



January 20, 2025

Testimony of HB 1339

By: Pete Antonson, CFO at Northwood Deaconess Health Center

Chairman Ruby and Members of House Human Services:

Good morning. Thank you for the opportunity to provide testimony on HB1339. My name is Pete Antonson. I was born and raised in Northwood, ND and have spent the last 60 years as a resident of Northwood.

My career began at NDHC in 1983 where I served as CFO until May 2000. At that time, I was hired as the CEO of NDHC and served a dual role as CEO/ CFO for the organization. As I got closer to the end of my career, I stepped down from the CEO role, but retained the role of CFO. With me today is Brock Sherva, current CEO of NDHC.

NDHC was founded in 1902. It is a 501-c-3 non profit organization, governed by a board of directors elected at its annual meeting. A majority of the board members must be members of the owner Lutheran churches. We have board members representing not only Northwood, but other area communities including Larimore, Niagara, and Sharon, ND. The annual meeting is held each March with delegates from the owner churches serving as voting members. The meeting is advertised and open to the public as well.

The bill I am testifying for is related to hospital owned ambulance services. Let me take a minute to talk about how the service is completely integrated part of the hospital operations. The hospital has owned and operated the ambulance as part of its facility going back to and maybe even prior to the 1970's.

The department is largely staffed by community volunteers that get paid for call, runs, and education. Due to difficulty in daytime staffing, a full time EMS manager was brought on board approximately 15 years ago to help stabilize daytime coverage.

In addition, staff throughout the facility have regularly been a part of the department. Here are just a few examples. Our clinic manager and ward clerk are on the EMS roster. As a matter of fact, our ward clerk has chosen to further her education and is set to take her examination to become a paramedic. We currently have no paramedics and hope she will remain on the squad once she is fully certified.

Members of our nursing staff have been involved as well. Some have actually joined the roster and participate fully in call rotations. Other nurses go on the ambulance when the medical nature of the transport requires an RN or paramedic.

Our facility provides the vehicles, equipment, and garage services for the rigs. Additionally, our staff do the billing for services provided. Our ambulance department participates in our safety department, does staff CPR training, and attends Medical Staff and other facility meetings. The department leads an annual community blood drive. The manager of EMS installs and maintains the emergency response units in family homes. You have likely seen the commercial, "I have fallen and I can't get up". It is those units. As you can see, the service is not just physically, but clinically integrated in our facility.

Grand Forks County is served by 3 services, 2 being hospital based. Altru of Grand Forks and Northwood are hospital based with Larimore being an independent service. The 3 services have worked together for decades for training, emergency drills, and joint purchases for mass casualty events.

We feel blessed that voters of the county not only passed a dedicated mill for emergency services once, but actually voted to increase it in the early 2000's. The combined advocacy efforts of Larimore, Northwood, and Altru Grand Forks helped this pass. The mills go into a fund, then are distributed based on townships served. We certainly benefit from the tax base of the city of Grand Forks being included in the overall fund. Though we don't have the means to calculate this, it seems highly likely that the mills levied in our service area district properties alone would be far less than our share of the entire county, then distributed back based on service area.

Additionally, NDHC has stretched itself to the west. A few years ago now, the Aneta Ambulance service was no longer able to sustain coverage and became a rescue squad only. Northwood picked some of their service territory as well as sitting in with the Aneta squad discussing options for their future. Just last week, the Nelson County service had both units out on calls, and Northwood had to pick up the slack when additional transportation was needed. Now that I have given some background, let me talk about the reasons we would like this bill to pass.

HB 1365 passed in 2023 was a much needed and important bill. In such a large state with relatively low population density, the need for EMS services goes across the state and not just in the populated areas. The bill provides a funding mechanism to support these services. The bill also provides an exemption for a number of different entities including hospitals based in communities over 6,500. Our request is to extend it to all hospital based services.

If required to abide, our service area would be required to form a taxing district with a unique set of board of directors. This board would receive the funding and contract with us to provide the services. Why is this problematic?

It creates another board of directors isolated from the facilities operations. Our current board of directors manages the entire facility. This creates a second entity that controls a significant and important source of funding.

Secondly, coming up with volunteer board members in small town is increasingly difficult. My church council recently reduced its size by 2 and still is unable to fill all its positions. The city

council has relied on appointments (coercion) when no one ran for open positions. Most elected positions run unopposed if there is anyone at all on the ballot.

There is some risk that the only ones to serve on this board may potentially not have the knowledge nor expertise, understand the clinical integration of the department within NDHC, or just plain have an axe to grind with the current CEO or hospital staff. None of these would be a benefit to our community, the taxpayers, or the health services provided.

There is nothing requiring the district to contract with the hospital, while the hospital assumes all the risk and expense of the operation. The elected governing board overseas all operations and to potentially pull a funding source or even the operation away from NDHC would be a detriment to healthcare in our community.

In conclusion, our opinion is that HB 1365 as passed in 2023 was really good bill that can be made even better by passing HB 1339. HB 1339 would mitigate the administrative and financial risk that we have identified. We respectfully ask a do pass on HB 1339.

I want to thank you for your time and service to the state of North Dakota. In my spare time, I have worked with Representative Beltz in District 20. Learning from him and others elected from our district, it has made me even more interested in the work that you do. Who knows, maybe I will try join you one day if I was fortunate enough to be elected.

I would be happy to answer any questions you may have. Brock Sherva, the current CEO of Northwood Deaconess Health Center is with me today as well and with your okay, I may deflect a question his way. Again thank you!



Pete Antonson, CFO

Northwood Deaconess Health Center

Pete.antonson@ndhc.net / 218-230-8471