

NORTH DAKOTA LEGISLATIVE COUNCIL

Minutes of the

EMERGENCY SERVICES COMMITTEE

Monday, July 28, 2003
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Todd Porter, Cochairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Todd Porter, William R. Devlin, James Kerzman, Joe Kroeber, Andrew Maragos, Bob Martinson, Clara Sue Price, Dale C. Severson, Gerald Uglen; Senators Robert S. Erbele, Tim Mathern

Members absent: Representatives Keith Kempenich, Janet Wentz; Senators Ralph L. Kilzer, Michael Polovitz

Others present: Dave Thompson, North Dakota Public Radio, Bismarck

Kelly Carlson, Arvy Smith, Tim Wiedrich, Tim Meyer; State Department of Health, Bismarck

Sister Margaret Rose Pfeifer, North Dakota Catholic Conference, Bismarck

JoAnne Uglen, Northwood

Lisa Clute, First District Health Unit, Minot

Chip Thomas, Karen Haskins; North Dakota Healthcare Association, Bismarck

David Peske, North Dakota Medical Association, Bismarck

Russ Lindblom, North Dakota Association of Counties, Bismarck

Doug Friez, Bill Sorenson; North Dakota Emergency Management, Bismarck

Larry M. Weber, North Dakota Emergency Health Services, Bismarck

Wade Williams, North Dakota Association of Counties, Jamestown

Wes Hendrickson, State Radio Communications, Bismarck

At the request of Cochairman Porter, Mr. John D. Olsrud, Director, Legislative Council, reviewed the *Supplementary Rules of Operation and Procedure of the North Dakota Legislative Council*.

Cochairman Porter said the studies assigned to this committee arose as a result of discussion of homeland security issues and ongoing threats such as bioterrorism. He said the federal Department of Homeland Security is providing grants to states and local governments for emergency management purposes for assisting in providing training for responding to threats. In addition, he said, the United States Department of Justice is providing grants, some of which are being used for purchasing personal protection equipment for bioterrorism and

weapons of mass destruction attacks. He said first responders, hospitals, and other emergency response entities must be prepared and equipped to address bioterrorism and other emergencies. He said taking a regional approach when preparing for emergency management allows for a coordinated response and reduces the need for stockpiling supplies in numerous locations. He said the state should facilitate coordination so that local entities are able to respond adequately and efficiently to emergencies.

Representative Price said there are questions regarding the extent of the powers of local health officers. In addition, she said, there are questions regarding the ability of local health units to respond to emergencies to the same degree throughout the state. She said she hopes the committee will discuss the core services provided by local health units and whether a certain amount of services should be required of each unit.

At the request of Cochairman Porter, committee counsel presented a background memorandum entitled *Emergency Management System and Public Health Infrastructure - Background Memorandum*.

PUBLIC HEALTH INFRASTRUCTURE

Cochairman Porter called on Ms. Kelly Carlson, State Department of Health, for comments regarding the state's public health unit infrastructure and the ability of local public health units to respond to public health issues. Ms. Carlson submitted written testimony, a copy of which is on file in the Legislative Council office. She said the 28 local public health units in the state are organized in a variety of manners, depending upon how the units are funded and the relationship of the units to the local government. She said seven local public health units are multicounty health districts, 10 are single-county health districts, seven are single-county health departments, three are city/county health departments, and one is a city/county health district. She said a public health department is an entity under the umbrella of a city or county government, a health district is a merger of counties or a city and county in which the entity functions independently of the local governments, and a city/county health department is established through contracts between the county and the city for the city to provide health services to residents of the county.

Ms. Carlson said local revenue sources are different for health departments and health districts. She said the major funding source for a health department is city or county general funds and the major funding for a health district is an authorized mill levy. She said additional funding sources are state aid, federal grants, private foundation funds, fees for services, donations, and third-party payer reimbursement. She said the Foster County Health Department does not seek or accept funding other than general funds and state aid. She said the budget for that department is approximately \$62,000, and that department serves approximately 3,600 individuals. In contrast, she said, Fargo Cass Public Health has a wide variety of funding sources and had an operating budget of nearly \$5 million in 2002. She said Fargo Cass Public Health serves a population of over 125,000.

