1. The attendant shall have a current certification in the American national red cross advanced first aid and emergency care course or its equivalent as may be prescribed by the department and shall have a current American heart association basic rescuer (cardiopulmonary resuscitation) certification.
2. The requirements of subsection 1 become effective July 1, 1980.
3. From September 25, 1979, through June 30, 1980, the attendant shall have a current certificate indicating completion of the American national red cross standard first aid and personal safety course or by the mine safety and health administration, or the equivalent thereof.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-10. NUMBER OF PERSONNEL REQUIRED. The minimum personnel required on each ambulance run shall be one driver and one attendant.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

~~33-11-01-01~~ 33-11-01-11. GENERAL EQUIPMENT REQUIREMENTS.

1. Ambulance cot with retaining straps.
2. Stretchers with retaining straps. Vehicle design dictates quantity.
3. Oxygen system - with appropriate regulator and flow meter. To include two "E" size bottles for minimum oxygen supply.
4. Portable oxygen unit with carrying case. To include one "D" size bottle with another "D" bottle in reserve.
5. Oxygen masks with tubing - transparent and assorted sizes.
6. Suction - portable - clear jar with catheter.
7. Bag mask type resuscitation unit with child and adult size face masks.
8. Spine boards - one full-size and one half-size, with retaining straps. These can be made locally from three-fourths inch [1.91 centimeters] plywood.
9. Inflatable plastic splints - set of four minimum.
10. Two or more padded boards one-half inch by three and one-half inches wide by four and one-half feet long [1.27 centimeters by 8.89 centimeters wide by 11.43 centimeters long], and two or more padded boards one-half inch by three and one-half inches wide by three feet long [1.27 centimeters by 8.89 centimeters wide by .91 meters long].
11. Two or more padded wooden splints one-eighth inch by three and one-half inches wide by fifteen inches long [3.18 millimeters by 8.89 centimeters wide by 38.1 centimeters long]. By local option, similar splints of cardboard, plastic, wire ladder, or canvas slotted lace may be carried in place of the above thirty-six-inch [91.44-centimeters] and fifteen-inch [38.10-centimeters] boards.
12. Fire extinguisher - dry chemical, mounted, five pound [2.27 kilogram] minimum.
13. Sandbags - two or more - made locally.
14. Obstetrical kit - disposable. Available at Dyna-Med, Inc., P.O. Box 2157, 625 North Vulcan Avenue, Leucadia, California 92024.
15. Poison kit - syrup of ipecac. This is available in small one-dose containers.
16. Two sterile burn sheets.

17. Triangular bandages. Can be made from sheeting material.
18. Universal dressings - approximately ten inches [25.4 centimeters] by thirty-six inches [91.44 centimeters] - folded and packaged in convenient size.
19. Sterile gauze pads - four inches [10.16 centimeters] by four inches [10.16 centimeters].
20. Soft roller self-adhering type bandages - six inches [15.24 centimeters] by five yards [4.57 meters]. Also two-inch [5.08- centimeters] roller bandage.
21. Mouth gags - either commercial or made from three tongue blades taped together and padded.
22. Oropharyngeal airways in adult, child, and infant sizes.
23. Mouth-to-mouth artificial ventilation airways for adults and children.
24. Roll of aluminum foil - eighteen inches [45.72 centimeters] by twenty-five feet [7.62 meters] - sterilized and wrapped.
25. Two rolls of adhesive tape - three inches [7.62 centimeters] wide.
26. Shears - blunt.
27. Large size safety pins.
28. Bed pan, emesis basin, urinal.
29. Distilled water - plastic container.
30. Intravenous bottle holder - cot mounted or ceiling hooks.
31. Flashlights - two minimum.
32. One box sanitary napkins.
33. Cotton tip applicators.
34. Cervical collar, headband, chin straps. Cravat bandage may be used for chin strap and headband.
35. Adequate blankets, sheets, pillows, towels, etc et cetera.
36. Sterilization agent to clean equipment - local option.
37. Flares for securing scene.
38. One set socket wrenches, crowbar, heavy hammer, screwdriver, hacksaw, pliers, etc et cetera.
39. Blood pressure monometer, cuff, and stethoscope.

40. Half-ring Thomas splint or Hare splint or equivalent.

41. Two-way radio capability that meets state standards.

History: Amended effective September 25, 1979.

General Authority  
NDCC 28-32-02  
23-27-04

Law Implemented  
NDCC 28-32-02  
23-27-04

33-11-01-12. OTHER REQUIREMENTS.

