2011 HOUSE HUMAN SERVICES

HB 1044

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
January 19, 2011
Job #13086

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Provide state funding for ambulance service areas.

Minutes: *See Attached Testimonies #1 through 7*

This is a joint meeting with the House Human Resources Committee.

Rep. Pollert: called the Human Resources section and had clerk call the roll. We are going to hand the gavel over to either Rep. Weisz or Rep. Pietsch. We are here on a fact finding information, but we can ask any questions we want to as well.

Chairman Weisz: Opened the hearing on HB 1044.

Sara Chamberlin: Fiscal analyst for Legislative Council provided information on the bill. (See attached Testimony #1.)

Mark Weber: Representing ND Emergency Medical Services (EMS) Association. (See Testimony #2.)

Rep. Nelson: Give an example of how those numbers could change that much in a year. What actually happened?

Mark Weber: We didn't feel that the right services were weighted the right way. The Health Dept. did all this. They changed the criteria along the top was given a point value and then it was weighted. Those point values or the weight changed. Tim Meyer could probably speak to that a little bit better than me. His office was involved with this.

Rep. Nelson: The criteria changed in that year and probably the number of calls. You wouldn't think in Lakota you would see that much of a change in service.

Mark Weber: In two years the EMTs changed that much or the number of distance from next closest ambulance or hospital changed that much. I don't think the call volume changed that much. It was mainly the weight. We know which ambulance services really need the help and we try to tweak that a little bit to get it right. You just tweak one thing one way and the whole spread sheet changes.

Rep. Schmidt: One of the four components of the bill you said is the development of an advisory committee. You suggest the committee will be selected by the State Dept. of Health. Why would you not want to select that committee?

Mark Weber: We would love to select that committee, but working with the Health Dept. and a few legislators and having had an advisory committee already in place since 2004, we felt we would just leave it the way it is and just put it in statute so they had to keep the committee.

Rep. Schmidt: My thoughts sir is that this is your bus not the state's bus. I would support you selecting those individuals because I believe it is you that puts the input into the state and you should determine who those individuals are, not the state.

Mark Weber: We appreciate that.

Rep. Weiland: Two questions. Where you are showing the ambulance service, in this particular case they are showing they have a shortfall of approximately $31,000. Under the formulas that you propose and for this particular one; would this particular ambulance service receive an excess of $31,000 under the formula or would it be limited to just their shortfall?

Mark Weber: We would have to calculate the local match and this particular case we will just say that $24,000 mil levy that they were getting, there are 2400 people in that community, so it would be $10 a piece. They would be eligible for $30,957.

Rep. Weiland: The other question I have is I look at the circles you have on that particular map and you have an awful lot of overlapping. I know at one of your meetings that I attended that they talked a little bit about this. I'm seeing a turf problem here with some of the services and I understand that. They are proud of what they do and so forth and they don't want to necessarily give up and so forth. How are you going to handle that kind of thing so that we don't really have, you know there is really a lot of overlapping.

Mark Weber: A couple of things there. The way this bill is laid out, every ambulance service that currently has a license will continue to have a license. They would get an operations area. The circles on this map are just going to be developed funding areas. Any ambulance service in that area would get part of the funding from that area. As far as the overlapping, my program doesn't do odd shaped service areas; it only does the circles so you are going to get some overlap with this. If you were to put odd shaped funding areas together it would look a little different than this and there would be no overlap. Just like the ambulance areas are now, there is no overlap. Each ambulance gets their own little area right now based on the closest available ambulance law so there is no overlap. We don't see changing much who responds where. This is just for funding.

Rep. Porter: Inside of the Dept. of Health's state budget that is in the House right now, the Governor's proposal for the grants was decreased by a million dollars. How would that play out with that decrease in the grants and this bill funding mechanism went nowhere, what

ambulance services would be out of the staffing grant business, or by how much would the total amount of staffing grant award be changed under the current system?

Mark Weber: We took a pretty good hit when OMB decided that million dollars was a onetime funding and didn't include it in the Health Dept. budget. Right now there are 39 ambulance services that are taking advantage of receiving the staffing grants. Anywhere from a couple of thousand dollars all the way up to $45,000. If we don't get funded, then there is only 1.25 million, that some won't get it again. Once again, we started a program and now we are going to stop half of it. The Health Dept. would have to make some criteria and determine who is going to get how much money. That would be a pretty good mess.

Rep. Porter: The other question that I had goes back to a couple of sessions ago. There was a bill put in that talked about the ultimate responsibility for making sure that EMS existed in an area. I believe the way the bill was written it made the counties in the Century Code ultimately responsible like police and fire. The cities and counties came in and opposed that legislation because they did not want that ultimate responsibility for providing EMS because they felt it was going to be too expensive. Does this model then take that ultimate responsibility and put it back to the state because no one else wants EMS?

Mark Weber: We tried to get that passed in 2007 and like you said it didn't go anywhere. We discussed introducing it again in 2009 and we felt the support wasn't there again. We felt we needed to get the funding first and if the counties were interested they would take that responsibility after that. Right now the responsibility for EMS in ND is truly on the ambulance services. If one ambulance service closes it is not the responsibility of the city or the county or the state to make sure that those people are served by EMS. It is the next closest ambulance service to that area. Will this bill help? We think it will because if there is an ambulance in the funding area that decides they no longer want to provide EMS, there will be funding there for that city, or county or whatever to either start up their own ambulance service. Or they can contract with another ambulance service to provide coverage in that area or be an ambulance in that area 24 hours a day. Our goal is to make sure that in thirty years there is reasonably a mass coverage in ND. The areas on the map are basically the reason we have EMS in ND.

Rep. Pollert: The last biennium we funded a study, that was granted to Safe Tech. Were you in consultation with Safe Tech about the study that is going on now? That study is on-going now and won't be finished until May or June.

Mark Weber: That funding was actually for those four projects I talked about. The leadership development the EMS assessments, quality assurance program and the recoupment of retention. The assessment part of that, when we introduced that to you guys in 2009, we felt that ambulance services needed to be assessed in the purpose of determining where they could improve. What ended up happening is there was an overall assessment done of the ND EMS system and there will be some focused studies. Two or three focus studies on individual ambulance areas or counties and then the ambulance services themselves will do a self assessment to determine where they are sitting. I think we have touched base with the Health Dept. and Safe Tech on a couple areas.

Rep. Pollert: We still have a study out there that isn't done yet. We're kind of throwing the cart before the horse?

