

2009 HOUSE HUMAN SERVICES

HB 1571

# 2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1571

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 27, 2009

Recorder Job Number: 7909

Committee Clerk Signature *Vicky Crabtree*

Minutes:

**Chairman Weisz called to order the hearing on HB 1571.**

**Rep. Uglem introduced and sponsored the bill:**

**Mark Weber, President of ND Emergency Medical Services testified in support: See**

**attached Testimony #1.**

**Rep. Kilichowski:** On service standards you mentioned; you are not able to meet the standards now?

**Mark Weber:** National standards have not been set yet?

**Rep. Kilichowski:** Does the state have a set of standards now?

**Mark Weber:** It's called the scope of practice. The scope is the most you can do. The medical directors can pick and choose which skills they want their providers to do. Most directors allow them to do everything they can. If you don't go out on many calls a year, your skill knowledge and level goes down and most important is where is your confidence level?

**Rep. Hofstad:** Operationally, how will this work?

**Mark Weber:** We believe those people will be employees of the Health Dept.

**Chairman Weisz:** Looking at 4 regions?

**Mark Weber:** Correct.

Page 2

House Human Services Committee

Bill/Resolution No. "[Click here to type Bill/Resolution No.](#)"

Hearing Date: "[Click here to type Hearing Date](#)"

**Tim Meyer, Director of Division of Emergency Medical Services and Trauma for ND**

**Dept. of Health testified with information on bill: See Testimony #2.**

**Rep. Conrad:** You would get all these folks together on a regular basis?

**Tim Meyer:** Already have monthly business meeting and learn what has gone wrong and what has gone right.

**NO OPPOSITION.**

**Chairman Weisz closed the hearing.**

# 2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1571

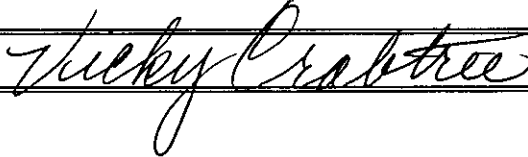
House Human Services Committee

Check here for Conference Committee

Hearing Date: February 4, 2009

Recorder Job Number: 8712

Committee Clerk Signature



Minutes:

**Chairman Weisz:** Let's look at HB 1571. Establish 4 regions. FN of \$546.00.

**Rep. Nathe:** Made a motion to changing the 4 regions to 2 and cutting the appropriations in half.

**Rep. Frantsvog:** Second.

**Rep. Uglem:** I've been the strongest one in pushing for rural EMS support and this bill would go a long ways towards that. If corporations is going to be a problem, I would assume the EMS might be happier with 2 people than 0.

Discussion about which two regions, north and south or east and west.

**Rep. Nathe:** We could always increase it from 2 -4 in 2011.

**Rep. Potter:** I resist that motion. Seems it dilutes it down so far with 2 regions.

**Rep. Damschen:** I support the amendment, but wonder if we should be specific being north and south. Diversification of the state is the same on the north and south side more than on the east and west.

**Chairman Weisz:** Rep. Nathe, I assume you'd like to change line 12 on page 2 to 2 full time positions?

**Rep. Nathe:** Yes.

**Chairman Weisz:** Rep. Damschen, we are trusting the state health council to define the regions.

**Rep. Frantsvog:** Don't think we should get involved in defining regions.

**Rep. Holman:** It seems to me that it's not just because we go from 4 to 2 that the budget wouldn't necessarily be in half.

(Some discussion and many talking at once).

**Rep. Uglem:** My intentions and feelings on this bill is that it would not affect Fargo and private companies. They have their management and doing well.

**Rep. Porter:** Unless we change on Page 1, number C, the mechanism are in place that the dept. is going to provide regional assistance across the state. If you give them 2 FTE's, the still have to regional the assistance and they'll figure it out.

**Chairman Weisz:** We have a motion for an amendment to cut program in half.

Voice vote was called and Chairman Weisz then asked for a Roll Call Vote.

