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Testimony  
House Bill 1365  
Senate State and Local Government  
Thursday, March 23 2023; 10:00 a.m.  
North Dakota Emergency Medical Services Association

Good morning, Madam Chair and members of the committee. My name is Adam Parker, I speaking on behalf of the North Dakota Emergency Medical Services Association. I am here today in support of HB 1365.

EMS in rural North Dakota, and in rural areas across the country, is in crisis. This is nothing new and many of you have heard about it for years. In 2011, HB 1044 was the largest comprehensive legislation passed to address the EMS crisis in North Dakota. The legislation had four key directives: 1) to ensure reasonable EMS and Staffing coverage, 2) address sustainability of funding, 3) require local match of funds, and 4) provide for local flexibility and encourage coordination between services.

Funding areas, as created by the legislation, differs from operations areas. The idea was to fund an area, not a service. Therefore, the state department of health is tasked with developing a plan for integrated emergency medical services, which must identify ambulance operations areas, EMS funding areas, and the minimum reasonable cost of an EMS operation.

Funding areas often included multiple operations areas. The idea was to allow those local services the flexibility to create a system within their funding area that would be sustainable. The goal was to be more efficient and encourage ambulance services to work together. This was largely unsuccessful because agencies did not want to work together, and fights about funding ensued. In 2019, these disputes were ended by the legislature when they codified the distribution formula for state aid. This essentially places each ambulance in its own funding area and determines the minimum reasonable cost.

We have made great progress since 2011 in many areas, however we still struggle with coordination of services and ensuring a local EMS plan. This is illustrated by the recent closure of rural ambulance services. This bill, HB1365, establishes rural ambulance service districts in rural operations areas. The EMS Association has long believed that rural ambulance service districts are the best avenue to ensure long-term sustainability of EMS in rural areas. Rural ambulance service districts serve two important functions, they have an elected board that is responsible for developing a local EMS plan, and they have the ability to levy taxes to support the plan and ensure reasonable ambulance coverage within the territory.



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**Section 1** – allows the county auditor to call the organizational meeting if required by section 8.

**Section 2** – limits ambulance service members ability to serve on the elected board to avoid conflicts of interest.

**Section 3** – limits a rural ambulance service districts ability to levy funds in areas outside of its assigned operations area.

**Section 4** – allows a district board to vote to remove territory from the district jurisdiction if the territory is not in the districts operations area.

**Section 5** – Removes language regarding discharging financial obligations to Section 6.

**Section 6** – outlines the procedure for discharging financial obligations of territory withdrawn, exempted, or dissolved from the district.

**Section 7 and 9** – directs state financial assistance to political subdivision having ownership of the licensed ambulance or the political subdivision responsible for the emergency medical service program of the service area, effective June 30, 2025.

**Section 8** – Requires ambulance services to organize a rural ambulance service district by June 30, 2025. The exemptions are services that are owned by local governments and those that are large enough to be self-sustaining.

**Section 10** – Directs funds levied by counties for the purpose of subsidizing emergency medical services to the political subdivision having ownership of the licensed ambulance service or the political subdivision responsible for the emergency medical service program for the service area.

**Section 11** – sets the effective date of Section 1, we believe this should be amended to Section 3, to after December 31, 2024.

#### **Proposed Amendments**

- 1) Correct the date in Section 7 to June 30, 2025
- 2) In Section 10 add that this only affects services subject to Section 8
- 3) Address concerns regarding displacing current license holders
- 4) The effective date in Section 11 should apply to Section 3

The North Dakota EMS Association appreciates the previous and on-going support provided to EMS in North Dakota. We are committed to continuing to work with the legislature to find solutions to sustain and promote high quality rural ambulance services in North Dakota.

This concludes my testimony, I am happy to answer any questions you may have.