

Testimony
House Bill No. 1394
House Human Services Committee
Representative Ruby, Chair
January 20, 2025

Chairman Ruby, and members of the House Human Services Committee, my name is Chris Price, and I serve as the Director of Emergency Medical Systems for the Department of Health and Human Services (Department). I am here today to express the Department's support for House Bill No. 1394, which introduces two important changes to existing EMS operations licensing provisions.

During the 2023 – 2025 legislative session, the legislature mandated that ambulance services, with limited exceptions, create rural ambulance service districts, a form of political subdivision like a fire district. This initiative was an effort to hedge against ambulance service closures, as no rural ambulance service districts have failed since the act permitting them was adopted in the 1970s. Because of the mandate, some non-profit

ambulance services have elected to wind down their organizations and transition to a district-operated model. Unfortunately, the inability to transfer the license from the non-profit organization to the rural ambulance service district has caused a delay in securing certain credentials from the federal government that allow reimbursement from federal healthcare programs for providing patient care. The ability to transfer an ambulance service license, with Department approval, remedies this situation.

Subsection 4 of Section 23-27-01 of the North Dakota Century Code permits ambulance services to operate substations. It appears this provision was a good intent effort by the legislature to reduce the burden on certain ambulance services by permitting them to align with another ambulance service that may have resources to provide support and oversight. Unfortunately, this resulted in substation ambulance services that were not always staffed, defaulting responses to the headquarter ambulance service and defeating the legislative intent to have reliable EMS

response. A sample of substation ambulance service responses from our data system indicate that they are responding less than fifty percent of the time that they are dispatched. Subdivision a of Subsection 4 of Section 23-27-01 addresses this by “grandfathering” existing substation ambulance services while prohibiting the establishment of new substation ambulance services that may compromise service delivery.

It is important to clarify that this change does not restrict licensed ambulance services from establishing additional stations within their service areas to address community needs. However, it does prevent failing ambulance services from transferring their operational responsibilities to neighboring services, which would increase service area demands and potentially lead to more failed responses.

In conclusion, House Bill No. 1394 strengthens the EMS system by ensuring operational continuity during transitions to district-based models and by addressing inefficiencies associated with substation ambulance services. These changes promote the

delivery of reliable and sustainable emergency medical services across North Dakota.

This concludes my testimony. I welcome any questions from the committee and am available to provide additional information as needed. Thank you.