1. Personnel shall be able to identify and locate all equipment items required to be carried in an ambulance. The department may require an attendant to know the purpose of or demonstrate personal ability to correctly use or operate the ambulance equipment.
2. All licensed ambulance services shall keep the ambulance vehicle interior and exterior and other equipment clean and in proper working order.
3. All linens, airways, oxygen masks, nasal cannulas, and other equipment coming in direct contact with the patient, shall be either a single-use disposable type, or cleaned, laundered, or disinfected after each use.
4. When a vehicle has been utilized to transport a patient known to have a communicable disease other than a common cold, the vehicle and all exposed equipment shall be disinfected before the transport of another patient.

History: Amended effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04

33-11-01-13. OUT-OF-STATE OPERATORS.

1. Operators from another state may pick up patients within this state for transportation to locations within this state under the following circumstances:
  - a. When there is a natural disaster, such as a tornado, earthquake, or other disaster which may require all available ambulances to transport the injured; or
  - b. When an out-of-state ambulance is traveling through the state for whatever purpose comes upon an accident where immediate emergency ambulance services are necessary.

2. Out-of-state ambulance services who expect to pick up patients from within this state and transport to locations within this state are expected to meet the North Dakota state standards and become licensed under North Dakota Century Code chapter 23-27 and this chapter.

History: Effective September 25, 1979.

General Authority  
NDCC 23-27-04

Law Implemented  
NDCC 23-27-04





ARTICLE 54-02

NURSE LICENSURE

STAFF COMMENT: The rule changes to the rules of the Board of Nursing are described in the synopsis by the board contained in other committee material.

Chapter

54-02-01	License by Examination
54-02-02	Reexamination
54-02-03	Proctored Examinations
54-02-04	Roster of Inactive Nurses
54-02-05	Renewal of License
54-02-06	License by Endorsement
54-02-07	Disciplinary Action

CHAPTER 54-02-01  
LICENSE BY EXAMINATION

Section

54-02-01-01	Official Licensing Examination
54-02-01-02	Passing Score
54-02-01-03	Testing Dates
54-02-01-04	Answer Sheets
54-02-01-05	Examination Results
54-02-01-06	Examination Fees
54-02-01-07	Transcript
54-02-01-08	Employment Verification
54-02-01-09	<u>Foreign Graduates</u>
54-02-01-10	<u>Employment of Unsuccessful Candidates</u>

54-02-01-05. EXAMINATION RESULTS. Examination results will be reported by mail to individual candidates and recorded on the candidate's permanent record in the board office. The examination results for the successful candidate will include the number of the certificate of registration that shall be issued to the candidate and a notice that these results constitute permission to continue in the practice of nursing until the certificate of registration and a license have been issued.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-10

54-02-01-06. EXAMINATION FEES. The board shall set the fee for writing the registered nurse licensing examination and practical nurse licensing examination. The fee for the registered nurse licensing examination shall be fifty sixty-five dollars. The fee for the practical nurse licensing examination shall be thirty-five forty dollars. The examination fees will not be refunded after the deadline date for filing the application.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(3)

54-02-01-09. FOREIGN GRADUATES. The certificate issued by the commission on graduates of foreign nursing schools shall be required of any graduate from a foreign country except Canada for admission to the state board test pool licensing examination. Graduates of Canadian schools who have not written the English version of the Canadian nurses association testing service examination shall also be required to present the commission on graduates of foreign nursing schools certificate to qualify for the licensing examination.

History: Effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-10

54-02-01-10. EMPLOYMENT OF UNSUCCESSFUL CANDIDATES. A candidate who fails the state board test pool examination may be employed as a nurse aid or nursing assistant from the time of notification of failing until subsequent notification of passing the examination. An unsuccessful candidate may not be employed in a position with functions that are usually assigned to licensed nurses.

History: Effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-03

54-02-02-05. FEE TO REWRITE THE PRACTICAL NURSE EXAMINATION. The fee to rewrite the practical nurse licensing examination shall be thirty-five forty dollars.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(3)

54-02-02-06. FEE TO REWRITE THE REGISTERED NURSE EXAMINATION. The fee to rewrite any one part of the registered nurse licensing examination shall be fifteen eighteen dollars, not to exceed fifty sixty-five dollars for all five parts.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(3)

54-02-05-03. RENEWAL FEES.

The annual renewal fee for the registered nurse license will be ten twenty dollars.

