

**1999 HOUSE HUMAN SERVICES**

**HB 1039**

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1039

House Human Services Committee

Conference Committee

Hearing Date 01-11-98

Tape Number	Side A	Side B	Meter #
2	x		6.9
Committee Clerk Signature <i>Armen G. Klein</i>			

Minutes:

Chairwoman Price opened the hearing on HB 1039

Jennifer Clark, Legislative Council explained the bill. Public Employees are not covered by this bill. This bill is not intended to change services of drivers coming to a house. It provides reimbursement after the fact.

Mark Haugen, past president of ND EMS Association, is in favor of the bill.

(see attached written testimony)

Ms. Senator Karen Krebsbach, Is in favor of the bill. If no need for ambulance to bring patient to hospital, claim is denied. Prudent language would remedy this problem.

Ms. Senator Judy DeMers, is in favor of the bill. Allows the ambulance services to help themselves. Services providers have service get payments no matter what.

Senator Jerry Kline, is in favor of this bill.

Dale Severson, is in favor of this bill.

Howard Snortland, Association of Retired Persons, is in favor of the bill. Their policy is to ask for extra funding and this bill is for that.

Mr. Chris Edison, General Council, ND Insurance Dept. is favor of the bill. This is a strong first step for protecting prudent lay people. People requiring services needs someone looking out for them.

Ron Honeyman, ND EMS Association, is in favor of the bill. They get no money from the city of Fargo or the townships. They operate on numbers. The association needs to keep costs down as much as possible.

Representative Todd Porter, He represents paramedics from Mandan, and supports this bill. The bill leaves out Human Services. Some claims are denied because insurance companies or human services.

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House Human Services Committee

Bill/Resolution Number Hb 1039

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Representative David Drovdal, District 39, supports the bill,

(see attached written testimony)

Chairwomen Price closed the hearing on HB 1039 at 12:15.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1038 & 1039

House Human Services Subcommittee

Conference Committee

Hearing Date January 19, 1999

Tape Number	Side A	Side B	Meter #
1	X	X	0.0 - End
2	X		0.0 - 7.0
Committee Clerk Signature <i>Susann Lindsteigen</i>			

Minutes:

Subcommittee on HB 1038 and 1039 was called to order by Vice-Chairman Robin Weisz.

Present were Rep. ROBIN WEISZ, Rep. RALPH METCALF, and Rep. BLAIR THORESON.

Rep. ROBIN WEISZ stated the funding and the definition for prudent lay person is in the HB 1038 amendment. We combined this amendment with HB 1039 amendment 90179.0201 proposed by Rep. Porter. Sections 2 and 3 of this amendment were made a part of the HB 1038 amendment.

Rep. BLAIR THORESON moved to ADOPT AMENDMENT 90179.0202 to HB 1039

Rep. RALPH METCALF second the motion

VOICE VOTE: 3 yeas, 0 nays.

Motion carried.

Page 2  
House Human Services Subcommittee  
Bill/Resolution Number HB 1038 & 1039  
Hearing Date January 19, 1999

In Section 2, the medical reimbursement of 75% was changed to 100%. This amendment would provide \$500,000. It is more than the Governor's Budget.

Rep. BLAIR THORESON stated this would have to be re-referred to Appropriations.

Rep. ROBIN WEISZ stated we want this to come back from Appropriations the same way we send it.

Rep. ROBIN WEISZ asked should the language on *service* be changed to *volunteer* to prevent turf war because they hire telephone operators, bookkeepers? Or should we leave it up to the Health Department? Rep. RALPH METCALF said to leave it as is to keep the intent. Rep. BLAIR THORESON agreed.

Further committee discussion.

Rep. ROBIN WEISZ stated the HB 1038 amendment added prudent lay person again. Rep. BLAIR THORESON said to leave it in. Rep. ROBIN WEISZ said that way Chapter 26 and Chapter 50 of the ND Century Code would both have this reference.

Rep. RALPH METCALF said it's a good amendment as it is; except costs need to be defined.

Rep. BLAIR THORESON asked about the intent of the money. Rep. ROBIN WEISZ said the intent is so that the \$30,000 can't come out of the \$940,000. Rep. RALPH METCALF said the first 50% is in the Human Service Budget.

