NORTH DAKOTA LEGISLATIVE COUNCIL

Minutes of the

PUBLIC SAFETY COMMITTEE

Tuesday, August 26, 2008
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Todd Porter, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Todd Porter, Randy Boehning, Ron Carlisle, Edmund Gruchalla, James Kerzman, Joe Kroeber, Vonnie Pietsch, Clara Sue Price, Don Vigesaa; Senators Joan Heckaman, Gary A. Lee, Elroy N. Lindaas, John M. Warner

Members absent: Representatives Mike Brandenburg, Pam Gulleson, Bob Martinson; Senator Ralph L. Kilzer

Others present: Jim W. Smith, Legislative Council, Bismarck

Representative Merle Boucher, member of the Legislative Council, was also in attendance.

See attached appendix for additional persons present.

It was moved by Senator Lindaas, seconded by Representative Kerzman, and carried on a voice vote that the minutes from the April 29-30, 2008, and June 11-12, 2008, meetings be approved as distributed.

STUDY OF THE DEPARTMENT OF EMERGENCY SERVICES

The Legislative Council staff presented a memorandum entitled *Information Regarding Public Safety Answering Points and Division of State Radio Contract Counties*. The Legislative Council staff said the memorandum provides a summary of information gathered through a survey of public safety answering points and Division of State Radio contract counties, including public safety answering point (PSAP) revenue and expenditures, full-time equivalent positions, call volumes, infrastructure, coverage maps, and Division of State Radio contract counties infrastructure.

Representative Porter said the communication services fee appears to be sufficient to provide for the costs of only some of the PSAPs. He said PSAPs may need to consider sharing computer software systems and equipment in the future.

Major General David Sprynczynatyk, Adjutant General, provided comments regarding the Department of Emergency Services' task force on emergency response. He said the task force was assembled by the Adjutant General at the request of the Public Safety Committee for the purpose of identifying the strategic structure and capability of emergency services in the state. He said the task force membership includes representatives from the following organizations:

- Department of Emergency Services.
- Division of Homeland Security.
- Division of State Radio.
- North Dakota Police Chiefs Association.
- North Dakota Sheriffs Association.
- North Dakota Fire Chiefs Association.
- North Dakota Metro Chiefs Association.
- North Dakota EMS Association.
- North Dakota Healthcare Association.
- North Dakota Emergency Management Association.
- North Dakota National Guard.
- North Dakota 911 Association.
- North Dakota Public Health Association.
- North Dakota Highway Patrol.
- North Dakota Bureau of Criminal Investigation.

Major General Sprynczynatyk said the task force held several meetings and established seven working groups for studying the following areas:

- Funding.
- Recruitment and retention of responders.
- Transformational models.
- Training.
- Technology.
- Mutual aid agreements.
- Standards.
- Capability definitions.

Major General Sprynczynatyk said the task force made 15 recommendations to improve response and recovery operations throughout North Dakota.

Mr. Greg Wilz, Director, Division of Homeland Security, Department of Emergency Services, presented a report from the department's task force on emergency response. A copy of the report is on file in the Legislative Council office. The following is a summary of the 15 recommendations included in the report:

Areas	Recommendations
Funding	Implement and provide funding for an emergency response and recovery fund. The fund would provide local and tribal governments, individuals, and eligible public and private emergency response entities the ability to access state funds for a share of costs incurred as a direct result of a local emergency or disaster that does not meet the requirements for a presidential declaration.