The annual renewal fee for the practical nurse license will be eight fifteen dollars.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(3)

54-02-05-04. INCREASED RENEWAL FEE. Beginning January 1, ~~1979~~ 1980, the relicensure fee for any practicing nurse will be doubled for any renewal application received in the board office postmarked after December thirty-first. The registered nurse shall pay forty dollars and the licensed practical nurse shall pay thirty dollars.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(3)

54-02-06-01. APPLICATION AND FEE FOR LICENSE BY ENDORSEMENT. Applicants for license by endorsement must submit a completed notarized application and pay

the endorsement fee of fifty sixty-five dollars for registered nurses or thirty-five forty dollars for licensed practical nurses.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-12

54-02-06-03. NURSE LICENSURE FOR STUDENTS. North Dakota nurse licensure is not a legal requirement for students enrolled in a board approved program of nursing education which involves nursing practice such as a program leading to licensure at another level of nursing or to a higher degree, a program to enhance skills in a clinical field, or a program leading to certification in a nursing specialty. This shall not preclude programs of nursing or affiliating institutions from requiring licensure. A North Dakota license shall be required if the individual receives any monetary compensation for the nursing services provided or if the individual wishes to be employed as a nurse during spare hours while enrolled in an educational program of study. Previously licensed nurses enrolled in a board-approved refresher course to update skills shall be exempt from a license for the duration of the course.

History: Effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-04(2)

54-03-06-03. ORGANIZATIONAL CHART. There is an organizational chart showing the lines of authority, responsibility, and communication between the board of control and the nursing program.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)

54-03-09-10. BACCALAUREATE DEGREE NURSING PROGRAM FACULTY. The nursing faculty for baccalaureate degree nursing programs shall consist of:

1. A registered nurse administrator with a master's degree in nursing and actively engaged in graduate studies; experience in nursing, teaching and administration. Registered nurses who do not meet these requirements and are holding the position of administrator prior to July 1, 1977, shall provide the board of nursing with evidence that they are actively engaged in academic studies toward a master's degree in nursing.
2. Registered nurse instructors responsible for the coordination of each of the clinical areas of medical, surgical, maternal-child and, psychiatric, and community nursing shall have a master's degree in that clinical specialty.
3. The majority of the remaining instructors shall have a master's degree. The other instructors must have a bachelor degree in nursing and be actively engaged in academic studies. All instructors shall have acquired clinical experience to ensure competency in the clinical specialty to which appointed or assigned.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)

54-03-10-04. BACCALAUREATE DEGREE NURSING PROGRAM REQUIREMENTS.

1. The nursing curriculum fits the generally accepted college calendar.
2. The nursing curriculum shall be developed, implemented, and evaluated by the director of the program in cooperation with the faculty.
3. The curriculum shall include courses in general education and nursing, taught by faculty from the areas of:
  - a. Physical and Biological Sciences. Concepts which will help the student gain an understanding of the principles and scientific theory in anatomy, physiology, chemistry, physics, and microbiology. These principles serve as a foundation for clinical nursing practice.
  - b. Behavioral Sciences. Concepts which will serve as a framework for understanding human behavior, developing communication skills, and interpersonal relationships.
  - c. Humanities. Concepts which will develop the aesthetic, ethical, and intellectual capabilities of the students.

- d. Nursing. Concepts which enable the student to develop beginning competency in medical-surgical nursing, geriatric nursing, maternal-child nursing, psychiatric nursing, and community health nursing, leadership, management, research process, and change agent knowledge and skills.
- e. Supportive Courses. Concepts of pharmacology, nutrition and diet therapy, and growth and development should be an integral part of the curriculum.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)

54-03-10-05. HOSPITAL DIPLOMA NURSING PROGRAM REQUIREMENTS.

- 1. The curriculum fits the generally accepted educational pattern.
- 2. The nursing curriculum shall be developed, implemented, and evaluated by the director of the program in cooperation with the faculty.
- 3. The curriculum shall include courses in:
  - a. Physical and Biological Sciences. Concepts which will help students gain an understanding of the principles and scientific theory in anatomy, physiology, and microbiology.
  - b. Behavioral Sciences. Concepts which will serve as a framework for understanding human behavior and for developing personal and professional ethics, communication skills, and interpersonal relationships.
  - c. Nursing. Concepts which will provide the student with the scientific principles of nursing care and correlated nursing experience so as to develop beginning competency in medical-surgical nursing, geriatric nursing, maternal-child nursing, and psychiatric nursing.
  - d. Supportive Courses. Concepts of pharmacology, nutrition and diet therapy, and growth and development should be an integral part of the curriculum.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)

54-03-10-06. ASSOCIATE DEGREE NURSING PROGRAM REQUIREMENTS.