Mark Weber: No, I don't think so. The EMS Association has done a lot of work determining what needs to be done. UND rural health has done a study of ND EMS and made some recommendations a few years ago. We put together in January 2006 a focus group of industry leaders. Rural, and urban educators and the Health Dept. were involved. We identified eighteen issues we needed to solve of which three were main issues. Since January of 2006 we have been working to solve those problems. I don't think the problems of EMS in ND have changed that much. What I would hate to see is for this proposal of this bill to be delayed any longer to find out what the Safe Tech solutions assessment is going to be. One delay leads to another. Being an EMS for twenty years dealing with the political side of it for the last ten and really being involved in the last six; another bandaid or another delay is not going to be the answer. We need to solve it as soon as possible.

Rep. Pollert: You are not saying it, but you are kind of saying it they are just throwing general fund dollars away that we granted out for another study.

Mark Weber: I don't think so. I think the $500,000 has developed some very good leadership classes. A number of people I have talked to that went to the leadership classes said that they were good. I think a quality review program is a key to answering your question of are we improving ND EMS with this funding. I also think the recruitment and retention program is a necessary thing because we will never have enough money to fund every ambulance service with paid staff. A large component of that assessment or that study is the individual ambulances looking at themselves to determine where they can improve. I think the study you are talking about is the overall study to determine the needs of the ND EMS in the future. I think Safe Tech and John and his guys are doing a good job. We got a report not too long ago and they are well on their way, but I don't think we threw the $500,000 away. It was well spent.

Rep. Pollert: I'm talking about throwing away the grant we are giving to Safe Tech that is going to have the study that is going to be done about May or June? That is kind of what you are saying.

Mark Weber: The $500,000 was for the four projects. The assessments or the study is just a component of that. I don't see that as throwing that money away at all. I think they are doing a good job.

Rep. Pollert: I understand that, but you basically want us to fund, but you don't want us to wait for the other study that is still out there being done by Safe Tech right now.

Mark Weber: What I would advocate is that we pass HB 1044. Like every other project or every other thing we start, there will be changes down the road. If there are changes that Safe Tech identifies, that will positively impact ND EMS, we would definitely jump on board and want to make those changes. I think if you look at this bill, it is a pretty generic bill. All of the detail is in the rules making process. The rules making process will be on going by the time the study is completed and we will be able to use their findings to help finalize those rules. I think we can move forward with 1044 and we could take the study results and

implement some of those into the rules making process. There is going to have to be a rules making process for this bill.

Rep. Nelson: My questions may be more for Lori than for Mark. We really need to get our arms around what state monies are going into EMS services in the state now. There was $300,000 in the community health trust fund that is no longer available this biennium. It appears the general fund is making up that difference as well as a Department of Transportation grant that was federal funds that was eliminated and the governor put that in his budget. I think for us to make a decision on this we need to know all the funding sources for the EMS in the budget. My question is if this bill is passed include the addition what's already in the budget or does it replace projected appropriations in the executive budget or what the status of that is. I'd like to see a spreadsheet of the insurance tax distribution fund and where that sits and where the status of that fund is.

Chairman Weisz: We can get that information. It is an assumption that some of those funds are being replaced by this. I'm sure training grants and some of that is expected to continue. Mark you can address that from your perspective.

Mark Weber: The $12,000,000 would replace the current $2.25 million and at the beginning of the Public Safety Transportation Interim Committee meetings, Legislative Council put together a very nice over view of all EMS funding and I can get that to you if you want it. It lays everything out where all the funding is going.

Rep. Hofstad: Can you give me a sense of the limit the counties are able to charge in their mil rate and the percentage of counties that are charging at that full allowable amount?

Mark Weber: Right now, ambulance services can charge or can collect up to 10 mils from cities, counties, and townships; however they choose to do it. The last spreadsheet I looked at I think there are about eight counties that don't provide any money for EMH as far as mil levies or taxes. My last calculation from 2009 it averaged about 3.2 mils if they were charging.

Rep. Pollert: The $10 per capita, it is not a charge to every citizen to go on their tax bill, it is for a mil levy deduct; is that what you are saying? So the eight counties that are not levying now, they will be forced to levy? I believe all counties should be levying dollars. You also have a revenue source of raising money better than say a fire district does. A fire district can't charge for service calls. They do a little bit, but they don't have a recouping. How is that $10 going to be done and do you have the cooperation from the associate counties?

Mark Weber: We came up with that idea so it would be equitable across the board. The reason the study was initiated because there was too many ways ambulance services can generate funds. From mil levies to taxes to county, city mil levies, and ambulance service districts. We didn't want to get into that mess so we felt if we could just say an ambulance funding area needed to generate so much money, a maximum amount of money. We came up with $10. You calculate people how many people in funding area and multiply that by 10 and that how much money the local share is. They can generate that local share however they determine. We don't want to take that control away from them if they want to

develop an ambulance service district or do taxes, mil levies, or city's tax. If the hospital or city wants to donate money, they can generate that money however they want, but they have to have local support in buy-in. We feel a $10 amount is appropriate. What is happening is we are asking for $12,000,000; if you look at $10 per capita and look at how many people we have in our state every biennium, the local match would be $12,000,000 too. Locally the local match is about $12,000,000 in two years and that is what we are asking for in two years. The billable revenue overall is about $50,000,000 in the state. When you look at what the state's portion of the overall funding of EMS is, if you take the $24,000,000 that we can generate in billable revenue, $12,000,000 in local funds, $12,000,000 in state assistance then the state share is only about 25%.

Rep. Bellew: Can't you just charge more for a call to make up the difference?

Mark Weber: I'm glad you asked that question because healthcare is a different animal than any other business. In healthcare specifically ambulance services about 90% of our revenue is set by insurance companies. BC/BS sends out a fee schedule every year and it says if you do this type of call you are getting this much money. We can charge $20,000 for a call, but this is all you are getting. Medicare is the exact same way. For most ambulance services Medicare is well over 50% of our business. North Dakota Medicaid just rebased our fee schedule up to right around the Medicare fee schedule. In Medicare we receive about 50% of what we bill. If an ambulance bill is $1,000 you can see from the spreadsheet that rural ambulance services receive about $534. Can we raise our prices? Sure we can and who that hurts is private pay and insurance companies we don't have agreements with. BC/BS, Medicare, and Medicaid calls are different from ambulance service to ambulance service, but I would guess they are in the high 80% of our calls. In 80% or so of our calls, we have no control on how much money we are getting.

Rep. Bellew: My concern is, if the locals won't fund this, why should the state taxpayers pick it up? Why should my district pay for someone else's district because they don't want to fund this? I have a philosophical problem with this.

Mark Weber: We agree with you.

Rep. Bellew: And that's why the $10 is in there.

Mark Weber: Yes. If an area is not willing to support their EMS, they are going to get it from somewhere else. Simple.

Rep. Weiland: The $10 per capita, are you including in that all of the people of ND, the 650,000 people? Do the city ambulances like the one that serves me, FM ambulance, will they be participating this $12,000,000 revenue?

