

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1161

2007 HOUSE HUMAN SERVICES

HB 1161

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1161

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 01-10-2007

Recorder Job Number: 878

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: Opened HB 1161.

Representative Ugem: Represent District 19, rural Grand Forks County, in support of this bill. See attached.

Dean Lampe, Executive Director of the ND EMS: See attached. I am testifying in support of HB 1161. I have the proposed amendments in the back of my testimony. Some ambulance services pay their volunteers by the hour to carry a pager.

Representative Hartlestad: EMT licensed requires they practice under a physicians direction, now you want to change that in here to the director of nursing at the hospital? Do you have to change the stipulation on the license?

Mr.Lampe: No we don't want to change that. The profession of the EMT is designed so that health care provider can work in a free hospital emergency setting in the back of an ambulance.

Tim Meyer, Director of Division of Emergency Medical Services for the ND Department of Health: See attached.

Chairman Price: Anyone else in favor of HB 1161, anyone in opposition. Close HB1161

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1161

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 23, 2007

Recorder Job Number: 1622

Committee Clerk Signature

Judy Schock

Minutes:

Representative Uglem calls the sub committee to order and asks to discuss HB 1161.

Representative Kaldor and **Representative Damschen** present.

Dean Lampee asks the committee to amend to increase the amount to 10,000.

Representative Kaldor amends to up the 5,000, to 10,000. **Representative Damschen** seconds the motion. The vote was all in favor. Mr. Lampe could work with Jennifer from Legislative Council incorporating the other amendments he had.

Representative Price: I just got approached by a legislator, who just said the issue is not money the issue is the training requirements and getting the volunteers to participate, based on the amount of commitment. I am hoping we can act on this afternoon.

Representative Uglem adjourns the meeting.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1161

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: Jan 24, 2007

Recorder Job Number: 1856

Committee Clerk Signature

Judith Dehock

Minutes:

Chairman Price: Let's take out HB 1161

Representative Uglem: This is the EMS Association, and another amendment that the committee put on to replace 5 with 10 to allow for 10,000 dollars before a volunteer would not qualify for training programs and for immunity. We would recommend approval of the amendment and pass the bill.

Representative Uglem: I will move the amendments. **Representative Kaldor:** I second the motion.

Representative Weisz: the Health Department is going to determine the cost?

Representative Porter: this is for the intermediate level and the paramedic level.

Vote taken verbally all in favor no opposed.

Representative Uglem: I move a do pass as amended. **Representative Damschen:** I second the motion. Vote was taken with 11 yeas, 0 nays and 1 absent. **Representative Damschen** to carry to the floor.

Date: 1/23
Roll Call Vote #:

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES

HB 1161

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Amend 10,000 from 5,000

Action Taken

Motion Made By

Rep Kaldor

Seconded By

Rep Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 3 "Click here to type Yes Vote" No 2 "Click here to type No Vote"

Absent

0

Floor Assignment

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

House Amendments to HB 1161 (70320.0101) - Human Services Committee 02/01/2007

Page 2, line 13, after "area" insert "or borders another substation of the headquarters
ambulance service operation"

House Amendments to HB 1161 (70320.0101) - Human Services Committee 02/01/2007

Page 4, line 27, replace "five" with "ten"

Page 4, line 30, replace "five" with "ten"

House Amendments to HB 1161 (70320.0101) - Human Services Committee 02/01/2007

Page 6, line 5, replace "hospital" with "department"

Page 6, line 6, overstrike "patient services management" and insert immediately thereafter
"nurse executive"

Renumber accordingly

Date: 1/24
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES

HB 1161

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Move Amendments

Motion Made By Rep. Uglem

Seconded By Rep. Kaldor

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 1 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 1

Floor Assignment _____

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

Date: 4/24
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1161 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken As per as amended

Motion Made By Rep Uglem Seconded By Rep Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Kari L Conrad		
Vonnie Pietsch - Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 11 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 1

Floor Assignment Rep Damschen

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

REPORT OF STANDING COMMITTEE

HB 1161: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1161 was placed on the Sixth order on the calendar.