1. The nursing curriculum fits the generally accepted college calendar.
2. The nursing curriculum shall be developed, implemented, and evaluated by the director of the program in cooperation with the faculty.
3. The curriculum shall include courses in:
  - a. Physical and Biological Sciences. Concepts which will help students gain an understanding of the principles and scientific theory in anatomy, physiology, and microbiology.
  - b. Behavioral Sciences. Concepts which will serve as a framework for understanding human behavior and for developing personal and professional ethics, communication skills, and interpersonal relationships.
  - c. Nursing. Concepts which will provide the student with the scientific principles of nursing care and correlated nursing experience so as to develop beginning competency in medical-surgical nursing, geriatric nursing, maternal-child nursing, and psychiatric nursing.
  - d. Supportive Courses. Concepts of pharmacology, nutrition and diet therapy, and growth and development should be an integral part of the curriculum.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)

54-03-10-07. PRACTICAL NURSE PROGRAM REQUIREMENTS.

1. The curriculum shall be developed, implemented, and evaluated by the director of the program in cooperation with the faculty.
2. The curriculum shall be nine to twelve months in length.
3. The curriculum shall include:
  - a. Anatomy and Physiology. Concepts which will provide the student with a foundation for understanding the principles of maintaining positive health as well as understanding deviations from the normal.
  - b. Vocational Relationships. Concepts of self-adjustment; personality development; ethical, legal, and social relationships with the patient, family, and coworkers; communication skills; and vocational responsibilities of the practical nurse and general information on nursing and nursing organizations.

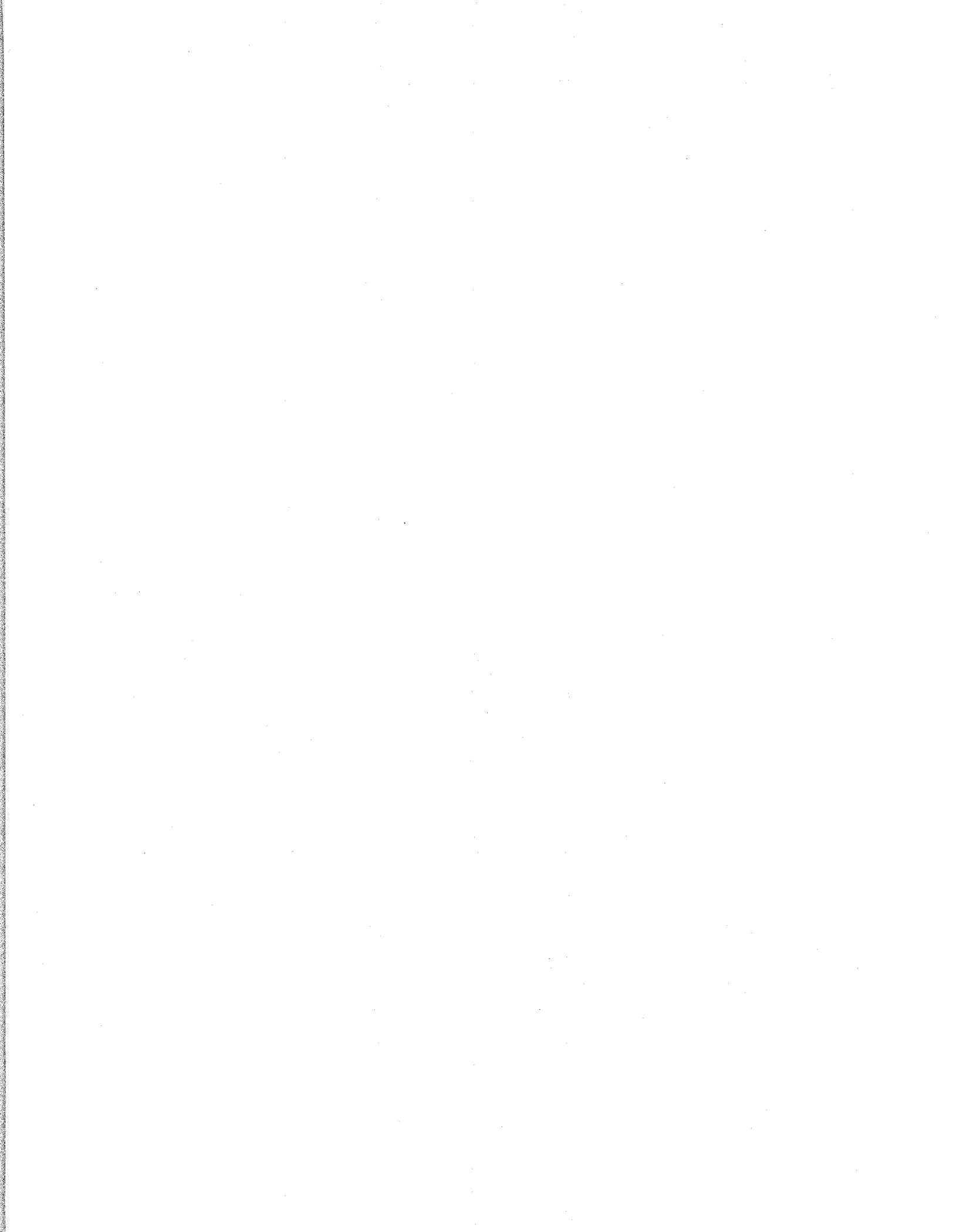
- c. Personal, Family, and Community Health. Concepts of healths and its attainment; growth, development, and changes throughout life; development, spread, and control of disease; local, state, and national health resources.
- d. Nutrition in Health and Illness. Concepts of nutrition for all age groups and diet modifications for therapeutic purposes.
- e. Pharmacology. Concepts relating to action, dosage, side effects, and administration of commonly prescribed medications.
- f. Mental Health. Concepts of behavior.
- g. Nursing. Concepts which will provide the basic principles of nursing care and correlated experiences to develop beginning competency in medical-surgical nursing, geriatric nursing, and maternal-child nursing.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-12.1-08

