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Committees:
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Testimony of Rep. Gretchen Dobervich, Bill Sponsor
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Good Morning Mr. Chairman and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich. I work for the people of District 11 in Fargo. I come before you today with a bill to exempt critical access hospitals which own and operate ambulance services from being mandated to form a rural ambulance service district, if they so choose, under NDCC 23-27-07. NDCC 23-27-07 currently exempts ambulance services owned by a county, a city, under joint ownership between a city and a county, a Tribal Nation, the Federal government, and for ambulance services in cities with a population of 6,500 or more citizens in the 2020 US Census from forming a rural ambulance service district. This includes Fargo, Bismarck, Grand Forks, Minot, West Fargo, Williston, Dickinson, Mandan, Jamestown, Wahpeton, Devils Lake, and Valley City. Currently 9 of the 36 critical access hospitals in North Dakota operate an ambulance service: Bowman, Carrington, Hettinger, Hillsboro, Langdon, Linton, Northwood, Rugby, and Wishek.

Under NDCC 23-27-04.7 taxing districts which levy Emergency Medical Services (EMS) or ambulance service mill levy must allocate all the levy revenue per township to the ambulance service with the largest service area. There are some counties which have a mechanism for allocating county tax revenue to more than one ambulance provider in addition to the specific ambulance tax district funds going to the service with the largest service area.

As the service areas of rural ambulances grow, the tax base for revenue to fund public ambulance service declines in rural areas, and the overall decline in volunteerism impacts the number of volunteer staffed ambulance services, the creation of ambulance service districts in taxing districts is a lifeline for rural

North Dakotans in towns and counties not currently under exemptions. However, if a critical access hospital provides ambulance service in the same county/counties as a non-exempted ambulance service in the same taxing district and ambulance service area, current law dictates the tax revenue goes to the ambulance provider with the largest service area. Therefore, there is no guarantee the funds will go to the non-hospital run ambulance service.

In addition to the winner/loser funding. both are required to be reviewed annually by their county's Board of County Commissioners and the Commission required to write and submit a report to the North Dakota Department of Health Human Services regarding the service over the past year. This is a duplication of oversight for critical access hospitals operating ambulance services who may or may not be receiving tax dollars for providing ambulance services in the ambulance service district they fall under. The critical access hospital may pull ambulance tax district funds from a volunteer operated rural ambulance with more limited funding than the critical access hospital's ambulance service has.

At least one of the ambulance services operated by a critical access hospital is the result of a community-based ambulance service closing related to funding and staffing struggles. To assure the community and surrounding areas have access to ambulance services they assumed the management and operation of ambulance service. I mention this as one of the push backs on an exemption for critical access hospital ambulance services is that the ones who would like the option for exemption do not want to do their part in assuring vital ambulance services are available everywhere in North Dakota.

Last week a critical access hospital managed and operated ambulance service assisted a volunteer rural ambulance service near them who had received more calls than they had vehicles and crews to respond to in the period of time the calls came in. This is not uncommon as success and survival in rural North

Dakota has always required partnerships and leveraging resources. Critical access hospitals who reached out to me regarding the issue of taxing district exemptions all expressed interest, willingness, and commitment to sign memorandums of agreement or other legally binding documents with non-exempt ambulance services to assure back up and support was always available for crews and emergency services were always a 911 call away for citizens.

Speakers after me will clarify in greater detail why this exemption should be granted, the dollars and cent impacts, and most importantly any impacts to ambulance service area coverage in rural North Dakota. A copy of my testimony and a map of the locations of the critical access hospitals has been uploaded in LAWS. Searches for publicly available maps of ambulance services was not found.

This concludes my testimony, and I stand for any questions. Thank you Chairman Ruby and members of the Committee.