Page 2, line 13, after "area" insert "or borders another substation of the headquarters ambulance service operation"

Page 4, line 27, replace "five" with "ten"

Page 4, line 30, replace "five" with "ten"

Page 6, line 5, replace "hospital" with "department"

Page 6, line 6, overstrike "patient services management" and insert immediately thereafter "nurse executive"

Renumber accordingly

2007 SENATE HUMAN SERVICES

HB 1161

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1161

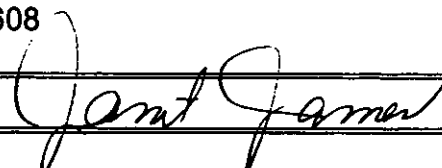
Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 7, 2007

Recorder Job Number: # 4553, 4608

Committee Clerk Signature



Minutes:

Senator Judy Lee, Chairman of the Human Services Committee opened the hearing on HB 1161, relating to regulation of emergency medical services operations and emergency medical services personnel.

All member of the committee were present.

Representative Gerry Uglem, of District 19 co-sponsor of HB 1161 introduced the bill (See attachment #1). He further added that increasing the statutory definition of a volunteer from \$2,400 to \$10,000 has nothing to do with how much an ambulance is going to pay a volunteer but what is has to do with is the good Samaritan law. It also has to do with qualifying to receive training grants as you need to be a volunteer. That \$2400 is simply too low for some of our very active people. He further gave an example of a volunteer in his district.

Senator Lee; what is the problem with the EMT within a hospital setting. Can you refresh our memory?

Representative Uglem: I believe this bill defines who will supervise an EMT in a hospital situations. Normally they work under a medical advisor of the ambulance squad and a charge nurse will be in charge in a hospital setting.

Senator Lee: so when they cross the threshold, there is a new supervising person.

Representative Uglem: that is correct.

Dean Lampe, Executive Director of the North Dakota Emergency Medical Service (EMS)

Association testified in support of HB 1161 (See attachment # 2).

Senator Lee: we talked to the Board of Nursing about the final provision of the bill, not because I am happy with it but because they take very seriously their code of practice and their supervisory responsibilities. They have always had a lot of concern about being responsible for people who are working under their supervision over whom they do not have direct control as far as training. Can you respond to that?

Dean Lampe: I have not personally talked to the Board of Nursing; perhaps Mr. Meyer can address that question.

Senator John Warner: section 7 is exclusive to hospitals would you be open to amendments to allow in nursing homes, that they would also be under the supervision of the nurse executive.

Dean Lampe: with all due respect, I must defer on that as it does not specifically mention nursing homes and perhaps Tim Meyer could answer that better than I.

Senator Dick Dever: I am curious if EMS volunteers are required to be EMT certified. Do you have to have training to be an EMS volunteer?

Dean Lampe: yes you do. That gets back into the certification and/or licensure. You need to be trained to drive an emergency vehicle and we do have a certified training level of a CPR driver, who would be trained in CPR and then trained in emergency vehicle operation. Then there are first responders who are also certified with a 40 hour course. After the first responder level, you begin EMT licensure, which is in three levels of basic, intermediate and paramedic. All of those are licensure levels, which are required to act as an EMS provider in any of those levels.

Senator Dever: if 911 is called, the first to arrive is a police officer. The ambulance will arrive as well as the fire department. Would that be similar in rural communities?

Dean Lampe: it may be. Can't speak to all sheriff departments or fire departments in rural communities, but it would not surprise me that the mass majority of sheriffs and fire fighters are at least trained to the first responder level of certification.

Senator Dever: what kind of medical equipment might a peace officer carry?

Dean Lampe: I think you would find an AED in most patrol cars and in fire rescue and a jump bag with first aid material in at least fire rescue units and perhaps a more limited jump bag to treat first aid in patrol cars.

Senator Robert Erbele: in our rural situation, the sheriff's department is called as well and the fire people are trained to at least advanced first aid level. Living 25 miles away from services, I have often been the first response doing the stabilizing.

Tim Meyer, director of the Division of the Emergency Medical Services of the North Dakota Department of Health testified in support of HB 1161 (See attachment # 3). He further added that the department has a hard time allowing ambulance services to consolidate because of the statutory restrictions on licensure. Much of this bill is house cleaning and it is very important to allow licensing of sub-station ambulance services to encourage some the smaller groups to consolidate. Maybe these will not be able to provide 24-7 coverage but this might provide a mechanism to provide this. The bill defines the relationship between a physician and an EMS provider, which is not cutting new ground, just establishing it in statute. The chain of authority of the EMS provider starts with a physician and EMTs, paramedics and first responders are extensions of the physician medical director. In a hospital setting, doctors do not want to supervise other people, so someone needs to supervise this folks as an employee. This is not changing things so much as clarifying things. He further addressed the issue of

EMT's working in a nursing home stating federal requirements are more restrictive in that setting. Working in that environment they would have to be a certified nurse assistant and work under that training and scope.