Areas	Recommendations
	Expand the North Dakota hazardous chemical emergency response preparedness program to ensure emergency responders have access to the appropriate training in response to a fire or other emergency that involves hazardous chemicals defined by the National Fire Protection Association.
Mutual aid agreements	Implement legislation that complies with current Federal Emergency Management Association regulations and policies and provides the standards for mutual aid agreements between and among jurisdictions and emergency responding agencies.
Recruiting and retention of responders	Develop a special license plate for emergency responders (fire, law enforcement, and emergency medical services (EMS)) and approve one free vehicle registration for enrolled, active, and certified responders.
	Develop and provide funding for a one-time $5,000 retirement payment program for volunteer emergency responders with 20 years of active volunteer status as a certified responder.
	Implement legislation that creates a North Dakota Employment Rights Act for volunteer responders.
Standards	Develop legislation that adopts over time nationally recognized standards for fire, law enforcement, EMS, and public communications dispatchers.
	Establish a minimum certification standard for special operations units within North Dakota.
Technology	Seek funding to purchase or lease the infrastructure and equipment required to add eight additional towers in order to expand State Radio coverage to 95 percent.
	Seek funding for the technology package required to transition the current mobile data system to high speed broadband access through private enterprise.
	Seek funding for Phase 2 of computer-assisted dispatch within State Radio inclusive of an automatic vehicle locator system.
Transformational models	Implement legislation that facilitates the transformation of the current emergency management model into a regional model. An eight-region model should be considered with each region consisting of five to seven counties served by an emergency management team of five highly trained and experienced personnel.
	Initiate an interim study on the effects of Next Generation 911 on PSAPs statewide.
Training	Seek state funding to provide multicommunity to regional training and exercising activities to supplement decreasing federal training dollars.
	Initiate an interim study on the feasibility of establishing a multidiscipline emergency responder academy within North Dakota.

In response to a question from Representative Porter, Mr. Wilz said local and tribal governments and first response organizations may access the proposed emergency response and recovery fund to assist in paying charges for assistance by responders outside the jurisdiction. He said the fund may be accessed to pay for mutual aid response partners when formal mutual aid agreements have been utilized.

In response to a question from Representative Kroeber, Mr. Wilz said the current hazardous chemical fee program fee is $25 per chemical with a maximum fee of $150. He said the recommendation to expand the hazardous chemical emergency response preparedness program includes a recommended fee increase of $27 per chemical--from $25 per chemical to $52 per chemical. He said the recommended fee increase would provide for a portion of the costs associated with the recommended program expansion. He said the North Dakota Firefighters Association would incur costs not covered by revenue generated from the fee. He said the association is working on identifying possible funding sources for these additional costs.

In response to a question from Representative Porter, Mr. Wilz said the department will meet with the appropriate stakeholders to determine the requirements for Phase 2 of the computer-aided dispatch project. He said the software purchased by the department could potentially be used by other PSAPs.

In response to a question from Representative Porter, Mr. Wilz said the estimated fiscal effect for the recommendation to transform the current emergency management model to a regional model is approximately $1.5 million for the 2009-11 biennium. He said the funding would be used for developing a program for encouraging consolidation of local emergency management programs.

In response to a question from Senator Lindaas, Mr. Wilz said the Division of State Radio's dispatch center is currently operating in analog mode. He said the Division of State Radio's current coverage is approximately 75 percent.

Mr. Wilz presented information regarding the Division of State Radio's current mapping capabilities and future plans. He said the division is currently using the mapping software SEATOL in its dispatch center. He said the software was purchased and implemented in 1991 and is a database software system instead of a geographic information system-based software system. He said the division has decided to change to a geographic information system-based software system for improved and interoperable dispatching. He said the change will also involve the creation of a statewide seamless base map. A copy of the information presented is on file in the Legislative Council office.

Ms. Karla Germann, 911 Coordinator, Bowman and Slope Counties, provided comments regarding the committee's study of the Department of Emergency Services. She said Bowman County is currently using the geographic information system-based software program that the Division of State Radio is planning to implement. She said the software functions very well. She said she appreciates the recent meetings between the Department of Emergency Services and the Division of State Radio contract counties. She said she hopes the communication continues in the future.

Ms. Germann distributed a copy of a letter from the Bowman County Commission regarding the task force's recommendation to regionalize county emergency management. A copy of the letter is on file in the Legislative Council office.