Mark Weber: This funding will only go to ambulance services that can show that they have a need. If you look at the spreadsheet with the three examples on there; if their cost of operations is more than their revenue they can generate including (inaudible) revenue, local share, then they will get any money. If their revenue exceeds their costs, then they won't get any money. Fargo/Moorhead takes 12 to 14 thousand calls a year and has enough calls to sustain themselves so I'm sure they would never be able to show that their

expenses exceed their revenue. Most rural ambulances, if they have to start paying people, they could never generate enough money for operations. The ambulance services that make money won't get any of this money.

Rep. Weiland: When you talk about $12,000,000 appropriation that you're asking for, are you looking at this as a continuing appropriation?

Mark Weber: Yes we are. We arrived at the $12,000,000 by looking at the 88 or 90 funding areas we think will be needed. We then made a spreadsheet including all the information of the 80-90 funding areas and the amount the 88 are eligible for is $12,000,000. That excludes 8-12 ambulance services in ND and reservations and industrial ambulance services are not included.

Rep. Pollert: You want to charge $10 per capita and the $12,000,000 for the 650,000 population is going to pay another $10. On the chart of the 130 ND rural ambulance, you have a manager's salary which is $42,000 a year. Somewhere along the line, someone is going to play God with who is going to be open and who is going to be closed. So you are going to take away some local control because you will have overlap on certain areas and towns. I also see with this bill you are going to staff people and how will you determine who you pay and who you don't? You will rely on volunteers for the night schedule or those working by hour or monthly wage.

Mark Weber: The way it has worked for the past years, the paid staff works when the volunteers can't. Volunteers fill in the schedule and are happy to do it when they are available. The problem is they are not available all the time and so most services will offset their staff with paid staffing when the volunteers can't do it. Basically holidays, and weekends and some services will hire people for night call. The paid people work when the volunteers can't and those are the crappier hours.

Rep. Pollert: Who's going to make the call which ambulance services are going to be open, which ones will be main ambulance services and which ones that might be quick response units that are full fledged ambulances?

Mark Weber: That is why we are doing the operations areas in the funding areas because currently every ambulance service that has a license can continue to hold the license and have their own operations areas. We were going to one area. That's where the licensing and funding would be and it is changed. Now every ambulance service that has a license can continue to have a license until they no longer want one. There will be no selection by the State Health Dept. or the advisory committee to determine which ambulance services are going to survive and which ones aren't. The funding is going to go to a funding area and in those areas we need to sustain at least one ambulance service. Watching EMS over the last 20 years, I can see the volunteerism going down. The staffing grants have helped stop the (inaudible) as far as ambulance services closing. I can see the volunteerism going down and the ambulance services will continue to close their doors. We have developed with this bill a plan for when they do close their doors there is another ambulance services within reasonable distance that can scoop up that area. There is now funding available for that ambulance service to take that area. I don't think the Health Dept.

or the advisory committee is going to tell any ambulance service to close their doors. That decision is going to be made by themselves.

Chairman Weisz: Committee, just to clarify as far as the $10; that is not in addition to whatever mil levies. It has to be a contribution of at least $10 per person to get the match.

Mark Weber: Correct.

Rep. Kreidt: Communities now that have ambulances will have some paid staff person on duty? What I'm hearing is the lack of volunteers. It's tough to get people to volunteer their time. If you don't have the volunteers then those ambulances will close and then someone else will pick up that area. Is that correct?

Mark Weber: In some cases that may happen. In other cases, if it is the only ambulance service in the funding area, we need to have ambulance service there, so the funding either needs to increase to be able to pay people or they could contract with another ambulance service. We cannot allow any of the funding areas to be without an ambulance service. We looked at this plan not for just now, but 10-30 years from now. This is all going to evolve over time.

Chairman Weisz: If you have two or three ambulance services within a service area and there is a mil levy, how is that going to be divided up? If the primary ambulance is looking for the funding, I assume they will only get a percentage of the mil levy and will have to look elsewhere for the match?

Mark Weber: It is not a split of the money it is how many people (interrupted by Chairman Weisz.)

Chairman Weisz: It is the split of what was required for a match. So you have to divide up if there is 2,000 people within that service area, I assume there are two other ambulance services or one in addition to the one that is applying for the funding. Then someone has to make a determination of how many people are going to be allocated to that one to apply the $10 match to correct?

Mark Weber: That is correct. If there are 2,000 people in the service area and my ambulance services provides service into that area and there are 500 people that I serve in that funding area, then I would be responsible for generating $5,000 for that area.

Chairman Weisz: Even though the funding area may not provide that type of split to you, correct?

Mark Weber: I think that needs to be worked out.

Rep. Nelson: Rolette County has a high population, low tax base and the $10 is going to be an issue for them. You excluded the reservations and I want you to explain to me how the reservations are going to be served in areas like Rolette County where they generate 73 cents a mill per person. How do they raise the $10 given the dynamics?

Mark Weber: I would guess the population of the Turtle Mountain Reservation would be excluded from that $10. I don't know the exact dollars, but do know Rolette County generates a good chunk of change for EMS in that county. Rolla and Rolette both got some of that money. I can get you those numbers, but I don't think it is going to be a problem there if you exclude the Turtle Mountain Reservation people.

Rep. Nelson: Thank you for that answer. How do we carve out the reservation and still provide the service? You still are going to respond to calls on the reservation, are you not?

Mark Weber: The Turtle Mountain Reservation has their own ambulance service and is licensed and responds outside of their area and they are not really happy about that. They only want to respond on the reservation. Things change and that might change and not respond outside their area. Those types of details just need to be worked out. The solutions are comprehensive and different no matter where we go. That is why we need a generalized type of bill and then we need to make the rules and then each one of those areas has to follow the rules.

Rep. Louser: I assume the $10 per citizen is going to be based on the census. So this would stay consistent for 10 years. In the areas where we have a smaller funding area, over time there will be potential large fluxuations in population increase or decrease. Do you see a funding problem 7 or 8 years after the census?

Mark Weber: That is a great question. I think that when the Health Dept. looks at each one of these grants or these funding requests like Killdeer or Watford City and says that their population is this, they would have to work with those ambulance services in those counties to make those determinations. Yes, for the most part it will be based on population, but I would think the Health Dept. would be willing to work with people to adjust those.

Rep. Pollert: Other states have to be having a problem with volunteers. Do you know if there are other states trying to address this problem? Is this a template from another state or are we marching down and leading the pack?

Mark Weber: I think we are in front leading. You can talk to John Becknell from Safe Tech and I think he would tell you the same thing that this is a new type of deal. We have a plan to solve the problem rather than just trying to come up with a plan. Most states don't know what to do. Luckily our EMS community is small enough and we all kind of get along. We have gotten the rural and urban ALS and BLS to work together and we have a legislature that obviously support us.