Senator Warner: could they be LPN working in a nursing home.

Tim Meyer: they cannot be a RNs or LPNs although they can be dual trained.

Senator Joan Heckaman: on the part of the bill with the overstrike is on patient services management, who would have that been prior to listing nurse executive or would have that been the nurse executive.

Tim Meyer: that would have been the same person; it was just an ambiguous term that is not the vernacular now. Nurse executive is the term they are using in hospital licensure. So therefore we want to match that up.

Senator Heckaman: could have that been someone else prior to the nurse executive.

Tim Meyer: if they ask me I would say no. A lawyer might interrupt it differently.

June Herman testified in support of HB 1161 stating the highway patrol has 140 -150 units and 130 of those units do not have AEDs on board. Their budget does appropriate for 130 units especially if they are first responder units.

Senator Lee asked for testimony in opposition and in a neutral position of HB 1161, hearing none closed the hearing on HB 1161.

4608

Senator Judy Lee opened discussion on HB1161.

Senator Lee: this allows sub-station licensure, and whom can see whom in the hospitals, any questions about the bill.

Senator Robert Erbele made a motion for a Do Pass of HB 1161.

Senator Dick Dever second the motion.

A roll call vote for a Do Pass of HB 1161 was taken indicating 6 Yeas, 0 Nays and 0 absent or not voting.

Senator Erbele will carry HB 1161.

Date: 3-7-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1161

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken D, Pass

Motion Made By Sen. Erbele Seconded By Sen. Dever

[illegible]

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Erbele

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

REPORT OF STANDING COMMITTEE (410)
March 9, 2007 7:32 a.m.

Module No: SR-45-4797
Carrier: Erbele
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1161, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1161 was placed on the Fourteenth order on the calendar.

2007 TESTIMONY

HB 1161

Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503



(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

HB 1161

January 10, 2007

Testimony – House Human Services Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good Morning, Chairman Price and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Services (EMS) Association. On behalf of our almost 2,000 active members, most of which are volunteer EMS providers serving on our state's ambulance services and quick response units, I thank you for the opportunity to testify in support of HB 1161.

The volunteer based model of providing seamless EMS in North Dakota is facing daunting hurdles; and, in all candor, is threatened. HB 1161 is one of many bills this committee and other committees will hear this session; all of which are aimed at getting out in front of this looming tragedy and to help manage the change which must occur in rural EMS. In other words, we must be pro-active as rural North Dakota continues to lose population so that we don't end up with an unmanageable "domino effect" as rural ambulance services continue to close. I can assure this committee that the EMS Association has gathered the best minds available to us; we have openly discussed this and the other bills with the Health Department and other concerned parties; and, conducted a series of five "EMS Open Door Forums" across North Dakota. All of these endeavors were in an effort to gather information and to present a comprehensive EMS legislative package to this session of the Legislative Assembly. This bill is part of this comprehensive package.

HB 1161 addresses three primary issues:

1. It will amend statute to allow for the licensing of substation emergency medical service operations. Current NDCC does not permit substation operations.

2. It will raise the statutory monetary definition of a "volunteer" from \$2,400 to \$5,000 annually. This change does not have an effect on the state's budget. It simply will allow a volunteer EMS provider to earn more money and still be considered a volunteer under the state's Good Samaritan statutes and also be eligible for EMS subsidized training grants through the Health Department.
3. HB 1161 also seeks to clarify supervision of EMTs (Intermediates and Paramedics) when they work in a hospital setting. EMT Intermediates and Paramedics are advanced level EMTs and they fill an extremely valuable dual role; especially in rural hospitals where there is general shortage of health care providers. However, because an EMT's license requirements stipulate that he/she must practice under a physician's direction, and that physician is not always present in the hospital, this section of the bill clarifies the ambiguous term, "hospital's patient services management."

The committee will also notice in the bill a few instances of Legislative Council's efforts to do some housekeeping and to make a distinction between "EMS professionals," who are licensed Emergency Medical Technicians (EMTs) by the Health Department, and "EMS personnel," who are not licensed, but certified by the department.

Finally, I have three amendments which I would like to submit for your consideration. These language changes have been reviewed by Representative Uglem and the Health Department. The first concerns page 2, lines 12-13. The present wording in the bill would not allow an ambulance service to operate a substation operation unless the substation bordered the headquarters operation. This present language is because our original goal was to have statute prohibit a headquarters operation from having the ability to "hop-scotch" sub-stations across the state. However, we do feel it is necessary for a headquarters ambulance service to have the ability to operate more than one substation as long as one or more of the substations borders the headquarters operation. In other words, the borders of multiple substations must be contiguous with either the headquarters or substation borders.