**Roll Call Vote: 8 yes, 4 no, 1 absent, Rep. Hofstad.**

**Rep. Uglem:** I just want to make the comment that I voted yes on the amendment because I want to reserve the bill and get it through.

**Rep. Damschen: Move for a DO PASS AS AMENDED.**

**Rep. Nathe: Second**

**Roll Call Vote: 11 yes, 1 no, 1 absent, Rep. Hofstad**

**MOTION CARRIED FOR A DO PASS ON AMENDED BILL, REFER TO APPROPRIATIONS**

**BILL CARRIER: Rep. Uglem**

VJR  
2/5/09

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1571

Page 2, line 8, replace "\$546,856" with "\$273,428"

Page 2, line 12, replace "4" with "2"

Renumber accordingly

Date: 8-4-09  
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1571

House HUMAN SERVICES Committee

Check here for Conference Committee

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

Action Taken  Do Pass *Motion*  Do Not Pass  Amended

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN		✓
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD		✓
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN		✓
REP. ROBERT FRANTSVOG			REP. ROBERT KILICHOWSKI	✓	✓
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER		✓
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 8 No 4

Absent 1

Bill Carrier \_\_\_\_\_

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

*Roll call on Motion to accept amend.*

Date: 2-4-09  
 Roll Call Vote # 2

**2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 1571**

House HUMAN SERVICES Committee

Check here for Conference Committee

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

Action Taken  Do Pass  Do Not Pass  Amended

Motion Made By Rep. Damschen Seconded By Rep.

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER		✓
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 11 No 1

Absent 1 Rep. Hofstad

Bill Carrier Uglem

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

*Do PASS as amended re-referred to Appropriations*



**REPORT OF STANDING COMMITTEE**

HB 1571: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the Appropriations Committee (11 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). HB 1571 was placed on the Sixth order on the calendar.

Page 2, line 8, replace "\$546,856" with "\$273,428"

Page 2, line 12, replace "4" with "2"

Renumber accordingly

2009 HOUSE APPROPRIATIONS

HB 1571

## 2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1571

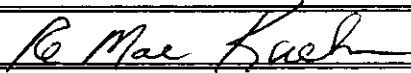
House Appropriations Committee

Check here for Conference Committee

Hearing Date: February 12, 2009

Recorder Job Number: 9407 (10' remaining)

Committee Clerk Signature



Minutes:

**Rep. Weisz** deals with regional assistance to emergency medical services operations. The original bill would have set up four regions staffed by one person in each region. There are increasing needs especially staying in compliance, testing, and training. Especially in the rural areas it's becoming harder and harder to staff the positions. Our committee took a look at it.

We cut it down to two. There will be two regions in the state. There will be a person available to assist the rural areas. There is a \$273,000 appropriation.

**Rep. Pollert:** This bill is not going to expand EMS services in ND?

**Rep. Weisz:** That's correct.

**Rep. Pollert:** There will be two people hired at the Department of Health to do coordinating, training.

**Rep. Weisz:** Staffing, training, staying certified, coordinating services between ambulances, and overlapping coverage.

**Rep. Pollert:** How does this bill improve the services we have now?

**Rep. Weisz:** None of the rural ambulances have ever been inspected. They are doing the best job they can now. Not every EMS will utilize it but it will be available

**Rep. Kaldor:** I have a similar concern to Rep. Pollert. Last interim a study was done. In the Human Services committee, one of the things looked at was the coverage issue. EMSs where

there are two counties involved, border counties where one side probably isn't getting coverage. Is there something else coming along in this vein?

**Rep. Weisz:** This is the only thing that came out of our policy committee. We did address it to some degree last session that would require various jurisdictions with different mill levies for ambulances that would require them to reimburse to some degree an ambulance that was serving a different jurisdiction but getting none of the mill levy revenue.

**Rep. Skarphol:** Last session we created a grant program for EMS services where we appropriated a million and a quarter to be distributed on a sliding scale. Early in the interim I had a conversation with Arvy Smith at the Health Department about that program. She expressed a concern about whether or not there was enough money in there. She also indicated that there was a potential for federal dollars to be able to match that one and a quarter million in the future. Was the Health Dept. asked about that potential to use federal dollars for this type of practice?