Rep. Weiland: On page 2 of your testimony you talked about the number of services and you said in 2007 there were 143 and 108 were eligible for the grants. You don't talk about how many are still there or eligible for grants in 2009, but 41 applied and 39 are receiving grants. Could we get a list of those 39 ambulance services and the amount of grant they applied for?

Mark Weber: The Health Dept. would have to provide that. I have a list of what they applied for. Is that what you want?

Rep. Weiland: Yes and what they received both. I would appreciate getting that information.

Rep. Schmidt: You mentioned that reservations services would not be impacted by this? As I look at Standing Rock, I believe their services are provided by BIA. I can't separate in my mind how that service would be separate from this even though you mentioned it. You have to describe that for me please.

Mark Weber: The reason we excluded the four reservations from our program is because they receive federal funds and are federally funded and this is a state program and we have to have a local match to get the state funds and you have to bill. I'm not sure they do much billing and I'm not sure we would ever bill to get a local match from them.

Chairman Weisz: On page 3 of the bill on line 22 where it says, "each ambulance operations area must be limited to one transporting ambulance service", can you expand on that? On one hand we are conferring licensing on all existing, but now we are saying there can't be more than one transporting ambulance service in a given service area.

Mark Weber: The intent of that language was so that the state funding would only have to fund reasonable EMS and not all 140 some of them. If you define what reasonable EMS and you develop those funding areas, there is about 88-90 of them. We have to sustain at least one ambulance service in every one of those areas to be able to provide reasonable EMS. If there is multiple, they can share that money. The intent of the language is to assure there is at least one ambulance in every one of these funding areas.

Chairman Weisz: The language seems to me that it ensures there is only one because it says it must be limited to one.

Mark Weber: Then that terminology needs to be changed. It is in the operations areas and so every ambulance service that has a license now will get its own operation area. Within each operations area there will only be one ambulance service. That is what that is referring to. New Salem has an operations area and there can be only one ambulance services in that operations area.

Tim Meyer: Director of Administration at F-M Ambulance Service which provides support to Fargo, West Fargo and to rural Cass County. Testified in support of the bill. (See Testimony #3.)

Chairman Weisz: You made the comment that you don't want state subsidizing competition, but the language in the bill protects you from any competition of any kind even if it is non-subsidized. That's not a bad deal either, right?

Tim Meyer: Quite frankly, yes it does give us an exclusive right to work in an area. But, if we have a competitor move into Fargo, the first thing we will have to do is contract around areas that we can sustain our operation around. We can't do the calls out in the county because we lose money on those. That is where it trickles down to the volunteers and affects them. If we get a competitor in Fargo it changes the game for us.

Rep. Pollert: I'm struggling with the $10 per capita and the way I read this then, in your local area we would not be charging the $10 per capita because your services are there. Meaning that it won't be a $10 per capita charge? Someone is going to be paying that bill. I know they are two separate issues as far as the per capita payment and the $12,000,000, but, of the $10 charge, we aren't going to charge in your area, right?

Chairman Weisz: The $10 and the charge I think that is somewhat confusing here. The fact that local match to receive any funds is based on a $10 per capita within their service area. Somehow there has to be a local match whether it is mil levy or any other means in order to get the state funds for that part. If his ambulance service needs the money and he wants to apply for these dollars, he would have to come up with a local match based on that population in his service area. Tim, I have a question though. You indicated you do serve outside of the Fargo area. If there is a volunteer ambulance serving that area now, it would be your position that they shouldn't be able to receive any state funding; if indeed they are serving within your service area, is that correct?

Tim Meyer: Are you asking me if they operated in West Fargo for example?

Chairman Weisz: You talked about you are beyond and it's hard to read the map that was given us. But, if there is a volunteer ambulance service considered within your service area that is operating now, I assume you would object to them receiving state funds through this program to help them sustain themselves.

Tim Meyer: We don't operate in each other's areas. Right now in Cass County there are 4 rural ambulance services and I think everyone of them gets funding from the staffing grant. We would not oppose funding for our rural partners. We know if they go under we will have to go out and do those ambulance calls. It will be longer response times and we lose money on those things.

Gary Wingru: From Buffalo, ND representing himself gave information on the bill.
Tim Meyer with colleagues called me a couple of days ago. I have been the state EMS for Minnesota for part of the 1990's and we have a system that is similar to the provision that is in this bill regarding excusive operating areas and because of the expertise with that he asked me to come. I know the folks in the department really well. They are great people and I'm sure they will have a lot of good input on the bill you are working on. There are lots of different ways the EMS organizations that are organized and there are some states where the legislature has defined a responsible party for the provision of EMS. In North Carolina, counties are responsible to make sure EMS is delivered either by operating their own ambulance service or by contracting for the service. Wisconsin is a little convoluted model. Sometimes it's the county and sometimes it's the village, but it is not a city or a town. California also has a different regulatory structure. They are decentralized and they use the health service areas that we all use to have back in the early 80's that most states have done away with. There have been efforts in other states to try and define that process of how do we assure that every inch of the state is covered? We have had those discussions in Minnesota (MN) and the league of cities and association of counties don't support that without the state backing it up with funding. We haven't see the states move in the direction of making cities and counties responsible. Globally there is a lot of consolidation in Australia where there are six states and six ambulance services. The