The other two amendments for your consideration are regarding page 6 of the bill, concerning the underscored language which deals with when EMT-Intermediates or EMT-Paramedics are working in a hospital setting. Of course, a hospital should not determine the scope of practice. The Health Department should determine the scope of practice. So, we suggest the word "hospital" be replaced with the word "department."

Finally, in the last sentence of the bill, our attempt was to clarify what is an ambiguous term for those of us in EMS (patient services management) was not stated correctly in this bill draft. We recommend the committee replace the final sentence with, "Under this section, these emergency medical services professionals are under the supervision of the hospital's nurse executive."

Thank you for this opportunity to testify in support of HB 1161, and I would be happy to answer questions the committee may have.

Proposed Amendments

Page 2, line 13, after the second "area" remove the ";" and insert, "or another substation of the headquarters operation."

Page 6, line 5, replace "hospital" with "department."

Page 6, line 6, replace "patient services management." with "nurse executive."

HB 1161

Representative Uglem Introduction of the Bill

Good Morning, Madam Chair and members of the Committee. I represent District 19, which is rural Grand Forks County. My rural background, with both my wife JoAnne and I serving on the Northwood Ambulance Squad for many years gives me a good perspective on the bill you have in front of you for consideration. The volunteer business model of providing EMS in rural areas of the state faces many hurdles in the coming years, and this bill is one of several bills which this committee will hear; all of them are in an effort to help with the changes necessary for us to continue to provide reasonable emergency medical services to all North Dakota citizens and to the many who visit our state on business or pleasure.

I am pleased to have worked with Dean Lampe and the North Dakota EMS Association in the preparation of this bill. The major components of the bill are:

1. To change NDCC in order to allow for ambulance substation operation.
2. To increase the statutory definition of a "volunteer" from \$2,400 to \$5,000
3. To clarify language presently in statute which deals with when an EMT works in a Hospital setting.

After this bill was drafted in Legislative Council, we noticed a couple of minor issues which will require amendment and I know that Dean Lampe has prepared suggested language for these amendments in his testimony. So, I will not go into the amendments at this time.

Madam Chair, I would be happy to answer any questions from you or other members at this time.

Testimony

House Bill 1161

House Human Services Committee

Wednesday, January 10, 2007; 8 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the committee. My name is Tim Meyer, and I am the director of the Division of Emergency Medical Services for the North Dakota Department of Health. I am here today to testify in support of House Bill 1161 with the amendments suggested by Representative Uglem.

House Bill 1161 would establish a logical framework for ambulance services to consolidate their operations by allowing substation licensure. This way, struggling ambulance services would be able to remain operational, at least on a part-time basis, by becoming a part of another ambulance service. The department would ensure through the administrative rules process that by becoming a substation of another ambulance service, the headquarter ambulance service would take over ownership and management of the substation site.

The bill also clearly defines emergency medical services personnel and establishes in statute oversight by a physician medical director in the pre-hospital treatment of the sick and injured. It also more clearly defines the authority to work in a hospital setting where supervision would be provided by nursing services. This bill as amended would allow the department to define the scope of practice for all levels of participants in the emergency medical services system through the administrative rules process.

This concludes my testimony. I am happy to answer any questions you may have.

HB 1161

Representative Uglem Introduction of the Bill

Good Morning Madam Chair and members of the Committee. I represent District 19, which is rural Grand Forks County. My rural background, with both my wife JoAnne and I serving on the Northwood Ambulance Squad for many years gives me a good perspective on the bill you have in front of you for consideration. The volunteer business model of providing EMS in rural areas of the state faces many hurdles in the coming years, and this bill is one of several bills which this committee will hear; all of them are in an effort to help with the changes necessary for us to continue to provide reasonable emergency medical services to all North Dakota citizens and to the many who visit our state on business or pleasure.

I am pleased to have worked with Dean Lampe of the North Dakota EMS Association in the preparation of this bill. The major components of the bill are:

1. To change NDCC in order to allow for ambulance substation operation.
2. To increase the statutory definition of a "volunteer" from \$2,400 to \$10,000
3. To clarify language presently in statute which deals with when an EMT works in a Hospital setting.

Madam Chair, I would be happy to answer any questions at this time.

Executive Offices
622 E. Interstate Ave.
Bismarck, ND 58503



#2
(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

HB 1161

March 7, 2007

Testimony – Senate Human Services Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good morning Chairman Lee and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. On behalf of our almost 2,000 active members, most of which are volunteer EMS providers serving on our state's ambulance services and quick response units, I thank you for the opportunity to testify in support of HB 1161.