Law Implemented  
NDCC 43-12.1-08(6)





TITLE 62  
Plumbing Board

62-03-02-16. FREEZING. Water service piping and sewers shall be installed below recorded frost penetration but not less below grade than seven feet [2.13 meters] for water piping and four feet [1.22 meters] for sewers. Water, soil, or waste piping are not permitted outside of a building or, in an exterior wall, or in any area subject to freezing temperatures unless complete and proper provision is made to protect such pipe from freezing.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-18-09

Law Implemented  
NDCC 43-18-09

62-03-07-16. FLOOR DRAINS.

1. Floor drain trap and strainer. Floor drains shall have a minimum water seal of three inches [7.62 centimeters] and shall be provided with removable strainers. The open area of strainer shall be at least two-thirds of the cross-section area of the drain line to which it connects. Floor drain trap seals subject to evaporation shall have a water seal of six inches [15.24 centimeters] or shall be fed from an approved plumbing fixture or by means of an approved automatic priming device or by any other arrangement that is approved by the administrative authority.
2. Size of floor drains. Floor drains shall be of a size to serve efficiently the purpose for which it is intended. Minimum size trap is two inches [5.08 centimeters].
3. Floor drains required. When in the opinion of the administrative authority, floor drains shall be installed in basements, utility rooms, commercial kitchens, food processing establishments, public restrooms, and in other locations where they may help promote the cleanliness of the building.
4. Basement floor drains. Basement floor drains shall not be less than two inches [5.08 centimeters] in size and shall be connected at least five feet [1.52 meters] from the base of any soil or waste stack unless vented.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-18-09

Law Implemented  
NDCC 43-18-09

62-03-10-12. WATER SUPPLY CONTROL VALVES.

1. Curb valve. On each water service from a street main to a building an approved gate valve or ground key stopcock or ball valve shall be

installed near the curblin between the property line and the curb. This valve or stopcock shall be provided with an approved curb valve box.

2. Building valve. Each building water service shall be provided with a gate valve or ball valve located inside the building near the point where the water service enters. Where there are two or more water services serving one building a check valve shall be installed on each service in addition to the above valves.
3. Tank controls. Supply lines from pressure or gravity tanks shall be valved at or near the tanks.
4. Valves in dwelling units. All water closets and kitchen sinks shall have individual fixture valves installed. Valves must also be installed for each bath, shower, powder room or fixture group. A group of fixtures means two or more fixtures adjacent to each other in the same family unit, but not necessarily in the same room. In a one family unit, one or two bathrooms back to back or one over the other may be considered a group. However, in each dwelling unit with two or more bathroom groups not adjacent to each other, one or more control valves or individual fixture valves shall be provided so that each group may be isolated from the other.

In more than single family dwelling units, one or more control valves shall be provided so that the water to any plumbing fixture or group of fixtures in any one dwelling unit may be shut off without stopping flow of water to fixtures in other dwelling units. These valves shall be accessible inside the building unit controlled.