Mr. Gary R. Kostelecky, Emergency Manager and 911 Coordinator, Stark and Dunn Counties, provided comments regarding the committee's study of the Department of Emergency Services. He said Stark County also uses the geographic information system-based software program that the Division of State Radio is planning to implement. He said the proposed addition of eight State Radio towers would improve emergency communications.

It was moved by Representative Vigesaa, seconded by Senator Heckaman, and carried on a roll call vote to request the Legislative Council staff prepare bill drafts relating to the recommendations included in the report from the Department of Emergency Services' task force on emergency response. Representatives Porter, Boehning, Carlisle, Gruchalla, Kerzman, Pietsch, Price, and Vigesaa and Senators Heckaman, Lee, Lindaas, and Warner voted "aye." No negative votes were cast.

EMERGENCY MEDICAL SERVICES SYSTEM STUDY

Dr. Kent Hoerauf, Cochairman, State Trauma Committee, provided comments regarding the State Trauma Committee's prioritization of the recommendations of the American College of Surgeons' evaluation of the state's trauma system. He said the state's current trauma system is a voluntary system. He said mandated participation of all hospitals in the state trauma system was recommended by both the American College of Surgeons and the National Highway Traffic Safety Administration. He said North Dakota currently has 45 hospitals of which 37 are designated trauma centers. He said the eight hospitals not currently trauma-verified are:

- Richardton Hospital and Health Center, Richardton.
- Standing Rock Indian Health Service Hospital, Fort Yates.
- Jacobson Memorial Hospital, Elgin.
- Cooperstown Medical Center, Cooperstown.
- St. Luke's Hospital, Crosby.
- Presentation Medical Center, Rolla.
- Cavalier County Memorial Hospital, Langdon.
- Nelson County Health System, McVille.

In response to a question from Representative Vigesaa, Dr. Hoerauf said the State Department of Health has procured federal grants for three of the eight hospitals who are currently not trauma-verified--Langdon, Rolla, and Hillsboro--to assist with costs associated with becoming a designated trauma center.

In response to a question from Representative Price, Dr. Hoerauf said hospitals with a limited number of physicians may be put on trauma bypass while physicians are out of the hospital.

Dr. Steve Hamar, Cochairman, State Trauma Committee, provided comments regarding the State Trauma Committee's prioritization of the recommendations of the American College of Surgeons' evaluation of the state's trauma system. He said it is important for all hospitals to participate in the state trauma system. To be certified as a Level 4 or Level 5 facility, he said, a hospital must have a minimum amount of equipment and all providers that care for trauma patients must have Advanced Trauma Life Support certification. He said the certification requires a two-day course at a cost of approximately $600 to $700 for physicians and $500 to $600 for nurse practitioners and physician's assistants. He said the cost of the certification for Level 4 and Level 5 hospitals has been supported by the state through grants. A copy of his comments is on file in the Legislative Council office.

Mr. Tim Meyer, Director, Division of Emergency Medical Services, State Department of Health, provided:

- Information on ambulance services that do not use a radio or pager dispatch system or that use a third party for dispatching.
- The prioritization of the recommendations from the National Highway Traffic Safety Administration's evaluation of the state's EMS system.
- The State Trauma Committee's prioritization of the recommendations of the American College of Surgeons' evaluation of the state's trauma system.
- Recommended statutory changes regarding the department's study of the minimum requirements of reasonable EMS coverage in the state.

A copy of the information presented is on file in the Legislative Council office.

In regard to ambulance service dispatching, Mr. Meyer said the department surveyed each ambulance service regarding its dispatching system during the last ambulance relicensure period. He said the department determined that 15 ambulance services are not directly dispatched by a PSAP. Of those, he said, three are industrial-site ambulance services and do not provide service to the public. He said the services in Rolla and Belcourt are dispatched by their local hospitals and Rolette is dispatched by the sheriff's office because Rolette County does not yet have 911 implemented. He said ambulance services in Crosby, Harvey, Kenmare, Mott, New Leipzig, and Aneta are dispatched by their local hospital or nursing home. He said the service in Grenora has the infrastructure to be dispatched by the PSAP in Williston, but the service is using a local telephone number that rings on a fire phone independent of a PSAP. He said services in Lansford and Plaza are using a fire phone system that is accessed by State Radio. He said services in Crosby and Grenora are transitioning to a PSAP direct dispatch system by the end of the year.

