

North Dakota House of Representatives
Human Service Committee
January 20, 2025

RE: Testimony in Support of HB 1339

Dear Chairman Ruby and members of the Human Services Committee,

My name is Jodi Hovdenes, and I am the CEO of CHI St. Alexius Health Carrington. I have had direct oversight of our ambulance service for over 10 years. We are a BLS licensed ambulance service with ALS capabilities.

I am testifying in support of HB 1339, which would exempt Critical Access Hospitals from having to be part of a rural ambulance service taxing district.

While HB 1365 aimed to provide funding for ambulance services, it inadvertently imposed unnecessary administrative burdens on hospital-owned services. HB 1365 creates significant duplication and inefficiencies for hospital-owned ambulance services like Carrington.

The development of an ambulance taxing district board creates unnecessary duplication in budgeting and oversight of the ambulance service. CHI St. Alexius Health Carrington's ambulance service is already governed by a board of directors. This board is responsible for the budget and oversight of the ambulance service. Additionally, monthly updates regarding the operational activities of the ambulance service are presented to the Mayor of Carrington, and a representative of the Foster County Commission.

Currently, Carrington Ambulance receives 7 mills for overall support of the Carrington Health Center Ambulance. In addition, we share another 3 mills with McHenry ambulance that are restricted for vehicle replacement. The current mills were voted on and approved by the taxpayers of Foster County. HB 1365 lacks clarity around whether or not these mill funds will remain in place, and poses a threat of possible cuts or changes to the current funding.

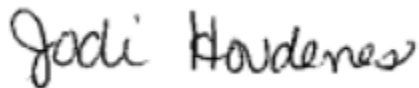
Carrington Ambulance Service was a county owned service when it was first formed. In the early 90's, the county approached the hospital, and asked that the hospital assume full responsibility for the ambulance service. The county did not feel they were equipped in a manner to be in charge of an ambulance service. Carrington Health Center agreed to take over ownership of the Carrington Ambulance service because it was the right thing to do for the communities and people we serve. According to HB 1365, Carrington Ambulance would be exempt from creating an ambulance district if we were county owned. Because Carrington Health Center did what was right for our taxpayers, it now feels like we are being penalized because we are hospital owned.

Carrington Ambulance takes pride in the care and services we are able to provide our communities and people. We like other Critical Access Hospital owned ambulance services consistently step up to provide additional coverage when needed. Creating an ambulance taxing district would not enhance the care or coverage our service provides.

I understand and appreciate the intent of HB 1365 to support emergency services in underserved areas. However, I believe that an exemption for Critical Access Hospital owned ambulance services provides a practical solution that respects the unique structure and oversight of hospital-owned ambulance services while allowing counties without current mill levies to create taxing districts if needed.

I want to thank you for your time and consideration in supporting HB 1339. If you have any questions, please feel free to contact me.

Respectfully submitted,



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