**Rep. Weisz:** That information was not available to us. It didn't come up in testimony in our committee.

**Rep. Wald:** Moved a Do Not Pass.

**Rep. Klein** seconded the motion.

### **Discussion**

**Chairman Svedjan:** If this bill put more boots on the ground, not to carry out administrative functions, I'd have a different feeling about it. This adds two FTEs for purposes of reviewing quality of care rendered by our EMS people and providing medical site inspections. I'm not sure that is where the greatest need is right now. I plan to support the Do Not Pass.

A Roll Call vote was taken on Do Not Pass. **Yes: 14, No: 9, Absent: 2,**  
(Representatives Wieland and Kerzman).

**Motion carried.**

**Representative Wald will carry the bill.**

**Rep. Skarphol:** From a personal perspective, I don't have a problem with what the policy wants to do here as I do with the funding and I would hope in the second half when the appropriations committee wants to put that in, if they could find a revenue source other than the General Fund.

**Rep. Pollert:** We have the Dept. of Health coming after crossover and we will see if there is an alternative funding.

Date: 2/12/09  
 Roll Call Vote #: 171

**2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 1571**

**Full House Appropriations Committee**

Check here for Conference Committee

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

Action Taken Do Not Pass

Motion Made By Wald Seconded By Klein

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Rep. Skarphol	✓		Rep. Kroeber		✓
Rep. Wald	✓		Rep. Onstad		✓
Rep. Hawken		✓	Rep. Williams		✓
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer	✓		Rep. Glassheim		✓
Rep. Thoreson	✓		Rep. Kaldor		✓
Rep. Berg	✓		Rep. Meyer	✓	
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom		✓
Rep. Bellew	✓		Rep. Kerzman		✓
Rep. Kreidt	✓		Rep. Metcalf		✓
Rep. Nelson		✓			
Rep. Wieland					

Total (Yes) 14 No 9

Absent 2

Floor Assignment Wald

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

REPORT OF STANDING COMMITTEE (410)  
February 13, 2009 6:51 p.m.

Module No: HR-28-2811  
Carrier: Wald  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**

HB 1571, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman)  
recommends **DO NOT PASS** (14 YEAS, 9 NAYS, 2 ABSENT AND NOT VOTING).  
Engrossed HB 1571 was placed on the Eleventh order on the calendar.

2009 TESTIMONY

HB 1571



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#1

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HB 1571

January 27, 2009

Testimony – Human Services Committee  
North Dakota EMS Association  
Mark Weber, NDEMSEA President  
721-5650 – mwemtp@gmail.com

Good Morning Chairman Weisz and members of the committee. My name is Mark Weber, I am the President of the North Dakota Emergency Medical Services (EMS) Association and the EMS Director at the Heart of America Medical Center in Rugby. I thank you for the opportunity to testify in support of the HB 1571.

In January of 2006 the ND EMS Association undertook the task of developing a plan to solve the issues facing ND EMS. We coordinated a meeting of EMS providers from across North Dakota. We had participation from, paid, volunteer, rural/frontier, urban, basic and advanced level providers. Our objective was to identify all obstacles that need to be addressed so EMS can continue to provide reasonable access to emergency healthcare through the ND EMS system. We identified 18 main issues then broke them down into smaller, solvable obstacles. Overall there are 49 obstacles that need to be addressed.

One of the 18 main issues is the **Lack of Medical Oversight**. We feel medical directors need to be a bigger part of EMS services. Medical Directors need to be more involved in the daily activity of the ambulance service.

The 2007 legislature funded a study of ND EMS that was completed by the National Highway Traffic Safety Administration (NHTSA). They too identified that lack of medical direction as a problem. See a copy of the NHTSA report at: (pages 26 – 28)

<http://www.ndhealth.gov/EMS/pdfs/North%20Dakota%20Reassessment%20Final%20Report.pdf>

This bill would provide regional assistance to emergency medical service operations, for the following three purposes, number one to review the quality of care rendered by emergency medical services personnel, number two provide medical oversight and the third to provide ambulance inspections.