In regard to the recommendations from the National Highway Traffic Safety Administration's evaluation of the state's EMS system, Mr. Meyer said the EMS Advisory Committee met on July 28, 2008, to

prioritize the list of recommendations from the evaluation. He said the committee determined that 16 of the 50 recommendations should be implemented within the next two years. He said the following six priority recommendations need legislative action to implement and are in ranked order:

1. The Legislative Assembly should fund quality improvement coordinators who could work with local medical directors and ambulance services.
2. The Legislative Assembly should require licensing of all quick response units (QRUs) and consider removing the 24 hours a day 7 days a week requirement for QRUs.
3. The Legislative Assembly should make trauma designation mandatory for hospitals.
4. The State Department of Health Division of EMS should purchase functional software for state trauma registry.
5. The Legislative Assembly should establish and fund a state EMS/trauma medical director.
6. The EMS Advisory Committee should be formally recognized in statute or rule to include Emergency Medical Services for Children representation.

Mr. Meyer said the following 10 recommendations were identified by the EMS Advisory Committee to be addressed in the next two years but do not require legislative action:

1. The Division of EMS should update the state EMS plan and add a pediatric component.
2. The Division of EMS should examine the initial and continuing education of EMS instructors to improve quality and uniformity of course delivery.
3. The Division of EMS should update the pediatric equipment list for ambulances.
4. The Division of EMS should update the trauma triage protocol to be consistent with current American College of Surgeons' standards.
5. The Division of EMS should enhance collaborations with PSAPs for data sharing and monitoring of EMS performance and have direct representation on Division of State Radio planning committees.
6. The Division of EMS should have a communications chapter in the state EMS plan or have a separate EMS communications plan.
7. The Division of EMS and the State Trauma Committee should develop a strategy for statewide trauma system quality improvement and update the state trauma system plan.
8. The Division of EMS should change its name to more accurately reflect its breadth of responsibilities and should consider "Division of EMS and Trauma."
9. The Division of EMS should facilitate evaluation at the local levels.
10. The Division of EMS should develop focused evaluation projects, including the utilization of tracer conditions.

In regard to the recommendations from the American College of Surgeons' evaluation of the state's trauma system, Mr. Meyer said the State Trauma Committee met on July 23, 2008, to prioritize the list of recommendations from the evaluation. He said the committee determined that 21 of the 111 recommendations should be implemented within the next two years. He said the following five priority recommendations need legislative action to implement and are not in ranked order:

1. Mandate the participation of all primary care and general acute care hospitals in the trauma system and make this a requirement of hospital licensure.
2. The Division of EMS should acquire personnel and additional funding for the division to support the current staffing and program needs to implement the state trauma system. This would include a full-time associate trauma coordinator, a half-time EMS/trauma medical director, and a half-time administrative assistant.
3. Require licensure of all QRUs.
4. Update and modify the state trauma plan to meet current standards.
5. Determine the impact on the appropriate utilization of advanced life support intercepts by basic life support ambulance services due to potential financial disincentives.

Mr. Meyer said the following 16 recommendations were identified by the State Trauma Committee to be addressed in the next two years but do not require legislative action:

1. Develop dispatch criteria and protocols to expedite rotor-wing ambulance and ground advanced life support injury scene response and intercept in interfacility transfer.
2. Create a committee comprised of representatives of both the State Trauma Committee and the EMS Advisory Committee to conduct a detailed review of all regulations pertaining to trauma and EMS, to consider the rules changes recommended, and to identify any additional regulation modifications that might be necessary.
3. Identify solutions to improve the current data system and utilize existing registry data to its fullest extent.
4. Explore all existing datasets of information that may be useful in the planning, development, and evaluation of the trauma system.
5. Expand opportunities for stakeholders to participate in trauma system development by creating technical advisory groups that function under the direction of the State Trauma Committee.