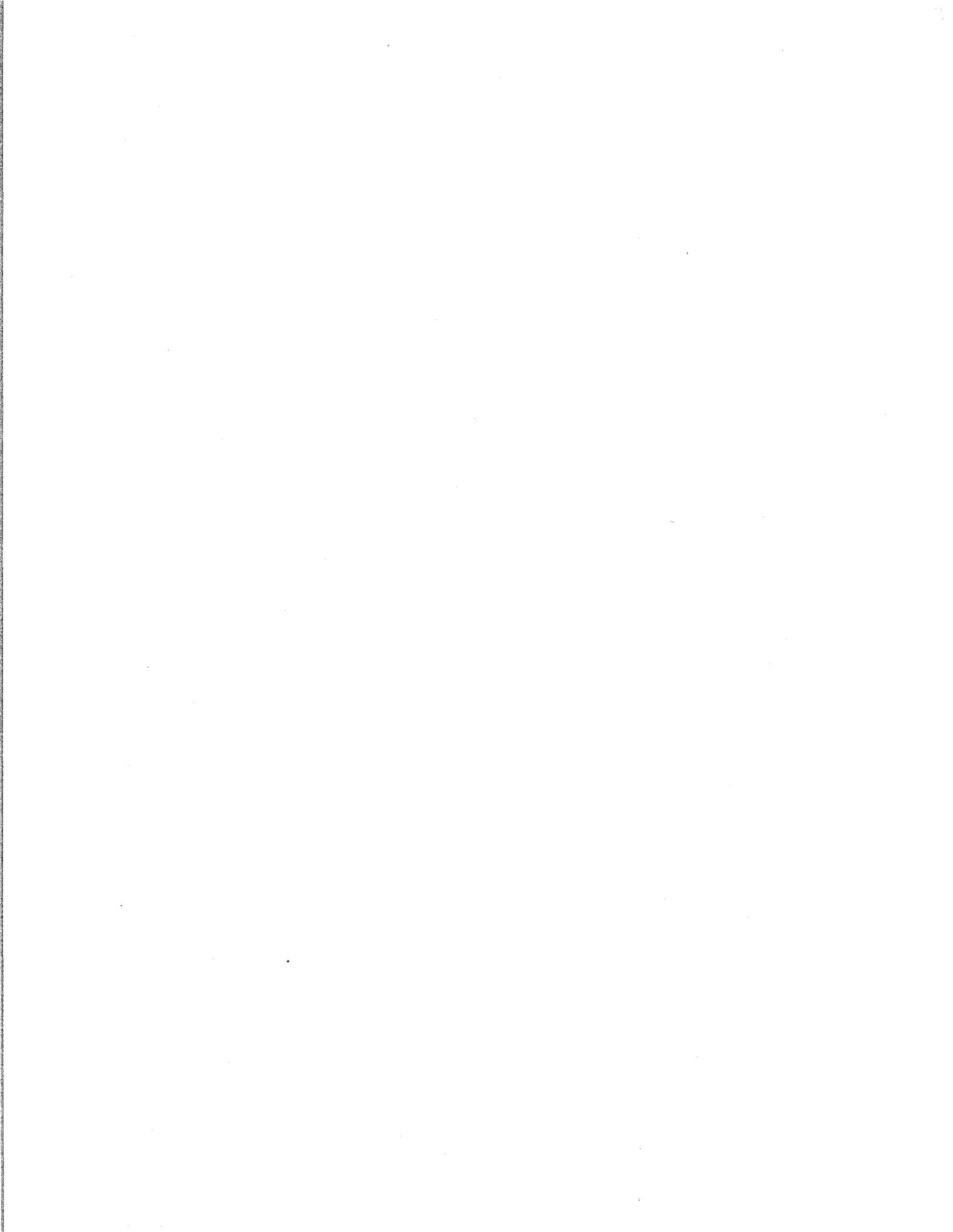
5. Riser valves. Except in single family dwellings a valve shall be installed at the foot of each water supply riser. In multistory buildings a valve shall be installed at the top of each water supply downfeed pipe and also at the base where required to isolate this riser for servicing.
6. Individual fixture valves. In occupied buildings other than dwellings, the water distribution line to each fixture or other piece of equipment shall be provided with a valve or fixture stop to shut off the water to the fixture or the room in which it is located. Except in single family dwellings, sill cocks and wall hydrants shall be separately controlled within eight feet [2.438 meters] by a an accessible valve inside the building.
7. Water heating equipment valve. The cold water branch to each hot water storage tank or water heater shall be provided with a valve located near the equipment and only serving this equipment. The hot water line from each hot water storage tank or water heater shall be provided with a valve when the line is one inch [2.54 centimeters] or larger. Each tank or heater shall be equipped with an approved automatic relief valve as specified in subsection 1 of section 62-03-10-16.
8. Meter valve. A gate valve or ball valve shall be installed in the line on the discharge side of each water meter.

