



March 10th, 2025

House Human Services Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Support for SB 2101

Chairman Ruby and Committee Members,

My name is Corey Johnson, and I serve the City of Williston as the Assistant Chief of Operations and a Paramedic for their Fire & Ambulance Department. I am here today in support of SB 2101.

I want to start by posing a question for you to think about throughout this hearing. What is your expectation from your local ambulance service if you, a friend, a family member, or a constituent calls 9-1-1 after suffering a medical emergency or traumatic event?

My basic expectation is that an ambulance will be dispatched and respond in a timely manner. This committee knows better than any that ambulance services are in distress, and you all have been working through the many challenges our ambulance services throughout the state face. Thank you for investing your time and efforts towards these critical issues. I have watched and participated in several committee hearings discussing EMS issues this session. Many challenges were discussed, such as EMS as an Essential Service and EMS interactions with PSAPs. Senate Bill 2101 stands to address some of those issues brought up during these discussions.

As we are here today, no law in North Dakota requires an ambulance service to exist. Furthermore, no law or rule requires an ambulance service to respond. Arguably, there have been many efforts to correct this over the past few years. The EMS Unit of HHS and the EMS Association have worked with this assembly to establish processes to ensure that every inch of North Dakota falls within the jurisdiction of an ambulance service and that each ambulance service establishes a taxing district to secure funding to support their operation. These processes bring us closer to EMS as an Essential Service. SB 2101 will codify the most critical role an ambulance service must provide, the obligation to respond to a 9-1-1 call.

One area that Century Code and Administrative Code have not fully defined is what a call for service is or an essential call for service.

Today, an ambulance service is only required to attempt to be available to respond to a call for service and report themselves out of service if they cannot. The HHS Department has rules that address ambulance service availability. The fault remains that a call for service is not fully defined, and nothing requires an ambulance service to ensure a continuity of operation while providing non-emergent services. For example, ambulances are often asked to provide standby services for sporting events. If an ambulance is staged at a high school football game and fails to respond to any other call for service, they have met the requirements of century code and administrative code as they are written today. Our PSAPs are left with the dilemma of dispatching other services into neighboring jurisdictions, often in our rural communities, leaving multiple areas unprotected. Although the example of a football game is a severe scenario that I hope never truly unfolds, it is still a possibility. The most realistic scenario, and one that does occur, is when ambulance services are providing interfacility or hospital-to-hospital transfers. When a local ambulance service commits its only available unit to deliver this type of service, there is no guarantee that an ambulance will be available to respond to a 9-1-1 call. SB 2101 provides that each service has a process in place to ensure a continuity of operations while performing these call types and ensures that someone will respond.

There are many demands on local ambulances to provide a wide range of services to their community. With the acts of the last legislative session, most ambulance services report back to some form of political subdivision, such as cities, counties, or independent taxing districts. SB 2101 is not intended to limit the services these agencies provide but rather encourage a reliable and effective system to ensure continuity of operations. One method of accomplishing this continuity would be through cooperative agreements or mutual aid agreements. It is not right for a service's neighbor to be unaware of their obligation to be dispatched to another jurisdiction. Senate Bill 2101 would require them to work out this system before an emergency occurs and eliminate the burden and confusion from our 9-1-1 centers.

Through much discussion regarding this bill, it has been identified that this intent may not have been fully addressed. Sometimes, interfacility/hospital-to-hospital transport could be considered an emergency. Some ambulance services within the state only have one ambulance. The original wording of this bill could be misrepresented to hinder those agreements. Therefore, this bill was amended to acknowledge emergent inter-facility transfers and allow HHS to define emergent versus non-emergent services further.

I ask for your support in recommending SB 2101 as a "do pass" to the House floor.

Sincerely,

A handwritten signature in black ink, reading "Corey A. Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Corey A. Johnson, B.S.
Assistant Fire Chief, City of Williston Fire Department
(701) 572-3400 ext. 2317
coreyj@ci.williston.nd.us