6. Establish clear guidelines that describe the expectations of the regional committees for peer review and patient outcomes.
7. Develop a trauma system performance improvement plan and start with simple screens.
8. Appoint a performance improvement technical advisory group to initiate quarterly meetings designed to review specific key measures and case reviews to identify opportunities for improving care.
9. Develop guidelines and a mechanism for the regions and the state to gain concurrent information about significant trauma system and patient care issues.
10. Utilize the existing teleconferencing capabilities in the region for case review with a continuing medical education format to encourage attendance.
11. Consider having the state trauma manager make occasional visits to the trauma centers each year to assess any trauma system or patient care concerns.
12. Strengthen the relationship between the trauma system program and the injury prevention program, promoting a partnership that permits the injury prevention program to serve as the prevention arm of the trauma system.
13. Develop a process for integration with the disaster preparedness infrastructure, including reciprocal committee membership and mutual plan development.
14. Maximize interaction between the trauma and EMS community and the emergency preparedness community at all levels to optimize disaster preparedness.
15. Develop a process for integration with other public health and safety services, including mental health, social services, Department of Transportation, fire, and law enforcement, to facilitate resource sharing.
16. Develop advanced life support intercept protocols.

In regard to the department's study of the minimum requirements of reasonable EMS coverage in the state, Mr. Meyer said most of the regulatory changes to accomplish the reasonable EMS coverage goals identified by the department can be addressed in the administrative rules process. He said the following two items would need to be addressed by the Legislative Assembly:

1. Add another criterion in North Dakota Century Code (NDCC) Section 23-27-04(1) to allow the department to establish performance standards in Administrative Code for ambulance services such as response times.
2. Provide the department the statutory authority to establish regulations regarding the dispatch of EMS agencies.

In response to a question from Representative Porter, Mr. Meyer said the department is searching for a federal grant that may be available to provide funding to purchase functional software for the state trauma registry.

Representative Price said 2007 House Bill No. 1162 provided that the State Health Council was to study the minimum requirements of reasonable EMS coverage. She expressed concern that the study was done by the State Department of Health rather than the State Health Council.

The committee recessed for lunch at 12:15 p.m. and reconvened at 1:00 p.m.

Mr. Mark Weber, President, North Dakota EMS Association, provided information regarding recommended statutory changes and funding needed to implement the proposed changes to the state's EMS system. He said the association recommends the committee develop and approve a bill to provide $4,524,000 of additional funding for the EMS grant program established by the 2007 Legislative Assembly and expand the program to provide:

- An assessment process that would consist of a group of peers assessing EMS systems' structures, establishing EMS systems' goals, and assisting EMS systems with accomplishing their goals.
- Leadership training to all EMS manager and educators, including reimbursement of lodging, meals, and mileage for all participants.
- An annual statewide recruitment drive to assist rural ambulance services with staffing problems.

Mr. Weber said the association is concerned with specialty transportation. He said the definition of EMS was changed by the 2007 Legislative Assembly which resulted in the inability of the Division of EMS to regulate wheelchair vans and no-care stretcher vans. He does not believe specialty transportation should provide transportation to hospital emergency rooms. He said the association recommends the committee consider a bill to specifically provide the Division of EMS regulatory authority over specialty transportation.

Mr. Weber said the association also recommends the committee consider a bill to amend NDCC Section 23-27-04.7 to provide that ambulance services operating in a taxing district receive a portion of tax revenue determined by the amount of mills collected in the townships covered by ambulance services. A copy of the information presented is on file in the Legislative Council office.

The Legislative Council staff presented a memorandum entitled *Summary of the Bill Draft and Funding Alternatives Relating to Emergency Medical Training Grants*. The memorandum provides a summary of the bill draft being considered by the Public Safety Committee relating to emergency medical training grants and related funding alternatives.