Ms. Carlson said the 28 local public health units are independent from the state but work in partnership with the State Department of Health. She said under the decentralized approach, the public health units are required to meet state standards and follow state laws and regulations but are able to exercise the powers granted to the units and have administrative authority to make decisions to meet local needs. She said the American Public Health Association Committee on Administrative Practice has adopted core functions and essential services to guide public health decisionmaking and operations. She said the core functions are described as assessment, policy development, and assurance. In addition, she said, each of the core functions includes related practices or essential services to provide a framework for measuring and improving public health practice.

Ms. Carlson said the public health infrastructure determines the ability to carry out public health core functions. She said one component of the infrastructure is the size of the workforce and the number of disciplines within the workforce. She said many of the smaller health units have only one to three staff persons, including an administrator and a public health nurse. She said the larger units have between 30 and 108 staff members who fill multidisciplinary roles. She said the disciplines include administrators, public health nurses, nurse practitioners, environmental health practitioners, tobacco coordinators, and dietitians.

Ms. Carlson said a lead public health unit has been identified in each of the eight regions of the state for the purposes of emergency preparedness and response. She said each of those units employs a public health emergency response coordinator and a public information officer to provide services to the region. She said funding for those efforts is being provided through a federal bioterrorism grant. In addition, she said, the 2004 bioterrorism grant proposal includes a request to fund eight regional environmental health practitioners. She said the State Department of Health also remotely staffs

eight epidemiologists to provide services to the regions regarding disease-related issues.

Ms. Carlson said the United States Centers for Disease Control and Prevention, in collaboration with other partners, has developed national public health performance standards and an assessment tool to measure a local public health unit's performance against those standards. She said the State Department of Health is coordinating the completion of the assessment tool.

In response to a question from Representative Kerzman, Ms. Carlson said the maximum number of mills levied for a public health unit is five mills.

In response to a question from Senator Mathern, Ms. Carlson said the larger public health units are meeting the core services, while many of the smaller units are focusing on nursing services.

In response to a question from Representative Price, Ms. Carlson said the small public health units may need to contract for services or try to get services from the state with respect to environmental health issues. She said some larger public health units are providing services for smaller units and are not being reimbursed for those services in some cases.

In response to a question from Representative Porter, Ms. Carlson said there are no specific statutory requirements with respect to the services that must be available through public health units.

In response to a question from Representative Devlin, Ms. Carlson said the State Department of Health will provide expert staff to local public health units to facilitate the local assessments. She said the local assessment process will likely begin next January and the state assessment should be completed by October.

In response to a question from Representative Porter, Ms. Carlson said the state assessment will help the State Department of Health meet the core functions. She said there are no federal mandates other than grant guidelines that must be followed.

Representative Price requested Ms. Carlson to provide the committee further updates regarding the assessments and requested that local public health units report to the committee on the services provided by those units.

EMERGENCY MANAGEMENT

Cochairman Porter called on Mr. Doug Friez, Director, North Dakota Emergency Management, for comments regarding the emergency management structure and preparedness of the state. Mr. Friez submitted written testimony, a copy of which is on file in the Legislative Council office. He said since the terrorist attacks of September 11, 2001, the state has adapted the emergency management infrastructure to enhance homeland security through awareness and coordinated preparedness, prevention, and response. He said the Division of Emergency Management has

led efforts to provide homeland security guidance to North Dakotans as a private, public, and individual partnership emphasizing the necessity to "lock the doors" and report suspicious activities. He said the state and local governments have evaluated and adjusted training and operational initiatives; incorporated aviation and border security measures; heightened security of key facilities; increased intelligence gathering and sharing among law enforcement, military, and public agencies; enhanced direct communications with federal counterparts; and launched public information campaigns designed to empower individuals and organizations at the local level.

Mr. Friez said incidents such as the railroad derailment that caused the release of anhydrous ammonia in Minot, as well as storm damage throughout the state, have led to continuing efforts to mitigate, prepare, respond, and recover from a variety of potential emergencies and disasters. He said a number of other state agencies provide support in this effort, including the Governor's office, State Radio Communications, the State Department of Health, the State Fire Marshal's office, the State Highway Patrol, the Department of Human Services, the Department of Transportation, the State Veterinarian, and the University System.

Mr. Friez said Division of Emergency Management staff have supported county and city governments in the first major revision of local emergency operations plans in 15 years. In addition, he said, the staff has worked closely with local governments to complete multihazard mitigation plans. He said the division is managing statewide continuum of government and continuity of operations plan efforts to assist in the development of an integrated, comprehensive, and secure system to ensure that critical governmental services continue under all conditions and circumstances. He said the division has implemented the North Dakota Information Technology Department domain to help ensure connectivity with other state agencies during an emergency or disaster, and videostreaming and information display systems within the state Emergency Operations Center have been added and enhanced.

