



Testimony
House Bill 1477
Senate State and Local Government
Thursday, March 23 2023; 10:15 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 1477.

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 an local EMS plan, and they have the ability to levy taxes to support the plan and ensure reasonable ambulance coverage within the territory.

Last legislative session, the EMS Association supported a bill that eased many burdens to establishing rural ambulance service districts. Since that time, several ambulance services have taken advantage of those provisions to establish districts, annex territory, or increase their maximum allowed mill rate. The bill represents several small changes to further reduce burdens and to clarify several points to ensure ambulances districts are compliant with applicable law.

First, the bill removes the petition requirements for cities located within the proposed ambulance district territory. It has proven difficult for auditors to determine the qualified electors residing within the cities and this has resulted in added complexity and delays in the petitioning process.

Second, the bill would remove the June 30th requirement to submit a budget to the auditors. If the question of district formation is on the June ballot, it is impossible to organize the district and submit a budget to the auditor by the statutorily required date. Changing the date to August 10th aligns with other political subdivisions and ensure ambulance funding is not delayed.

Third, it removed the bonding requirements for the secretary-treasurer. N.D.C.C 26.1-21-01.1 requires all board members to be bonded, and having a separate bond for the secretary-treasurer is an added expense to the district.

Fourth, rural ambulance districts always express an interest in banking locally. Sometimes this involves banking at a credit union. This small change would ensure ambulance districts are able to bank at credit unions.

Lastly, the bill last session made it possible for ambulance districts to annex territory they currently provide ambulance coverage too. The citation to 57-40.6-10 refers to the requirement that the quickest ambulance by predetermined response areas must be dispatched. However, in one case this was misinterpreted and resulted in delayed funding to the ambulance service. Therefore, we feel reference to 23-27-01, would alleviate any confusion in the future and ensure the legislative intent of allowing ambulance districts to annex territory that they have been assigned to serve.

Executive Offices
1622 East Interstate Avenue
Bismarck, ND 58503



701-221-0567
ndemsa.office@ndemsa.org
www.ndemsa.org

This bill was amended in the House to include an appropriation to fully fund, or nearly fully fund, the Rural EMS Assistance Grant. This grant is critical to assist rural ambulance service hire staff and fund their operations. Last biennium, the grant contained an appropriation of \$6.875 million which funded services at 29% of the formulas calculation. Based on the formula currently contained in HB1294 we believe the current \$6.875 million in the Health Department budget, combined with the \$7 million appropriation in this bill would fully fund the formula.

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