The Legislative Council staff said the bill draft provides a $100,000 general fund appropriation for the 2009-11 biennium to the State Department of Health for providing emergency medical training grants to rural law enforcement officers and

individuals choosing to become licensed first responders. For the purposes of the bill draft, rural law enforcement is defined as licensed officers from city police departments of cities with a population of fewer than 6,500 and licensed officers from county sheriffs' offices of counties with a population of fewer than 14,000.

The Legislative Council staff said there are 1,176 licensed law enforcement officers in city police departments and county sheriffs' offices according to information provided by the Peace Officer Standards and Training Board. The following is a summary of the number of law enforcement officers in these departments and offices:

	Urban	Rural	Total
City police departments	534[1]	116	650
County sheriffs' offices	271[2]	255	526
Total	805	371	1,176

[1]The following city police departments are excluded based on the provisions included in the bill draft: Bismarck, Devils Lake, Dickinson, Fargo, Grand Forks, Jamestown, Mandan, Minot, Valley City, Wahpeton, West Fargo, and Williston.

[2]The following county sheriffs' offices are excluded based on the provisions included in the bill draft: Burleigh, Cass, Grand Forks, Morton, Richland, Stark, Stutsman, Ward, and Williams.

The Legislative Council staff said the estimated cost of first aid and cardiopulmonary resuscitation/automated external defibrillator training as provided by the American Red Cross is approximately $150 per person, excluding travel costs. The estimated cost of first responder training as provided by the State Department of Health is $175 per person to $375 per person. At the present time the department provides a grant in the amount of $175 to individuals interested in completing first responder training. The following is a summary of funding alternatives relating to the bill draft being considered:

	Bill Draft Being Considered[1]	Alternative A[2]	Alternative B[4]
General fund appropriation	$100,000	$100,000	$128,400
Number of rural law enforcement officers eligible for grants	371	642[3]	642
Funding available per person	$270	$155	$200

[1]If the proposed $100,000 general fund appropriation would be used for rural law enforcement officers as defined in the bill draft being considered by the committee, the funding of $100,000 is equal to approximately $270 per person.

[2]If the bill draft would be amended to remove the limitation relating to county sheriffs' offices, the proposed $100,000 general fund appropriation is equal to approximately $155 per person.

[3]This number represents 116 officers from city police departments and 526 officers from county sheriffs' offices.

[4]A general fund appropriation of $128,400 would be necessary to provide funding of $200 per person to 642 rural law enforcement officers.

It was moved by Senator Warner and seconded by Senator Lindaas that the bill draft relating to emergency medical training grants be approved and recommended to the Legislative Council.

Representative Vigesaa suggested the committee consider the removal of the limitation relating to county sheriffs' offices.

It was moved by Representative Kerzman, seconded by Representative Carlisle, and carried on a roll call vote that the motion be substituted to provide that the bill draft relating to emergency medical training grants be amended to remove the limitation relating to county sheriffs' offices and to increase the appropriation to $128,400 and be approved and recommended to the Legislative Council. Representatives Porter, Boehning, Carlisle, Gruchalla, Kerzman, Pietsch, Price, and Vigesaa and Senators Heckaman, Lee, Lindaas, and Warner voted "aye." No negative votes were cast.

It was moved by Representative Kerzman, seconded by Senator Lindaas, and carried on a voice vote to request the Legislative Council staff prepare a bill draft to make trauma designation mandatory for hospitals, to require licensing of all QRUs, and to remove the QRU 24 hours a day 7 days a week requirement.

Representative Boehning suggested the committee receive testimony from the hospitals that are not currently trauma-designated at the committee's next meeting.

Senator Heckaman suggested the committee consider expanding the EMS grant program as recommended by the North Dakota EMS Association.

In response to a question from Representative Price, Mr. Meyer said the Governor's office has indicated that the $1.25 million appropriation for the 2007-09 biennium for the EMS grant program will be continued in the Governor's executive budget recommendation for the 2009-11 biennium.