Mr. Friez said the division's multifaceted and multi-hazard training program is available to state, tribal, and local government representatives. He said the programs include centralized training, customized training, professional skills training, independent study, the national Emergency Management Institute, one-on-one training, national and regional training, United States Department of Justice training, and other hazard awareness training. In the last biennium, he said, the division conducted or facilitated 33 centralized courses, 36 customized courses, 33 professional skills courses, 153 independent course completions, 972 one-on-one training sessions, and 36 national and regional training events. He said the division also facilitated the

participation of 12 individuals in Emergency Management Institute courses and 185 participants in resident and nonresident Department of Justice homeland security training courses. He said the division also facilitates a complex statewide emergency management exercise program that provides support to county and tribal governments.

Mr. Friez said the division formulated the North Dakota domestic preparedness strategy for the state which is designed to provide citizens with strategically placed resources capable of responding to an act of terrorism or weapons of mass destruction event. He said the strategy is based on a statewide risk-assessment design to identify capabilities and needs of each local jurisdiction's ability to respond effectively and safely to an incident. He said the assessments identified vulnerabilities and resource shortfalls for the emergency responder disciplines as well as areas in which capabilities could be enhanced.

Mr. Friez said since 2000 the division has awarded over \$7 million in equipment, training, exercise, and planning funds to state and local responders, 80 percent of which has been distributed to local jurisdictions. He said a major portion of those funds has provided personal protection, detection, decontamination, communication, and surveillance equipment to community first responders. He said in fiscal year 2003 the division will receive over \$18 million in federal funds for additional homeland security efforts in this state. He said the funding package includes over \$13 million in supplemental funding for first responder preparedness and mitigation. With that funding, he said, every county in the state will receive planning and equipment funds. He said almost \$8 million will be obligated for personal protection, decontamination, communications, detection, and surveillance equipment. He said State Radio Communications will receive over \$1 million to begin the migration from analog to digital communications.

In response to a question from Representative Kerzman, Mr. Friez said many of the weather warning sirens in the state are from the 1960s and 1970s. He said the best way to receive timely weather information is through the weather radio system. He said it would be possible to look at a more coordinated statewide effort on weather warning systems, but the cost and the priority of that may need to be evaluated. He said because of the large dependence upon federal funding, the division does not have the flexibility that may be necessary to address weather warning issues. He said federal funding may be available to enhance interoperable communications.

In response to a question from Representative Price, Mr. Friez said the Division of Emergency Management has worked with tribal leaders and is willing to partner with the tribes with respect to emergency issues. He said he has tried to work with the tribes to bridge gaps.

Representative Price said there may need to be more understanding with tribes to address public health emergencies because it appears the state does not have any authority to quarantine persons on the Indian reservations in the case of a public health emergency.

In response to a question from Representative Porter, Mr. Friez said the Division of Emergency Management faces staffing issues and will likely be requesting additional positions.

In response to a question from Representative Kerzman, Mr. Friez said the state emergency management system is capable of quick response similar to the federal system. However, he said, the state response is really a local response in the community where an event occurs.

In response to a question from Representative Porter, Mr. Friez said the Division of Emergency Management provides guidance to local emergency managers. He said the state needs to work better to serve the local governments because the expanded mission of the division may have detracted from helping local officials.

Cochairman Porter called on Mr. Rick Hessinger, State Radio Communications, for comments regarding the State Radio system. Mr. Hessinger submitted a status report of the emergency services communication in North Dakota, a copy of which is on file in the Legislative Council office. He said emergency services communication connects citizens of the state to law enforcement, fire departments, and emergency medical responders through 23 public safety answering points in the state and one public safety answering point located in Mobridge, South Dakota. He said only Rolette County has not deployed an emergency 911 system. He said State Radio has equipment that enables it to receive a call and transfer the call to a county. Therefore, he said, with an investment of approximately \$20,000 for a remote station, Rolette County could receive the calls from State Radio.

In response to a question from Representative Porter, Mr. Hessinger said a 911 call from a landline telephone in Rolette County is routed to the Rolette County sheriff's office. He said a cellular 911 call from Rolette County defaults to State Radio.

Mr. Hessinger said the number of public service answering points in North Dakota is substantially lower than in neighboring states. He said the average number of persons served per public service answering point in North Dakota is almost 28,000.