Canadian provinces have started collapsing services into a single unit. Nova Scotia picked a day for a new provider in place of 56 existing providers. In Alberta they are doing a kind of phased approach. Currently Saskatschewan is moving their ambulance service from a kind of independent authority into the health ministry. It looks like they are going to keep somewhat of a decentralized model. British Columbia has one ambulance service. Most of these models are full time. There are some volunteers in big pockets of Australia. One of the things that we know is true about EMS is the demand for the service is inelastic. If I or you decide to open up a hardware store in town we might be able to convince more people in town to buy products. If we put three more cardiac cath labs in Bismarck; more people aren't going to have heart attacks. What happens in medicine when you over saturate an area each provider ends up doing less and they have a hard time maintaining the critical skills. Much research around trauma and other programs on how that works in terms of need to do procedures to stay proficient. We had issues in MN in the late 70's and early 80's some of which ended up on some embarrassing TV reports when we had a non-competitive model in our state. Anyone could set up an ambulance service if they could convince anyone who answered the 911 phone call to call them. If they had scanners and heard someone going, they could also go. Our state decided to change the model to exclusive, primary service areas what I believe the bill describes as exclusive operating areas. We have the strongest exclusive operating areas of any state today and we do have a sole provider model. What we did was the providers were grandfathered that already existed that result in some overlap. Most have been resolved over time. Because of the grandfathering position we do have some multiple services in the twin cities area, but they serve hundreds of nursing homes and that is the market they pretty much serve. What we have now that we didn't have before is our enhanced 911 system. Under that system in the CAD the address already has a police unit, fire unit and an ambulance attached to it. There are a couple of issues from the provider perspective that are important in this. For a large portion of the calls the ambulance service do, reimbursement is fixed. If you have an open competitive market in a situation where there is inelastic demand, it is hard as a provider to make the kinds of capital infrastructure things you need to do to provide the best level of care. We know that ambulance services can save the system a ton of money, if we can get the right patient to the right place the first time. But, the machines that are required to make that decision costs between $20,000-$25,000. You are hard pressed as a provider if you don't know you are going to be here next year to make those investments especially if you were small. We also see in our MN system that our EMS agencies are what I would call full service. If the town is big enough to have a SWAT team in the police department, the medics are right there with them. Intercept is a big part of our state. We have 308 ambulance services. About 250 of which are volunteer and most of them are basic. In our rules we set up what is called a summary approval process. So, where there were overlaps in coverage and multiple providers, the providers in the 911 system could come together and through a simple regulatory process, two people signing a piece of paper and sending it into our EMS office, they could have those boundaries changed. We have had some loss of service in MN. Some ambulance services have gone out of business, we have had four in the last five years or so. They have all been located in rural communities and all but one of them has been replaced. The next service closes ends up picking up their calls which does result in issues of extended response times. Some states have done exclusive provider model for emergency the business and had non-exclusivity for non-emergency business. That tends to work well where you have very large populations and hundreds of nursing long term care facilities. Our experience in my state is that it does not

work well where we have 50,000 to 100,000 people. There isn't enough to split that part of the market out.

Justin Adolph: President of the Professional Firefighters of ND. We are here today to support the bill. Funding EMS in the state that is very important. Our communities are spread far apart and in the state and is very hard for rural EMS services to cover all of these areas. We do have a little reserve on the non-competition clause as far as the cities, but we do wish for the funding to be there for the rural communities.

Rep. Pollert: I have gotten a few e-mails from rural fire departments very concerned about this bill and not in favor of it. The professional firefighters are paid, is that correct?

Justin Adolph: That is correct. I represent the five main departments in the state and most paid firefighters of the state. I can speak for the paid firefighters in the state. I believe the worry is, let's say that Grand Forks wanted to start their own ambulance service where we are a little questioning if that is even legal with this bill if passed with the verbiage on non-competition.

Rep. Pollert: This is a far reaching question and only reason I'm asking it is because I have a son who is a firefighter and paramedic in South Dakota and in their county and the city have an arrangement so that he is a paramedic and a firefighter. Should the state be looking at a collaboration or has the state ever looked at that of those combinations? Has it been discussed in ND or has your organization talked about it?

Justin Adolph: Not aware of that ever being discussed. In most cities, the fire and police are first responders and BLS and the ambulance services are ALS that has worked very well for our cities. We wonder if at some point if a city would like to start their own EMS. Would that be possible with this bill sir?

Patrick Tracy: An EMT Basic with Maddock Ambulance Service testified in support of the bill. (See Testimony #4.)

Rep. Bellew: You said on page 2 that your reserve funds will be depleted in approximately 2 years without funding assistance? Where do the reserve funds come from?

Patrick Tracy: Those funds were built up over the years until we started to get the staff grants and staff funding, we were depleting from year to year.

Rep. Bellew: Did they come from local tax dollars, county tax dollars?

Patrick Tracy: Some of them come from local tax dollars and some from donations and revenues from runs. I can get you that information. Offhand I don't have it.

Rep. Bellew: Has your ambulance gone to the city and county and asked for extra funding and what was there response if you have? If you haven't, why haven't you?

Patrick Tracy: Yes we have. We've instituted the mil levy and we do fund raisers. As far as city taxes and city dollars, I would have to check on that. We use the maximum allowable mil levy there is. That is split between three ambulance services in the county.

Rep. Metcalf: You said you get paid about a $1.50, is that an hour you are out or per run? You say most donate that money back to the ambulance service.

Patrick Tracy: That is a $1.50 an hour and some of us do. I have never cashed a check for my call time. I have donated 100% back to ambulance or given it to pay a bill for someone who can't afford it.

Rep. Metcalf: You say that is how you have built up some of your reserves in your system?

Patrick Tracy: I don't think that would build the reserves, no. To me it is a dollar saved. EMS is so important. We are 30 miles from a higher level of care. I want to know if my son, grandchildren or spouse needs an ambulance that it is there. I want to retire in Maddock, ND and when I'm 60 years old and I need to go, I want to know there is an ambulance service here to take me.

Rep. Weiland: If you could just give me a snap shot of your community. How many people in your service area that the ambulance serves? And give me an idea of what your income and expenses are in your budget.

Patrick Tracy: As far as the ambulance service itself, I don't have that information for income and expenses. Maddock has about 500 people. We are in the center of Carrington, Harvey, Devils Lake and Rugby. Approximately 50 miles from any of them. Center of Benson County and our service area is rather large. Minnewauken use to have an ambulance service and closed and we cover part of that area and over to Esmond, north to Harlow and south to Hamburg area. Square miles I couldn't tell you exactly. I'd have to get you the information to the population of that area.

Rep. Kreidt: Do you have a lot of trouble getting volunteers?

Patrick Tracy: We were lucky last year. There was a class of three of us that took the EMT course and we all passed. I think we had a gal there that was holding things together with needles and thread. She kept asking me if I'd take the EMT course and I said no three times and said yes the fourth time. We probably have six active EMT's maybe seven. We have active drivers, a half a dozen. We have monthly meetings and ten to twelve people show up. The spirit of volunteerism right now with our ambulance service is great. We have a good crew, but we still don't have enough.

Rep. Nelson: I've known Pat for a long time and the people of Maddock. It is just another example of the good people in district 7. Minnewauken did close their service several years ago and it was the volunteer organization from Maddock that ended up picking up that service. They are in a tough situation compared to other areas of ND because Benson County is one of those counties that have a number of issues going on. They are a reservation county so there is a limited tax base and it is depleting because of land that is

purchased by the Tribe as well as swallowed up by Devils Lake. It is a close knit system and takes a lot of participation in and outside of the community and that's how it works in towns. We appreciate your service and all of the volunteers that do that.

Rep. Kilichowski: Do you serve any part of the reservation in Benson County?

Patrick Tracy: No, I don't believe we do. It is not in our service area. It is too far to the east.

Rep. Metcalf: This is a statement and not a question. If you are really looking for volunteers. Contact Arlo Schmidt.

Rep. Damschen: I'm not from Maddock, but I was there during your celebration this fall. You don't have to spend much time in the community to see that they are a community that is willing to step forward. I would feel pretty confident that they probably have done everything in their power to keep this service going in the community. Just an observation from spending an afternoon there.