Medical directors need help. A majority of rural medical directors are volunteers and don't have the time to do everything they should be doing. They need help providing oversight of quality patient care, protocol development, and identifying the educational needs of their ambulance service. They need the assistance of EMS Specialists. These specialists will be the liaison between ambulance services and medical directors. They will help medical directors with the development of quality improvement programs, protocols and help ambulance services provide the best possible care.

ND EMS provides good quality patient care; however, the documentation of that care needs to improve. By reviewing the documentation and looking at specific indicators it will identify areas of patient care that need improvement. Proper documentation will help improve reimbursement. A documentation review program will help with the identification and development of continuing education programs.

Nationally the trend in healthcare is for payers to reimburse providers on a "pay for performance" basis. Basically, if we are not meeting the set standards, we will not receive full reimbursement for the services we provide. Funding is important to EMS services, we cannot afford to lose one dollar of reimbursement. We need to start the move in that direction now, because our legislature is bi-annual we feel we can NOT wait until the next legislative session to get the ball rolling.

Chairman Weisz, thank you for this opportunity to testify and I would be happy to answer questions the committee may have.

**Factors**

Spirit of Volunteerism

Regulatory (DEMS)

Funding

People

Small Town Economics

Competition Between Squads

Provider Pride

Larger Services Do Not Want to Cover Other Service Areas

Political Sub-division and Mil Levy Problems

Public Apathy, Attitude and Ignorance

Too Many Organizational Structures

Lack of Leadership and Poor Administration

Competition With Other 1<sup>st</sup> Responder Agencies

Lack of Medical Oversight

Increased Disaster Preparedness Responsibilities

Education Requirements

Too Many Services Doing Less than 25 Calls

Small Town Allitude About Loosing Services

**Problem**  
How to Provide Pre-Hospital Healthcare, Through EMS, in North Dakota Statewide

**Obstacles**

**Gaps**

#2

**Testimony  
House Bill 1571  
House Human Services Committee  
Tuesday, January 27, 2009; 2:15 p.m.  
North Dakota Department of Health**

Good afternoon, Chairman Weisz and members of the committee. My name is Tim Meyer, and I am director of the Division of Emergency Medical Services and Trauma for the North Dakota Department of Health. I am here today to provide information regarding House Bill 1571.

The 2007 Legislative Assembly directed the Department of Health to perform two separate studies regarding the emergency health-care system in North Dakota. In the spring of 2008, the National Highway Traffic Safety Administration performed a statewide emergency medical services (EMS) assessment, and the American College of Surgeons performed a statewide trauma assessment. The two studies produced more than 160 recommendations for improvement. The detailed results were presented to the interim Public Safety Committee for its consideration.

A common theme identified in the many recommendations revolved around quality assurance and quality improvement. The EMS stakeholders who provided input during the assessments identified the fact that, although every ambulance service has a physician medical director, quite often there is little oversight to ensure patients receive quality care. Individual physician medical directors have indicated they have little time to adequately provide the medical oversight that should occur. They, too, typically are volunteers who have other professional duties.

North Dakota has 141 ambulance services, each one with slightly different treatment protocols. These ambulance services perform 57,000 individual ambulance responses each year. The Department of Health currently is not staffed to perform comprehensive quality assurance on this level of activity. Although we feel that the majority of EMS quality assurance is best done locally, most local ambulance managers do not know how to establish a quality assurance program, and physician medical directors do not have the time.

This bill places an EMS specialist in each of four regions in the state. Their primary duty would be to assist local ambulance services and medical directors in developing a quality assurance program. This would be accomplished by

educating local EMS leadership and attending quality assurance meetings at the individual ambulance services. Once a program is established locally, the EMS specialist would spot check the process to ensure that the quality assurance activities are ongoing. Certain types of cases might be reviewed on a regional level to ensure that the best resources were enlisted for the benefit of the patient: major trauma, cardiac arrest, pediatrics, stroke, etc.

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