Rep. RALPH METCALF moved to ADOPT AMENDMENT No. 90180.0102 to HB 1038.

Rep. BLAIR THORESON second the motion

VOICE VOTE: 3 yeas, 0 nays

Motion Carried.

Subcommittee Adjourned.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1039

House Human Services Committee

Conference Committee

Hearing Date January 26, 1999

Tape Number	Side A	Side B	Meter #
2		X	47.5 - End
3	X		0.0 - 0.3
Committee Clerk Signature <i>Susann Lindsteigen</i>			

Minutes:

Committee Discussion

Rep. RALPH METCALF moved to ADOPT AMENDMENTS.

Rep. TODD PORTER second the motion.

ROLL CALL VOICE VOTE: 14 yeas, 0 nays, 1 absent

Further Committee Discussion.

Rep. CHET POLLERT moved DO PASS AS AMENDED.

Rep. BLAIR THORESON second the motion.

ROLL CALL VOTE #4: 14 yeas, 0 nays, 1 absent

CARRIER: Rep. RALPH METCALF

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1039

Page 1, line 9, remove "1." and replace the colon with ",emergency"

Page 1, remove line 10

Page 1, line 11, remove "b. "Emergency" and remove the second quotation mark

Page 1, line 17, remove "2."

Renumber accordingly



PROPOSED AMENDMENTS TO HOUSE BILL NO. 1039

Page 1, line 1, after "26.1-36" insert ", a new section to chapter 50-24.1, and a new section to chapter 54-52.1"

Page 1, line 2, after "to" insert "medical assistance and"

Page 1, line 9, remove "1." and replace the colon with ", emergency"

Page 1, remove line 10

Page 1, line 11, remove "b. "Emergency" and remove the second quotation mark

Page 1, line 17, remove "2."

Page 2, after line 6, insert:

**SECTION 2.** A new section to chapter 50-24.1 of the North Dakota Century Code is created and enacted as follows:

**Medical assistance - Prehospital emergency medical services.** Medical assistance coverage provided by the department of human services must include coverage for prehospital emergency medical services. This coverage must include provider reimbursement for any prehospital emergency medical services assessment at a rate commensurate with the level of training of the individual performing the assessment, and this coverage must include prehospital emergency medical services benefits in the case of an emergency medical condition as defined in section 1 of this Act.

**SECTION 3.** A new section to chapter 54-52.1 of the North Dakota Century Code is created and enacted as follows:

**Insurance to cover prehospital emergency medical services.** The board shall provide medical benefits coverage under a contract for insurance pursuant to section 54-52.1-04 or under a self-insurance plan pursuant to section 54-52.1-04.2 for prehospital emergency medical services in the same manner as provided for under section 1 of this Act."

Re-number accordingly

VR  
1/27/99

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1039

Page 1, line 9, replace the colon with ", "emergency"

Page 1, remove line 10

Page 1, line 11, remove "b. "Emergency"

Page 1, line 17, remove "2."

Page 2, line 1, replace "3" with "2"

Page 2, line 3, replace "4" with "3"

Renumber accordingly

Date: 1-26-99  
 Roll Call Vote #: 4

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
 BILL/RESOLUTION NO. 1039

House Human Services Committee

Subcommittee on \_\_\_\_\_  
 or  
 Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass As Amended

Motion Made By Chet Pollert Seconded By Blair Thoreson

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre	X	
Robin Weisz - Vice Chairwoman	X		Ralph Metcalf	X	
William R. Devlin	X		Carol A. Niemeier	X	
Pat Galvin	X		Wanda Rose	X	
Dale L. Henegar	X		Sally M. Sandvig	X	
Roxanne Jensen					
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total (Yes) 14 No 0

Absent 1

Floor Assignment Metcalf

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1039: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1039 was placed on the Sixth order on the calendar.

Page 1, line 9, replace the colon with ", "emergency"

Page 1, remove line 10

Page 1, line 11, remove "b. "Emergency"

Page 1, line 17, remove "2."

Page 2, line 1, replace "3" with "2"

Page 2, line 3, replace "4" with "3"

Renumber accordingly

**1999 SENATE HUMAN SERVICES**

**HB 1039**

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1039

Senate Human Services Committee

Conference Committee

Hearing Date FEBRUARY 24, 1999

Tape Number	Side A	Side B	Meter #
2	X		72
3/10/99 1		X	3,577
3/17/99 2	X		2,172
Committee Clerk Signature <i>Baral Kholodyschuk</i>			

Minutes:

The hearing was opened on HB1039.