Patrick Tracy: That was the rural Renaissance Festival and my wife was chairman of it and thank you. Living in a rural setting in ND does come with its price, but the benefits way out weight it. I heard of some of the larger communities funding the ambulance services, but where would those communities be without the Mohalls, Maddocks, Leeds and the Stanleys.

Cheryl Flick: EMT with the Bowden Ambulance Service testified in support of the bill. (See Testimony #5.)

Tom Zahn: EMT Basic at the New England Ambulance Service testified in support. Cheryl Flick read his testimony. (See Testimony #6.)

Diane Witteman: President of the Mohall Ambulance Service testified in support. (See Testimony #7.)

No Opposition

Chairman Weisz: Closed the hearing.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
February 7, 2011
Job #14083 (start at 6:18)

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: *See attachments #1-2*

Chairman Weisz: Everyone has the amendments? I'll give everyone a few minutes to look at them. The funding from the insurance tax is gone. It will be general fund dollars. The $10 per county allocation stays in place. The makeup of the advisory committee has changed and that is on page 2. On the advisory committee will be a legislator and the other only real change is where it says, "EMS will appoint three and guarantees at least one of them will be a non-EMS association member. It still keeps in everybody else; air ambulance and educator. We still are establishing funding service areas. The appropriations will be 4.4 million dollars. There is 3 million in this bill and 1 ¼ in the Governor's budget. In the Health Dept. budget for EMS. There is a suggested amendment that will clarify that.

Rep. Porter: The section 4 makes the advisory committee effective after January 1, 2012.

Chairman Weisz: That is when the bill kicks in. If you look at the appropriations you will see there is $562,500 that is to finish things out in until January 1, 2012 under the current waiver of funding staffing grants. Everything starts in place January 1, 2012. Mr. Tuba an explanation? I'll let you come up.

Ken Tupa: With ND EMS Association. To address the start date, as I understand the amendments on second page of the amendments the very last one, Section 4 Effective Date, January 1, 2012. That would address the new Section 2 in the bill which is the repealer. Current Section 2 would become Section 1 which would be in effect immediately. Section 2 then becomes the repealer which needs to be repealed because that is the current staffing grant. It all works there.

Chairman Weisz: We are eliminating the repealing of the way we were doing things funding it to January 1 and start the new program on January 1, 2012.

Rep. Porter: In our discussion we talked about what happened this go around in the budget that we worked pretty diligently last session to get the funding dollars up. And when the Governor's budget came out, OMB said, we looked at that as a one-time funding level and they slashed it and put it back to the previous biennium dollar amount . So right now what is out there with no changes then there would be a significant number of those ambulance services that would lose their staffing grant dollars that we appropriated last

legislative session. So I hand wrote what a Section 5 of this could be and we would word it at, "the $3 million is over and above the appropriation in 1004 which is the Health Department's budget and must be used as the base line for the purpose of budgeting for the 2013-15 executive budget". So OMB doesn't take that back to the million dollars again. No matter what we do and no matter what Approps ends up doing with the funding levels that those levels stay as the baseline for the next executive budget.

Chairman Weisz: You want to add it to the (stops).

Rep. Porter: We'd just do it all at once and add it to this amendment.

Rep. Kilichowski: Why did OMB think it was a one-time funding?

Rep. Porter: I do not know.

Chairman Weisz: I don't remember any discussion that was committee that was ever intended to be a one-time. They couldn't have gotten it from committee discussion.

Rep. Holman: Is there any precedent for us telling what baseline funding is?

Rep. Porter: All the time. Usually it is language that the Appropriations Committee puts in, but this started here last session and is continuing forward. It has been studied two interims and then all of sudden we were told that they took all of the work we had done and made it as a one-time appropriation out of OMB. Whatever comes out of appropriations and goes to the Senate and is signed into law is the baseline for next session so we don't have to come back and start from two sessions ago and try and change that policy forward and that we go back to what we did last time and move forward. That is really what it says. The work in the last two interims on this issue has been a very interesting process to say the least. Section of the bill was specifically tagged to me personally. I've talked to many of the members of the committee about what that piece would do. And I'm still going back to the interim under the belief that type of language needs to be between a particular ambulance service and who they contract with to provide those services. I still have an issue with no one in the state stepping up to the plate saying that it is their responsibility to make sure that EMS is provided. That still doesn't exist today. The counties, cities don't want it and EMS wanted some areas of protection. I don't believe that is right either. I think that there needs to be somebody that in the end makes sure that EMS is provided to all geographical areas of the state. Right now that falls back to your volunteer ambulance service and if they go away then it falls to your neighboring volunteer ambulance service. And if they go away it goes to the next one. You get a remote area of the state and you get a couple of ambulance services that fail, that keeps mushrooming out and putting more burden on those volunteers that are still existing. This language came from Minnesota and the ambulance services from the eastern part of the state. Of course, FM was up wanted to have it. Grand Forks, Fargo and Wahpeton currently have services in Minnesota that have assigned service areas and they like it and thought it should be in ND. But, out here in the western part of the state we have never had those things. Dickinson had a competing ambulance service fifteen years ago and it almost collapsed both servicers where they had no coverage. Finally they fixed it on the local level the way it should have been done. I can assure you that my business is protected with a contract with the cities

and counties that I serve and that is how it should be done. They control the rates we can charge and what we do through contract. The local county and city commissions control me, but that is not the case across the state.

Rep. Holman: This is not an uncommon practice in a sparsely populated area where we have monopolize utilities and a lot of things. We have oversight on rate setting. What types of things would be in place here to make sure that someone or others where it might affect rate setting when someone has a monopoly?

Rep. Porter: Again it falls back to the local units of government. We don't have a monopoly. What we have in our contract is very specific language that if another service wants to come in that they come in at the same level that we are in. They can't come in an operate from 8 am to 5 pm and cherry pick nursing home contracts and things like that. And the one o'clock in the morning uncollectible they can avoid. All we did as a service with local units of government is to assure that everybody completes on the same level playing field. Inside of the existing rules they don't get staffing grants unless they are at least trying to get their costs of doing business and that is what this bill does. The state just doesn't throw them money and subsidize their operation at the low cost. They have to raise their rates in those volunteer services and at least charge the cost of doing business in their service area.

Rep. Kilichowski: All the stuff underlined in this bill, was that in the last bill that allowed for the funding mechanism or is this completely new?

Rep. Porter: The committee language on page 1 of the amendment. The top part of that is the way it is being done now, but not in the law. The association felt they would like some solid ground that this committee does have to exist and this is the format it exists in. The department does have this membership committee operating right now other than a legislator and they felt it should go forward. The bottom part is new and the committee doesn't have any input on how the staffing grants are put out. It just says that the health officer can get advice from the group on how the staffing grants are put out.