Mr. Hessinger said wireless 911 calls are routed to public service answering points but lack much of the critical information that a landline call contains. He said Phase 1 of an upgrade project will provide some of that critical information such as a callback number and the tower site from which the call originated. He said Phase 1 should be complete by the end of 2003. He said Phase 2 will provide the location of the

cellular caller in latitude and longitude. He said that phase should be complete by 2005.

Mr. Hessinger said North Dakota Century Code Section 57-40.6-10 establishes standards and guidelines that the governing body of a local governmental unit with jurisdiction over an emergency 911 telephone system must comply. He said he will report to this committee at a later date regarding any recommended changes in the standards and guidelines.

Mr. Hessinger said the terrorist attacks in September 2001 have not created much additional workload for State Radio. He said State Radio continues to undergo a planning process in which cost-effectiveness is a significant goal because of limited funding. He said the thought process has changed in that it is necessary to plan for a crisis of epic proportion. He said the communications system in this state is designed so that if a public service answering point goes down, there is a backup public service answering point to answer the calls. He said if the second public service answering point also goes down, the calls will be defaulted to State Radio.

Mr. Hessinger said it is possible that State Radio Communications may receive some funding from the Department of Homeland Security for communications upgrades. He said the analog system in place is 30 years old and must be upgraded to a digital system. He said interoperability is an issue in limited circumstances because Dickinson, Fargo, and Grand Forks built separate infrastructures. He said State Radio is looking to upgrade the communications system in three phases. He said Phase 1 would end in 2005 if funding is available. In that phase, he said, 39 sites would be upgraded at a cost of approximately \$5 million. He said Phase 2 would last from 2005 to 2007 and would upgrade the system to dual mode P-25 digital and analog. He said the Phase 2 improvements would allow for a smoother move to a digital system. He said the third phase would last from 2007 to 2009. He said two digital stations would be added at each site and the entire phase would likely cost in the area of \$30 million. He said a nonphased approach would provide for four channels at 49 sites and would require the purchase of over 10,000 mobile radios and 400 control stations. He said the nonphased approach could cost almost \$60 million.

Mr. Hessinger said the state of Montana is in the planning process and will likely stay in the VHF mode. He said South Dakota's VHF digital trunk system will be fully implemented this year. He said the biggest challenges to upgrading the State Radio system are funding, obtaining sufficient VHF spectrum, working with all entities for a smooth migration, and licensing of the statewide system.

In response to a question from Senator Mathern, Mr. Hessinger said South Dakota invested over \$40 million in its upgraded system. He said the state received some federal money and the South Dakota

Governor made upgrading the radio system a priority issue.

In response to a question from Representative Porter, Mr. Hessinger said the three-phased digital plan has been presented to the interim Information Technology Committee. He said the Legislative Assembly has done nothing to formally adopt the plan. He said the plan was developed as a result of an engineering study that was directed by the Legislative Assembly. He said although it is difficult to mandate a governmental entity to participate in the plan to upgrade the system, most local entities will likely want systems that are compatible. He said State Radio has been working with the stakeholders to keep everyone informed of the proposed plan.

PUBLIC HEALTH INFRASTRUCTURE

Cochairman Porter called on Mr. Tim Wiedrich, State Department of Health, for comments regarding emergency preparedness and response. Mr. Wiedrich submitted written testimony, a copy of which is on file in the Legislative Council office. He said the Emergency Preparedness and Response Section of the State Department of Health is responsible for improving and maintaining public health and medical response to disasters and large scale emergencies. He said the section is concentrating on the development of infrastructure to detect and respond to acts of biological and chemical terrorism. In addition, he said, the section will be working to improve public health infrastructure for response to naturally occurring phenomena such as tornadoes and floods and radiological emergencies and other disasters. He said the section is funded through grants from the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

Mr. Wiedrich said the section and local public health units have established eight emergency preparedness and response regions in the state. He said each of the regions has a lead local public health unit, an emergency response coordinator, a public information officer, and other resources for the development of local and regional emergency response plans. He said the regional public health coordination functions involve developing infrastructure to accomplish coordination through maintenance of a regional emergency preparedness advisory committee; completing an integrated assessment of local public health capacity for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies; participating in tabletop and real-time exercises and developing public emergency preparedness plans; developing local and regional risk communications plans consistent with the state's protocol, designating emergency spokespersons, and developing community-specific risk messages; and developing regional training plans and ensuring a basic level of knowledge and key staff.