JENNIFER CLARK, Legislative Council, explained the bill. The changes made in the engrossed version are essentially housekeeping so basically it is the same bill. The bill creates a new section that deals with accidents and health insurance. On page 1 line 1-15 determine emergency medical conditions, and defines symptoms and provides emergency policies. If an insurance company provides pre hospital benefits, that insurance policy must provide pre hospital emergency services for emergency medical conditions. Section 2 provides some basic limitations; this new law is not intended to affect policy aggregate limits or change deductibles under a policy or change co insurance or cost sharing under a policy.

REPRESENTATIVE TODD PORTER, supports bill. Federal legislation was introduced and the EMS portion of it was left off so right now all insurance's are required to provide the prudent

lay persons standard of reimbursement in the emergency room but not at ambulance service.

The review process sometimes said that we don't think this was an emergency. This bill is to make the insurance companies look at the prudent lay person to determine whether the ambulance should be paid. The insurance company must also look at the window of the ambulance trip not the patient's hospitalization or emergency room course, because a lot of things change at the emergency room level. Written testimony provided on a ambulance patient.

SENATOR LEE: Who reimburses for Medicare patients and ambulance call reimbursements that are not life threatening. REP PORTER: Medicare does not pay for these trips. They have their own set definitions; they do not use prudent lay persons definition for ambulance. There is plenty of abuse with care providers; it is easy to call 911 and there is no mechanism for you to refuse so you find out later that you will not be reimbursed. Medicare does not reimburse only on a physician's order; Medicare only reimburses on medical necessity and need.

DEREK HANSON, ND EMS Assoc., supports bill.

CHRIS EDISON, ND Insurance Department, supports bill, but there are some concerns. 1.

Definition of emergency medical condition which contains the prudent lay persons standard. Pre hospital medical services not clear. The need for guidance how to approve or reject. 2. Internal limits of companies for reimbursement. What about the internal limits? Can a company limit still impose some type of internal limitation on reimbursement for emergency medical services.

SENATOR DEMERS: Are you suggesting adding internal policy limits on line 22-23? MR.

EDISON: Yes, something along that line; we need to know what the intent of the bill is. It

should be spelled out. SENATOR DEMERS: Our intent was not to change the policy but to put

this standard of prudent lay person in place and so we didn't have any intent of wiping out internal policies.

MIKE HALL, Ambulance Services, supports bill. We need to deal with anything we can do to get patient to hospitals and not discourage them from calling the ambulance.

ROD LARSON, BC/BS, are not opposed to the bill. We need to clearly define terms. Denial of ambulance is not an issue. Medicare is different. They have a very strict definition. This bill will not impact that issue. SENATOR LEE: Is there any difference in a person who is living alone or those who have family or be in a care givers care. MR. LARSON: Medicare will only pay for an ambulance call if they're in life jeopardy. Medicare has very strict guidelines.

The hearing was closed on HB1039.

Discussion was resumed on 3/10/99.

SENATOR DEMERS moved a DO PASS on HB1039. SENATOR FISCHER seconded it.

Discussion on amendments. The motion was withdrawn awaiting amendments.

Discussion resumed on 3/17/99. Amendments were presented by Dept of Human Services and Insurance Dept and Dept of Health. SENATOR DEMERS moved the amendments. SENATOR LEE seconded it. Roll call vote carried 6-0-0. SENATOR DEMERS moved DO PASS AS AMENDED. SENATOR FISCHER seconded it. SENATOR FISCHER will carry the bill.



**PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1039**

Page 1, line 9, replace the second comma with a colon

Page 1, line 10, replace "emergency" with "a. Emergency"

Page 1, line 15, after the period, insert:

“b. “Prehospital emergency medical services” means a service and its personnel either licensed under chapter 23-27 or certified by the state health department.

2.”

Page 1, line 22, replace “2.” with “3.”

Page 1, line 23, after “limits” and before the period insert “or internal policy limits dealing specifically with prehospital emergency medical services”

Page 2, line 1, replace “3.” with “4.”