Rep. Kilichowski: The funding and the matching was all the same as last time, right?

Rep. Porter: Because of the effective date on page 2, it would stay the way it was last time. The mechanisms that are out there now would stay that way until 2012 and then starting in 2012 the recommendations of the advisory committee would be considered on how to do the staffing grants.

Rep. Porter: I would move the amendment 02001 with the additional language that would make up that Section 5.

Rep. Hofstad: Second.

Voice Vote: Motion Carried

Rep. Kilichowski: I move a Do Pass as amended and re-referred to Appropriations.

Rep. Hofstad: Second.

Rep. Porter: So everyone is clear on the second page of the amendment. It does take that insurance tax distribution language out and put it back as a general fund appropriation. There was concerns from rural fire departments that felt that money was just theirs and so that was removed and put into just the general fund.

Roll Call Vote: 12 y 0 n 1 absent – Rep. Paur

Do Pass As Amended and Re-referred to Appropriations Carried

Bill Carrier: Rep. Weisz

#1

11.0242.02001
Title.

Prepared by the Legislative Council staff for
Representative Weisz
February 5, 2011

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1044

Page 1, line 1, remove "and a new subsection to section"

Page 1, line 2, remove "23-27-02"

Page 1, line 4, remove "to amend and reenact sections 18-04-04.1 and 23-27-01 and subsection 1 of"

Page 1, remove line 5

Page 1, line 6, remove "fund and ambulance operations areas;"

Page 1, line 7, remove "and"

Page 1, line 7, after "appropriation" insert "; and to provide an effective date"

Page 1, remove lines 9 through 15

Page 1, remove lines 20 through 22

Page 1, line 23, replace "2." with "1."

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

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

Page 2, replace lines 8 through 13 with:

"There is established an emergency medical services advisory committee. The committee consists of the state health officer or designee, one consumer representative appointed by the legislative management, one member of the legislative assembly appointed by the legislative management, one representative of an air ambulance services operation, one licensed emergency medical services educator appointed by the North Dakota ambulance service advocates, one representative of an ambulance service appointed by the North Dakota ambulance service advocates, and one representative each of an urban, rural, and frontier ground ambulance service operation appointed by the North Dakota emergency medical services association for a total of three representatives one of whom may not be a member of the North Dakota emergency medical services association.

The committee members must serve voluntarily and are entitled to reimbursement of expenses in accordance with section 44-08-04.

The state health officer shall consider the recommendations of the committee on the eligibility for state assistance for training and education as provided for in section 23-27-04.5, the plan for integrated emergency medical services, development of emergency medical services funding areas, and development of funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer."

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 29

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 3

Page 6, line 5, remove "insurance"

Page 6, line 6, replace "tax distribution" with "general"

Page 6, line 6, replace "$12,000,000" with "$3,000,000"

Page 6, line 9, remove "in accordance with section 2 of this Act"

Page 6, line 10, after the period insert "The department may spend up to $562,500 of the appropriation provided in this section for grants under chapter 23-40 and any remaining funds for grants in accordance with section 1 of this Act."

Page 6, after line 10, insert:

"**SECTION 4. EFFECTIVE DATE.** Section 2 of this Act becomes effective on January 1, 2012."

Renumber accordingly

Date: 2-7-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1044

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kilichowski Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent: ADOPT 02001

Voice Vote
Motion Carried

11.0242.02002
Title.03000

Adopted by the Human Services Committee

February 7, 2011

VR
2/7/11
1042

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1044

Page 1, line 1, remove "and a new subsection to section"

Page 1, line 2, remove "23-27-02"

Page 1, line 4, remove "to amend and reenact sections 18-04-04.1 and 23-27-01 and subsection 1 of"

Page 1, remove line 5

Page 1, line 6, remove "fund and ambulance operations areas;"

Page 1, line 7, replace "and" with "to provide a statement of legislative intent;"

Page 1, line 7, after "appropriation" insert "; and to provide an effective date"

Page 1, remove lines 9 through 15

Page 1, remove lines 20 through 22

Page 1, line 23, replace "2." with "1."

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

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

Page 2, overstrike lines 8 through 13 and insert immediately thereafter:

"There is established an emergency medical services advisory committee. The committee consists of the state health officer or designee, one consumer representative appointed by the legislative management, one member of the legislative assembly appointed by the legislative management, one representative of an air ambulance services operation, one licensed emergency medical services educator appointed by the North Dakota ambulance service advocates, one representative of an ambulance service appointed by the North Dakota ambulance service advocates, and one representative each of an urban, rural, and frontier ground ambulance service operation appointed by the North Dakota emergency medical services association for a total of three representatives one of whom may not be a member of the North Dakota emergency medical services association.

The committee members must serve voluntarily and are entitled to reimbursement of expenses in accordance with section 44-08-04.

The state health officer shall consider the recommendations of the committee on the eligibility for state assistance for training and education as provided for in section 23-27-04.5, the plan for integrated emergency medical services, development of emergency medical services funding areas, and development of funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer."

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 29

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 3

Page 6, after line 4, insert:

"**SECTION 3. STATEMENT OF LEGISLATIVE INTENT.** The $3,000,000 appropriation in section 3 of this Act is in addition to the appropriation in 2011 House Bill No. 1004. The combined appropriations must be used as the base level for the purpose of budgeting for the 2013-15 executive budget."

Page 6, line 5, remove "insurance"

Page 6, line 6, replace "tax distribution" with "general"

Page 6, line 6, replace "$12,000,000" with "$3,000,000"

Page 6, line 9, remove "in accordance with section 2 of this Act"

Page 6, line 10, after the period insert "The department may spend up to $562,500 of the appropriation provided in this section for grants under chapter 23-40 and any remaining funds for grants in accordance with section 1 of this Act.

SECTION 5. EFFECTIVE DATE. Section 2 of this Act becomes effective on January 1, 2012."

Renumber accordingly

Date: 2-7-14
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1044

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kilichowski Seconded By Reps. Hofstad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	A				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Rep. Weisz

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

REPORT OF STANDING COMMITTEE

HB 1044: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1044 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "and a new subsection to section"

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Renumber accordingly

2011 SENATE HUMAN SERVICES

HB 1044

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1044
3-15-2011
Job Number 15487

☐ Conference Committee

Committee Clerk Signature RDMoulson

Explanation or reason for introduction of bill/resolution:

Relating to ambulance operations areas, emergency medical services funding areas, and state financial assistance for emergency medical services.

Minutes: Attachments.

Senator Judy Lee opened the hearing on **Reengrossed HB 1044.**

Sara Chamberlin (Fiscal Analyst for Legislative Council) provided neutral information on HB 1044. Attachment #1

Senator Gerald Uglem asked if the 1.25 for staffing grants was taken out in the original bill so it was a 12 million total in the original bill.