Mr. Wiedrich said the next cycle of federal grant funding will likely provide for the addition of an environmental health practitioner for each of the eight regions of the state. He said the environmental health practitioners will be responsible for improving infrastructure regarding food and water safety, vector control, and environmental impact pertaining to radiological, chemical, and biological threats. He said the Emergency Preparedness and Response Section is continuing to work closely with the eight regions, the private medical sector, the North Dakota Healthcare Association, and public safety and emergency management officials to develop integrated coordinated public health and emergency response systems.

In response to a question from Representative Price, Mr. Wiedrich said the environmental health practitioner positions are 100 percent federally funded. He said the environmental health practitioners will be hired by the local health units using the grant money. He said the practitioners will not be state employees. Because federal officials have indicated there will be no end date to the grant program, he said, there is no plan in place to address maintenance of the positions if federal funding is dropped.

In response to a question from Representative Kroeber, Mr. Wiedrich said the environmental health practitioners will be trained in public health concepts on agents that may affect the environment. He said he is unsure if there are environmental health practitioner degrees available within the University System.

In response to a question from Senator Mathern, Mr. Wiedrich said the eight regions are geographically based and essentially follow the planning regions that have been established by executive order of the Governor. However, he said, there are some variances between the regions in which agreements between counties were already in place. He said the regions with larger populations generally have more employees and offer more services.

Cochairman Porter called on Mr. Larry M. Weber, Emergency Health Services, State Department of Health, for comments regarding the emergency medical services system in the state. Mr. Weber submitted written testimony, a copy of which is on file in the Legislative Council office. He said the emergency medical services system in the state is comprised of 141 licensed ambulance services that treat and transport ill or injured patients, 48 voluntarily certified quick-response units that provide care to ill or injured patients until an ambulance arrives, and 55 voluntarily certified rescue squads that are primarily used to extricate patients from entrapment of various kinds. He said the role of the State Department of Health in the emergency medical services system is to establish standards and provide training to emergency medical services providers. In addition, he said, the Division of Emergency Health Services is responsible for planning and preparing for mass

casualty situations by evaluating and enhancing training for emergency medical services providers, developing a plan for dispatching a specific number of ambulance vehicles to a given situation, sending staff to the scene of a large scale event to assist in the management of the movement of patients, and providing technical assistance to emergency medical services entities that are developing plans for response to managed casualty events.

Mr. Weber said the emergency medical services system in the state faces many challenges. Because rural areas of the state are losing population, he said, state residents are faced with the possibility of fewer ambulance services. In addition, he said, fewer people are willing or able to volunteer for emergency medical services. He said during a mass casualty situation, ambulance services will need to be accessed quickly and efficiently and the number of vehicles and personnel sent to an event must be managed. He said the department is exploring a system that will address those needs. He said the current ambulance run reporting system should be updated and enhanced and the State Department of Health is exploring the feasibility of an Internet-based system that would allow real-time reporting. He said the ability to track trends and notice an unusual number of patients with similar symptoms would allow the department to react quickly to a potential biohazard, bioterrorism, or pandemic event.

Mr. Tim Meyer, State Department of Health, said the Web-based reporting system will be able to monitor emergency room admissions, clinic records, and over-the-counter medicine purchases as well as being tied together with ambulance runs. He said the system will not be deployable until next year and is dependent upon federal grant funds. He said the Emergency Medical Services Association is making computers available for ambulance services.

Cochairman Porter said the committee will likely hold its next meeting in Minot in September or October. He said the anhydrous ammonia release in Minot is an event that could happen anywhere in the state and a hazardous material release event is probably the most likely event to occur again.

Representative Kroeber said cities and counties should be involved in both of the committee's studies.

Cochairman Porter said today's meeting focused largely on the state level perspective with respect to emergency services. He said the committee will focus more on local perspectives at future meetings and will look at local coordination in providing services.

Senator Mathern requested that the committee get further updates regarding the assessments being done with respect to the core services provided by public health units.

Representative Price requested that the committee receive an overview of 2003 House Bill No. 1414, which relates to the powers of local health officers. She said the meeting in Minot can provide additional information on what worked and what did not work when the anhydrous ammonia release occurred.

There being no further business, Cochairman Porter adjourned the meeting at 3:00 p.m.

John Bjornson
Counsel

John D. Olsrud
Director