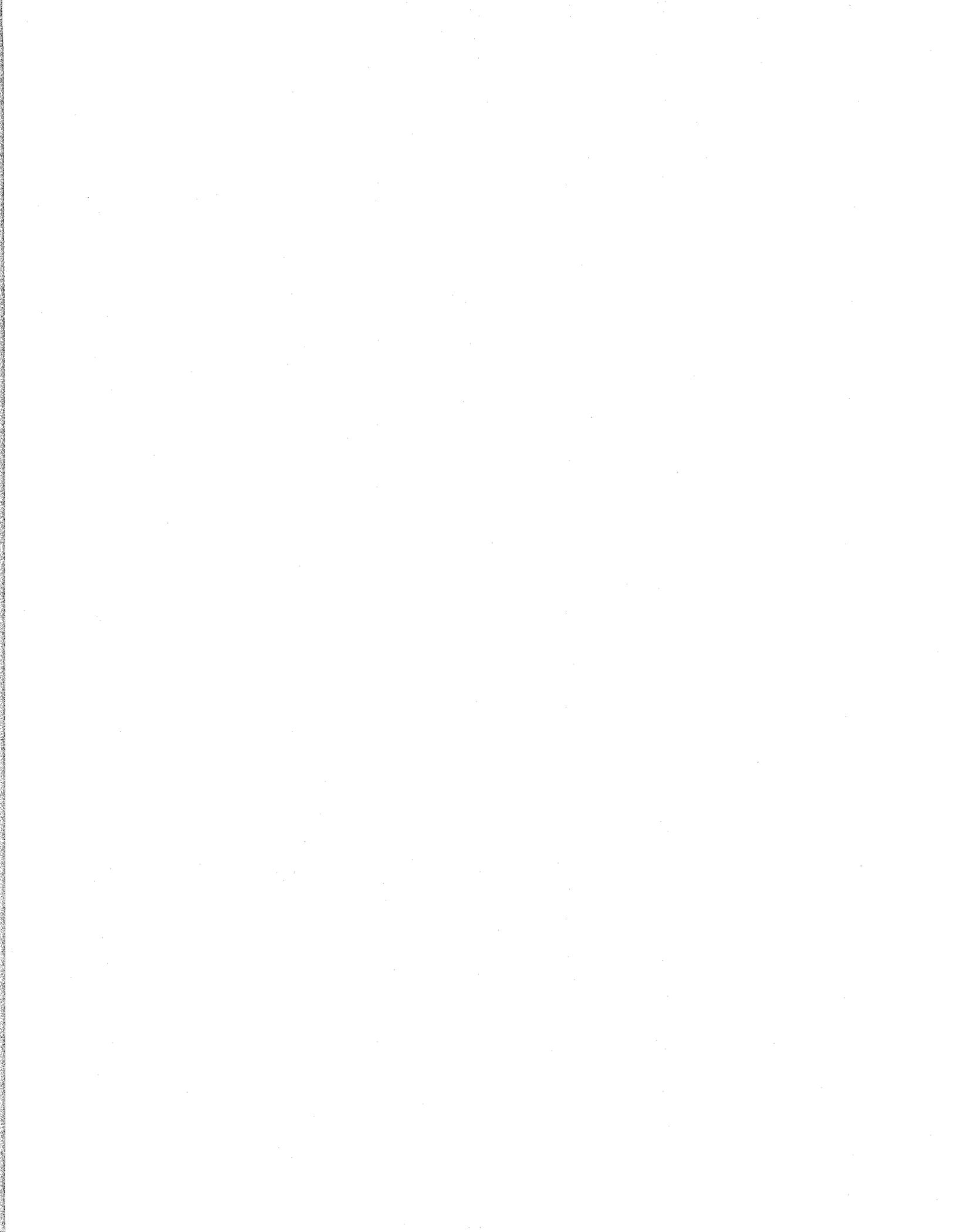
9. Valves to be accessible. All water supply control valves shall be placed so as to be accessible for service and maintenance.
10. Control valve design. Except to single fixtures, control valves on all water lines shall when fully opened have a cross sectional area not less than eighty-five percent of the cross sectional area of the line in which they are installed.

History: Amended effective November 1, 1979.

General Authority  
NDCC 43-18-09

Law Implemented  
NDCC 43-18-09





TITLE 75

Social Service Board

STAFF COMMENT: The change to section 75-02-01-03 is described in the synopsis contained in other committee material.

75-02-01-03. PROPERTY PROVISIONS AND DETERMINATION OF NEED. This section contains the rules and regulations relative to ownership of cash reserves, personal and real property, and life insurance by applicants for and recipients of aid to families with dependent children.

1. Cash reserve.

- a. The cash reserve for each aid to families with dependent children household may not exceed one thousand dollars plus accrued interest and is defined as liquid assets such as cash, stocks and bonds, individual Indian moneys, and other negotiable instruments but excluding the cash surrender value of life insurance.
- b. The cash reserve may be claimed only once during a continuous stretch of eligibility.
- c. In those instances where there is insufficient cash reserve assets on hand at the time of application, the cash reserve shall be allowed in the event the family should subsequently receive a lump sum payment such as an inheritance, old-age, survivors, and disability insurance, railroad benefit, sale of property, etc.
- d. Income from any source whatsoever other than lump sum benefits above mentioned must be used to meet current need and may not become a part of the cash reserve exemption.
- e. The cash reserve exemption, when claimed, must be entered in the case narrative as a permanent part of the record to preclude the possibility of its being allowed more than once during a continuous stretch of eligibility.