Renumber accordingly

**PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1039**

Page 1, line 9, replacement the second comma with a colon

Page 1, line 10, replace "emergency" with "a. Emergency"

Page 1, line 15, after the period, insert:

"b. "Prehospital emergency medical services" means quick response unit services that provide emergency medical care to a patient while an ambulance is en route, rescue services that extricate patients from situations of entrapment, air ambulance services, and surface ambulance services that use publically or privately owned vehicles or aircraft for medical treatment or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless by any person who either holds that person out to the public for the service or who regularly provides the service.

2."

Page 1, line 22, replace "2." with "3."

Page 1, line 23, after "limits" and before the period insert "or internal policy limits dealing specifically with prehospital emergency medical services"

Page 2, line 1, replace "3." with "4."

Renumber accordingly

**PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1039**

Page 1, line 9, replace the second comma with a colon

Page 1, line 10, replace "emergency" with "a. Emergency"

Page 1, line 15, after the period, insert:

    "b. "Prehospital emergency medical services" means a service or its personnel either licensed under chapter 23-27 or certified by the state health department.

2."

Page 1, line 22, replace "2." with "3."

Page 1, line 23, after "limits" and before the period insert "or internal policy limits dealing specifically with prehospital emergency medical services"

Page 2, line 1, replace "3." with "4."

Renumber accordingly

Date: 3/17/99  
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1039

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on \_\_\_\_\_  
or  
 Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Amendment

Motion Made By Sen DeMers Seconded By Sen Lee

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Prepared by Ins. Dept in conjunction with  
Dept of Hum. Serv. & Dept of Health.*

Date: 3/17/99  
Roll Call Vote #: 2

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1039

Senate HUMAN SERVICES COMMITTEE Committee

- Subcommittee on \_\_\_\_\_  
or  
 Conference Committee

Legislative Council Amendment Number Amended

Action Taken Do pass as amended

Motion Made By Sen DeMers Seconded By Sen Fischer

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen Fischer

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

HC 1039, as engrossed: Human Services Committee (Sen. Thane, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HC 1039 was placed on the Sixth order on the calendar.

Page 1, line 9, replace the second comma with a colon

Page 1, line 10, replace ""emergency" with:

"a. "Emergency"

Page 1, line 15, after the period insert:

"b. "Prehospital emergency medical services" means a service or its personnel either licensed under chapter 23-27 or certified by the state health department.

2."

Page 1, line 22, replace "2" with "3"

Page 1, line 23, after "limits" insert "or internal policy limits dealing specifically with prehospital emergency medical services"

Page 2, line 1, replace "3" with "4"

Renumber accordingly

**1999 TESTIMONY**

**HB 1039**

Chairman Price and members of the Insurance and Health Committee:

For the record, my name is Representative David Drovdal, from District 39. I am here today to speak in favor of HB 1039. This bill comes out of the Insurance and Health Care interim committee, on which I served this past summer.

During testimony, we heard many stories of ambulances going out on a call and finding a person unconscious or with chest pain. They took that person to the hospital and then, after the fact, they were told by someone sitting in an office that the call was not an emergency; therefore, the insurance wouldn't cover the cost. This has been happening in a very high percentage of the claims submitted. If you or I, as a business person or employee, had as many of our bills rejected or our hours not paid for, we would be bankrupt. We require very high standards for our volunteers (110 hours of training for EMT, plus many hours per year to keep it). The taxpayers donate to the volunteer department the latest in equipment and then they, the volunteers, have to do cookie sales to keep the service in operation so they can serve the public. Many of their calls may not even be from local citizens.

This bill requires insurance companies to provide coverage so that if a prudent lay person (prudent meaning by the dictionary, "capable of directing or conducting oneself wisely and judiciously, cautious, circumspect, or discreet, as in conduct, choice of ends, or business management; not rash or ill-advised; highly sensible") then they must pay for the service. It could be argued that the insurance companies would just pass the cost on to the premium payer, and that's probably true, but there is cost when an ambulance goes out. If the end user doesn't pay, then someone else has to. My point is: why should we expect the volunteers to not only donate their time, meet our requirement for training, but also pay the cost when an insurance company doesn't? There are about 140 ambulance services across North Dakota that need your assistance and if this isn't your answer then, hopefully, you will consider HB 1038 which allocates 3.8 million dollars to help them.