It was moved by Representative Kerzman, seconded by Representative Vigesaa, and carried on a voice vote to request the Legislative Council staff prepare a bill draft to implement the EMS grant program expansion recommended by the North Dakota EMS Association, including:

- **$3,250,000 of additional funds for grants to access critical ambulance services.**
- **$770,000 for implementation of an assessment process.**
- **$304,000 for providing leadership training to all EMS managers and educators.**
- **$200,000 for an annual statewide recruitment drive.**

It was moved by Representative Kerzman, seconded by Senator Warner, and carried on a voice vote to request the Legislative Council staff prepare a bill draft to address the State Department of Health's authority to regulate ambulance services, to provide the department regulatory authority over specialty transportation, and to amend NDCC Section 23-27-04.7 as

recommended by the North Dakota EMS Association.

DELIVERY AND FUNDING OF VETERANS' SERVICES STUDY

The Legislative Council staff distributed a memorandum entitled *Summary of the Bill Draft (Second Draft) Relating to the Department of Veterans Affairs, the Veterans Home, and the Delivery of Veterans' Services* and a bill draft [90022.0200] relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services.

Mr. Jerry Balzer, veteran, Bismarck, provided comments regarding the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. He said the state's goal is to provide adequate services to its veterans.

In response to a question from Representative Carlisle, Mr. Balzer said the proposed bill draft meets the goal to provide services for veterans.

In response to a question from Senator Lindaas, Mr. Balzer said the size of the Administrative Committee on Veterans Affairs is not as important as the quality of its members.

Mr. Jim Deremo, Department Service Officer, American Legion, provided comments regarding the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. He said the American Legion, at its June 2008 state convention, voted to oppose the proposed legislation. He said he does not support requiring county veterans' service officers to be accredited.

In response to a question from Representative Porter, Mr. Deremo said he agrees that county veterans' service officers need more training. He said one way to improve the training of veterans' service officers would be for the Department of Veterans Affairs to employ a staff of field officers. He said the state could be divided up and each field officer would be responsible for a number of counties. He said each field officer would be responsible for training county veterans' service officers within the field officer's assigned region.

Mr. Lonnie Wangen, Commissioner, Department of Veterans Affairs, provided comments regarding the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. He said county veterans' service officer training is needed; however, he said, he questions whether National Association of County Veterans Service Officers accreditation is appropriate. He said the size of the Administrative Committee on Veterans Affairs and its subcommittees relating to the Department of Veterans Affairs and the Veterans Home is appropriate. He said it would not be appropriate for the Department of Veterans Affairs to utilize two of its positions exclusively for training because the department needs employees to assist with claims.

In response to a question from Representative Porter, Mr. Wangen said an individual who qualifies as a veteran but is not a member of a service organization may serve on the Administrative Committee on Veterans Affairs if nominated by one of the service organizations.

Representative Boehning said counties should be encouraged to share county veterans' service officers.

Mr. Mark Landis, Burleigh County Veterans' Service Officer, provided comments regarding the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. He said he supports requiring all county veterans' service officers to be accredited by the National Association of County Veterans Service Officers. He said the association's training provides the veterans' service officers with the level of knowledge needed to effectively prepare claims and applications for benefits.

Ms. Leslie Ross, Stark/Dunn Counties Veterans' Service Officer, provided comments regarding the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. She said training is very important for county veterans' service officers.

It was moved by Representative Carlisle, seconded by Representative Boehning, and carried on a roll call vote that the bill draft relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services be approved and recommended to the Legislative Council. Representatives Porter, Boehning, Carlisle, Gruchalla, and Vigesaa and Senators Lindaas and Warner voted "aye." Representatives Kerzman, Pietsch, and Price and Senators Heckaman and Lee voted "nay."

COMMITTEE DISCUSSION

Chairman Porter said the next Public Safety Committee meeting is tentatively scheduled for Tuesday and Wednesday, October 14-15, 2008. No further business appearing, Chairman Porter adjourned the meeting at 3:19 p.m.

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Roxanne Woeste
Assistant Legislative Budget Analyst and Auditor

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:1