2. Life insurance.

- a. The county social service board shall disregard any reasonable amount of cash surrender or loan value of life insurance since this represents needed protection for the family.
- b. The cash surrender or loan value are not to be considered a part of the cash reserve.

3. Personal property.

- a. The county social service board shall disregard in its consideration of the resources of the applicant or recipient of aid to families with dependent children the cash reserve exemption, cash surrender and loan value of life insurance, household goods, furniture, clothing, personal effects, and a mobile home if used as living quarters.
- b. One motor vehicle owned by an applicant or recipient of an aid to families with dependent children grant is exempt ~~provided the market value (the price at which the motor vehicle could reasonably be sold) of such motor vehicle does not exceed the sum of three~~

~~thousand-dollars~~ regardless of its value. ~~The-market-value-shall-be arrived-at-without-regard-to-encumbrances.~~ The value of any other motor vehicle or vehicles beyond the exempt vehicle shall be considered pursuant to the limitations set forth in subdivision c.

- c. The applicant or recipient of an aid to families with dependent children grant is limited to the ownership of personal property other than the above exclusions to ~~a-market-value~~ an equity of one thousand dollars. The applicant or recipient is ineligible for an aid to families with dependent children grant when the applicant's or recipient's ownership of property other than the above-named exclusions exceeds an equity of one thousand dollars.
  - d. The county social service board may waive this one thousand dollars limitation on the amount of ownership of personal property if the property in question is essential to the family's self-support or rehabilitation.
4. Real property.
- a. There is no monetary limit on the value of the home occupied by an applicant or recipient of an aid to families with dependent children grant which can be owned except that a home may not exceed two contiguous acres [.81 hectares], if in town, or one hundred sixty contiguous acres [64.75 hectares], if rural. All excess acreage will be considered real property other than the home. Real property other than the home must produce income commensurate with prevailing rental or leasing rates in the community to warrant continued ownership. Real property for which there is demand but which produces little or no income should normally be offered for rental or sale before eligibility is established.
  - b. Applicants for or recipients of an aid to families with dependent children grant may dispose of their home or other property and commit the proceeds to the purchase of improved living quarters or to the repair or replacement of existing quarters. Such conversion of property resources is permissible if approved by the county social service board. Additional approval by the bureau of Indian affairs is required when the plan for improved housing is to involve moneys derived from the sale of Indian trust land holdings.
5. Property assignments and liens. There shall be no trust mortgage or homestead statement or any assignments or liens required of the applicant or recipient of an aid to families with dependent children grant to the county social service board or to the social service board of North Dakota except for the assignment of child support referred to in section 75-02-01-09.
6. Disqualifying transfer. The transfer of real or personal property, without adequate remuneration, for the clear purpose of making a family eligible for assistance, is to be regarded as disqualifying. The family's intent and the lapse of time between the transfer and the application for assistance are among the factors which must be carefully

evaluated. A transfer of property which by policy is exempt does not represent a disqualification in aid to families with dependent children.

History: Amended effective November 1, 1979.

General Authority  
NDCC 50-09-02

Law Implemented  
NDCC 50-09-02,  
50-09-10,  
45 CFR 233.20

CHAPTER 75-03-05  
FAMILY BOARDING HOMES FOR SPECIAL EDUCATION STUDENTS

STAFF COMMENT: The change in the Law Implemented source note corrects a typographical error.

Section	
75-03-05-01	Authority and Objective
75-03-05-02	State Organization
75-03-05-03	Registration Required
75-03-05-04	Registration Process
75-03-05-05	Denial or Revocation of Registration Certificate
75-03-05-06	Inspections
75-03-05-07	Records
75-03-05-08	Standards for Affidavit of Compliance

75-03-05-01. AUTHORITY AND OBJECTIVE. Under the authority vested in the social service board of North Dakota pursuant to North Dakota Century Code chapter 15-59.3, the social service board of North Dakota is empowered to prescribe and promulgate such rules and regulations as are necessary to assure that special education students needing boarding home care are provided proper food, shelter, security, and safety while receiving such care in a family boarding home.

History: Effective October 1, 1979.

General Authority  
NDCC 15-59.3-06

Law Implemented  
NDCC ~~59-29-22;~~  
~~59-59.3-06~~  
15-59.3-06