This policy does not except insurance companies from having different levels of coverage and in that case, policy holders must be aware that they will be required to cover cost if they choose to have policies with deductibles.

Thank you for your time. I would like to ask for a favorable recommendation on this bill. I would be happy to answer any questions.



**TESTIMONY IN SUPPORT OF HB 1039**

**Rep. Clara Sue Price-Chair  
Human Service Committee  
Ft. Union Room  
Monday, January 11, 1999**

Presented By

Mark K. Haugen  
Past President  
NDEMS Association

Ambulance services in North Dakota respond to medical and traumatic emergencies regardless of race, color, creed, or whether or not their insurance company will pay the bill. We do not have the luxury or time to call and check to see if the insurance company will cover the ambulance services charges.

I think we can all agree that we are entering an increased managed care environment. In order to keep medical cost down for the patient, insurance companies have to ensure that the medical care provided is necessary. However, most EMTs do not have the training to diagnose a specific medical condition and cannot determine whether or not the ambulance transport is medically necessary. Transporting the patient becomes the only alternative in these situations.

User fees make up the largest portion of an ambulance services income. When user fee income does not meet expenses, the ambulance service must look towards other income sources. Much of the other sources of income must come from donations or mill levies. This bill is pro-active in the sense that it will provide protection to insure that the insurance company will underwrite the cost of providing medical care and transport for the patient.

Currently, we have a federal prudent lay person law that was passed by Congress in this last session. However, this law only addresses emergency room visits and does not cover ambulance service calls. An attempt was tried to add EMS to this legislation, but it failed when HMOs refused to support the move.

Once again, we feel this legislation is a good proactive approach to addressing some of our fiscal problems in EMS. It will also give the prudent lay person the peace of mind that their insurance company will stand with them and underwrite the cost of providing the emergency care.

Thank you for your time!

ANCE SERVICE, INC.

Police

Hospital Choice: Patient, Other, Rotation. I have read the back refusal portion of this form. X

Technician Signature: John Hueston. Training Level: Y

AGE: 38. Emergency M.D. Receiving M.D./N.M. Pt. M.D.

EX: F. Trauma Criteria Met: Yes. Pt. s at Scene: 1. Pt. s Transported: 1. # of Units Req: 1

AIRWAY, BREATHING, CIRCULATION, SKIN, ABDOMEN, CAPILLARY REFILL. Includes vital signs like SpO2 92, RR 18, HR 110/70.

LEVEL OF CONSCIOUSNESS, COMA SCALE TIME #1 #2 #3, PUPILS. Includes GCS scores and pupil sizes.

SUSPECTED MEDICAL ILLNESS, INJURY SITE/TYPE, INJURY MECHANISM, PT PROTECTION, RESEARCH, POSSIBLE CONTRIBUTING FACTORS.

MAST, AIRWAY, PAST MED HISTORY. Includes MAST status and airway management details.

EKG MONITOR, Allergies, Drug/ETOH, Epilepsy, Epilepsy, Epilepsy, Epilepsy.

OXIMETER, Bed Confined Before Amb. Includes oximetry readings and bed status.

History of Present Illness/Injury: Pt had episode of SOB and unable to find her inhalers. Pt denies falling, striking head, etc, LOC. Pt admits to drinking '8 cans of beer this evening'. Pt stated rel.e & nebulizer tx.

Past History/Med: Meds: Albuterol, Asthmacort inhalers. Hx: Asthma.

Physical Exam and Treatment: Upon arrival pt A&PU, skin warm, dry pink. Vitals as above. O2 10Lpm/NRB. Wheezes R side. Dose small amount wheeze on expiration. PEARL, Abil soft, CMS good X4. Dr Lambrecht contacted & pt report. Orders 0304 Dr Lambrecht Pt. 2.5mg Albuterol, Medical Control contacted & update, no further orders. Pt transported to MCI per pt request. Pt care -> MCI ED staff.

- **Severe** burns
- Suspected heart attack
- Poisoning
- Inability to swallow
- Sudden onset of paralysis
- Unconsciousness

Following are some examples of what could be treated in **either** an emergency room or clinic or doctor's office and would **not** be considered an emergency. An ambulance **should not** be called for:

- Sprains (ankle, wrist)
- Convulsions
- Dehydration
- Missing a clinic appointment
- Not having a clinic appointment
- Most headaches
- Constipation
- Fever under 101°
- Most broken bones
- Cuts requiring stitches
- Flu
- Earaches
- Urinary tract infections
- Menstrual cramps

Medicaid will not pay for ambulance services if you get medical care not considered to be an emergency. You will have to pay for those services.