In order to save some time Madam Chair, with your permission, I would request the formal record on HB 1161 indicates a reference to my previous testimony on HB 1296 regarding the current problems and issues facing North Dakota EMS.

HB 1161 deals with Section 23-27 of NDCC which concerns the licensing of EMS operations. You will notice a fair amount of the underscored language concerns housekeeping matters and Legislative Council's effort to apply consistent language and terms across the whole bill. So, in my testimony, I'll concentrate on the sections of the bill meant to provide a means to proactively manage the changes which must occur in North Dakota EMS.

Page 2, lines 6-19, would provide in NDCC for the ability of an ambulance service to establish substation operations. Current statute prohibits substation operations by requiring that each EMS operation has a separate license. The ability to establish substations is a very important concept as we face the closure of more and more rural ambulance services.

A rural ambulance service most often closes because they lack the ability to meet the 24/7 "on call" requirement of the license. In other words, they lack the volunteer EMT's to

“cover the clock” and they also probably lack the financial resources to hire or contract for additional help. In most cases, the daytime hours are the most difficult times for ambulance services to find available volunteers. There are a number of obvious reasons; people leave town in order to find work; they are unable to leave their job during the day for ambulance duties, and; farmers who volunteer for the ambulance may be in the field and unable to respond quickly enough to be relied upon.

Today in North Dakota, we have at least 40 of our 120 odd volunteer ambulance services trying to deal with this exact situation. Many of these services can staff an ambulance service during the evening hours. This being the case, it would be far better than closing the service to allow it to be licensed as a substation of a neighboring service that had the ability to respond into that service area during the daytime. Also, if this were the case, it would be better to hire or contract for an EMT(s) to cover the periods when volunteer personnel are not available. This type of staffing model is known as a “combination service,” meaning a combination of paid, volunteer, or partially paid personnel are utilized. There are many successful examples of combination services already operating in our state, i.e. Hettinger, Wilton, Oakes, Langdon, Cavalier, etc. The language on page 2, lines 6-26 provides the statutory mechanism for an ambulance service to operate substation EMS operations which may include combination services.

Section 2 of HB 1161 sets out definitions. On page 3, lines 12-19, a distinction is made between EMS providers who are either licensed or are certified by the department of health. Those who are licensed by the state are defined as “EMS Professionals” and those who are certified by the state are defined as “EMS Personnel.”

On page 4, Section 5, the House Human Services Committee amended the bill to define a “volunteer” and “volunteer physician” to include those who receive \$10,000 or less. These definitions are relevant to civil protections under North Dakota’s Good Samaritan statutes and also would apply to the health department’s disbursement of EMS training grants to volunteer EMS operations as is set out in Section 6 of the bill.

Section 7, beginning on page 6, clears up ambiguous language when an EMT is working in a hospital setting. In many of our smaller rural hospitals and in their communities, Paramedics fill a valuable dual role. They are available to take an ambulance call, which is especially important during the daytime hours, and they are also able to perform medical duties for the hospital. This section sets out that the health department shall establish the EMT's scope of practice and that while working in a hospital setting, the EMT shall be under the supervision of the nurse executive.

Madam Chair and members of the committee, thank you for the opportunity to testify in support of HB 1161, and on behalf of the North Dakota EMS Association, we respectfully request your Do Pass recommendation to the Senate. I would be happy to answer questions the committee may have.

Testimony

House Bill 1161

Senate Human Services Committee

Wednesday, March 7, 2007; 9:30 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the committee. My name is Tim Meyer, and I am the director of the Division of Emergency Medical Services for the North Dakota Department of Health. I am here today to testify in support of House Bill 1161.

House Bill 1161 would establish a logical framework for ambulance services to consolidate their operations by allowing substation licensure. This way, struggling ambulance services would be able to remain operational, at least on a part-time basis, by becoming a part of another ambulance service. The department would ensure through the administrative rules process that by becoming a substation of another ambulance service, the headquarter ambulance service would take over ownership and management of the substation site.

The bill also clearly defines emergency medical services personnel and establishes in statute oversight by a physician medical director in the pre-hospital treatment of the sick and injured. It also more clearly defines the authority to work in a hospital setting where supervision would be provided by nursing services. This bill as amended would allow the department to define the scope of practice for all levels of participants in the emergency medical services system through the administrative rules process.

This concludes my testimony. I am happy to answer any questions you may have.