

Chairman Ruby and Members of the Committee,

Thank you for the opportunity to provide testimony in opposition to HB 1339. My name is Kristen Moos, and I am the manager of a rural ambulance service district, I write to express my strong concerns regarding this bill, which seeks to exclude hospital-owned ambulance services from the rural ambulance district mandate.

HB 1339, if enacted, will undermine the flexibility, transparency, and accountability that are essential to ensuring the continued provision of high-quality emergency medical services (EMS) across North Dakota. By including hospital-owned ambulance services within the rural ambulance district mandate, we can preserve and strengthen the foundation of EMS delivery in rural communities, both now and in the future.

One of the primary advantages of including hospital-owned ambulance services in the district mandate is the flexibility it offers. The EMS system is continuously evolving to meet the demands of changing demographics, economic pressures, and potential service closures. Hospital-owned ambulance services play a role within the larger EMS framework. Their inclusion in the district mandate ensures the greatest amount of adaptability to address current and future challenges and minimize potential service gaps in the future.

Additionally, incorporating hospital-owned ambulance services into the mandate enhances transparency and accountability. The mandate requires uniform standards and oversight with public funds, ensuring that all ambulance services—regardless of ownership—operate under the same expectations with the same amount of transparency. This level playing field fosters trust and confidence among residents, knowing that every ambulance service is held to the same high standard.

Furthermore, as we look to the future, the EMS landscape will likely continue to evolve due to advances in medical technology, changes in healthcare policy, and shifting population trends. By ensuring that hospital-owned ambulance services remain part of the district mandate, we establish a framework that is better equipped to adapt to these changes while maintaining equitable and effective care for all North Dakotans.

For these reasons, I respectfully urge the committee to oppose HB 1339 and preserve the inclusion of hospital-owned ambulance services within the rural ambulance district mandate. Doing so will ensure that our EMS system remains flexible, transparent, and accountable, while providing equitable access to lifesaving services for all residents of our state.

Thank you for your time and consideration. Please feel free to contact me should you have any questions I may answer.

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