Other ways to travel to medical services should be used if you do not have a medical emergency. These could include a car, a van, or a taxi.

ND Department of Human Services  
DN 551 (Rev. 09-98)

# **AMBULANCE AND EMERGENCY ROOM SERVICES**

## **WHAT'S APPROPRIATE?**

NORTH DAKOTA DEPARTMENT  
OF HUMAN SERVICES  
MEDICAL SERVICES  
600 E BOULEVARD AVE  
BISMARCK ND 58505

## EMERGENCY ROOM SERVICES

### WHAT HOSPITAL EMERGENCY ROOM SERVICES ARE COVERED BY NORTH DAKOTA MEDICAID?

An emergency is a medical condition which most non-medical people think is life-threatening or could cause death or severe, permanent damage or injury to a person or unborn baby if not treated immediately.

If you need **EMERGENCY CARE** go to the **nearest** doctor or hospital. You need emergency care if your health could be **permanently** damaged because you are not treated **right away**.

Some examples of what **would** be considered an emergency and should be treated in an emergency room are:

- **Severe** difficulty in breathing
- **Severe** wounds
- **Severe** or unusual bleeding
- **Severe** pain
- **Severe** abdominal pain (except for constipation/menstrual cramps)
- **Severe** burns
- Suspected heart attack
- Poisoning
- Inability to swallow
- Sudden onset of paralysis
- Unconsciousness

Some examples of what would **not** be considered an emergency, but need

urgent care, and could be treated in **either** an emergency room or clinic or doctor's office are:

- Sprains (ankle, wrist)
- Convulsions
- Dehydration
- Fever under 101°
- Most broken bones
- Cuts requiring stitches

Some examples of what would **not** be considered an emergency and should be treated **only** in a clinic or doctor's office are:

- Missing a clinic appointment
- Not having a clinic appointment
- Most headaches
- Constipation
- Flu
- Earaches
- Urinary Tract Infections
- Menstrual Cramps

Medicaid will not pay for the emergency room services if you get medical care not considered to be an emergency. You will have to pay for those services. You will also have to pay the \$3.00 outpatient hospital copayment which applies to the doctor's services if the condition is determined not to be an emergency and should have been taken care of in

a doctor's office.

## AMBULANCE SERVICES

### WHAT AMBULANCE SERVICES ARE COVERED BY NORTH DAKOTA MEDICAID?

Ambulance services are meant to provide transportation and care when a person has an emergency medical condition.

An emergency medical condition is a medical condition which most non-medical people think is life-threatening or could cause death or severe, permanent damage or injury to a person or unborn baby if not treated immediately.

Some examples of what **would** be considered an emergency and an ambulance **should** be called are:

- **Severe** difficulty in breathing
- **Severe** wounds
- **Severe** or unusual bleeding
- **Severe** pain
- **Severe** abdominal pain (except for constipation/menstrual cramps)



DEPARTMENT OF INSURANCE  
STATE OF NORTH DAKOTA

Glenn Pomeroy  
Commissioner of Insurance

MEMORANDUM

TO: Senate Human Services Committee Members

FROM: Chris Edison, General Counsel *CE*

DATE: March 16, 1999

SUBJECT: House Bill No. 1039

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I have attached two versions of my amendments to House Bill No. 1039. The first version restricts the bill to those services licensed under N.D. Cent. Code Chapter 23-27 or certified by the State Health Department. This would not include air ambulance services because, as I understand it, they are neither licensed nor certified by the Health Department. The second version comes from Senate Bill No. 2285, which was defeated earlier this session. This version would require an insurer to reimburse under a prudent layperson standard for any surface or air ambulance held out to the public by a person as providing the service. Under the second version, it may be difficult for an insurer to make sure they are only reimbursing for bona fide services. However, it does include air ambulance. Both versions clarify that this bill will not affect the internal limits of a health insurance policy dealing specifically with prehospital emergency medical services.

If you have any questions, I would be happy to answer them. Thank you.

CE/njb  
Attachments