Ms. Chamberlin explained that in the original HB 1044 there was 12 million and this 12 million was provided from the Insurance Tax Distribution Fund. She believed the Department of Health bill, the executive budget, included the 1.25 million.

Mark Weber (ND EMS) testified in support of HB 1044. Attachment #2

Senator Gerald Uglem said they would still want to have grants or funding going out the first year.

Mr. Weber said the current staffing grant program would continue for the next 12 months.

Senator Judy Lee asked for clarification – because they are delaying it 6 months is there a possibility that fewer than 4 million might be the final number.

Mr. Weber believed there would be more requests than they have money for. He felt more ambulance services will be applying for the staffing grant in the next 12 months.

Discussion – developing criteria as a reason for the advisory committee. Fourteen services do greater than 600 calls per year.

Senator Gerald Uglem stated that the original bill was going to get rid of the staffing grants and everything would be done through the new program. He wanted to know if they were comfortable working with the staffing grants at least temporarily since it was put back in by the House.

Mr.Weber didn't think they had a choice. They are functioning and are temporary.
He felt there was a need to extend it for the 12 months. That would put them on the right schedule for the Health Dept. to work through the policy.

Senator Dick Dever asked if some of the ambulance services are organized differently as "for profit" as opposed to "nonprofit". He also asked if they saw the funding areas geographically including multiple ambulance services.

Mr. Weber said the most rural ambulance services are struggling to cover 24/7. He gave the example of Mohall and Lansford as a prime example of what is happening.
He explained that the funding areas allow ambulance services to drop their 24/7 requirements and go with a part time ambulance service. He elaborated on how the system works.

Discussion continued on the necessity of the small rural areas to join together to provide EMS in their areas. There is the ability to cooperate without being absorbed. It can be set up so they can begin as equal partners in the planning.
There has been consideration for additional funding to help with the substations that will be formed.
Identity issues were brought up.

Senator Tim Mathern asked what format they wanted the Advisory Committee put back to.

Mr. Weber said the advisory committee has been in place since about 2004. They are fine with leaving it the way it is in the original bill. They wouldn't mind having 2 people from the EMS Association on it. They just wanted to have the committee in statute.

Senator Gerald Uglem asked what percentage of EMT's in the state are members of the Association.

Mr. Weber – between 1300 and 1400 members. There are 1800 active EMT's.

Senator Dick Dever understood the concern of the connotation of the word "grants" in the appropriation. But it seemed to him that one of the connotations of not having it is that the Department of Health has a greater responsibility for oversight of the distribution of the funds.

Mr. Weber said they would like to get rid of the stigma of the word "grant". They want it to be permanent funding.

Tim Meyer (Director of Administration, FM Ambulance in Fargo) testified in support of HB 1044 Attachment #3

Senator Judy Lee stated that she knew they served the MN side also and asked how MN does this.

Mr. Meyer replied that MN has a PSA law (Primary Service Area). He went on to explain how it works and how it developed.
It was pointed out that the Fargo service also provides service to the rural areas around Fargo. The original bill would be looking at something that would be fairly similar in some ways to the MN plan.

Senator Gerald Uglem asked if MN considered "reasonable EMS" definition similar to ND as far as response time.

Mr. Meyer didn't think it was defined like that. In many ways he thought ND was way ahead of the curve in defining performance standards when based on other states in the country. He based that on an interim study he worked on a few sessions back.
The language used in MN to establish performance standards has to do with the size of the community.

Discussion followed on competing ambulance services.

Rep. Todd Porter (District 34) spoke in support of HB 1044. He was a member of the interim committee that worked on this. They took a long hard look at EMS in North Dakota. The big area of concern that they had, as a committee, was rural EMS. The volunteer level of service is a very functional, viable option in ND. The problem is that the aging group of volunteers that are committed to do this is dwindling. The other problem is that people are traveling further for their jobs and are leaving communities virtually without coverage.
He gave an example of Wilton, ND and the effect it has on the next closest service.
He talked about the cooperation between ambulance services and the care the patient gets.

Senator Judy Lee asked what the attitude was of the policy committee in the House compared to the Appropriations Committee concerning the amendments resulting from the House action.

Rep. Porter said they did the funding amendments in the policy committee. There were a couple of issues. They wanted to make sure it wasn't going backwards so wanted the funding to be where it was last biennium. There was hesitancy to increase it prior to the results of the study.

Senator Dick Dever asked if they had talked about any numbers other than 12 million or 2 million.

Rep. Porter said they did. That talked about 4 and 6. There was a demonstrated need to be more than the 2 million.

Senator Tim Mathern asked what the House rationale was to remove the Advisory Committee requirement.

Rep. Porter responded that the Advisory Committee is still a functioning committee inside of the department. It was language in that bill that dealt with more of a mandatory type. Right now it is a voluntary committee. The responsibilities were different for what the committee would be doing out of the interim. He didn't know what the rationale was to change it. He thought part of it falls back to the study on how EMS should look in the future.

Senator Dick Dever asked, as a for profit ambulance service, if they had considerations of legal liability when they are required to make calls outside of their service area that they are not set up to do.

Rep. Porter said they have concerns of legal responsibilities every day they operate. They aren't any different when they are going other places.
He addressed the topic discussed earlier concerning a comparison to MN. He explained how it works in MN and that it is a functioning national model. There really isn't the ability to have competition inside of this industry especially in a low volume place like ND. He explained the contracts in Bismarck/Mandan and how they provide their services.

One area the House didn't look at that could be looked at is the way licenses are issued in ND. Another area is proving the need for the license.

There was no opposition or neutral testimony.

The hearing on HB 1044 was closed.

Attachment #4 –Additional testimony from Jeremy Mattison, Kari Enget, and Cindy Voeller.

Committee Discussion: Moving forward with this and if the Advisory Committee should be put in code. The advocates want it in code.
The working connection between the trauma medical director and the EMS was briefly discussed as well as removing the word "grants".

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1044
3-16-2011
Job Number 15550

☐ Conference Committee

Committee Clerk Signature RMadson

Explanation or reason for introduction of bill/resolution:

Minutes: Attachments.

Senator Judy Lee opened committee work on HB 1044.

Representation on the Advisory Committee from the Association and the new organization was discussed. There was concern on who should be on the Committee and whether the legislature should determine who should be on it.
Substations and levels of licensure were explained and discussed.

The original bill was reviewed. There was interest in taking lines 7-13 on page 2 and developing it to make it an advisory council or committee that would have statewide credibility. Another preference for the bill was to look at the dollar amount and relate it to specific development of the service.
The original intent of the bill was to eliminate the staffing grants but as it is amended it leaves them and adds 2 million.

Senator Judy Lee asked if the committee was supportive of what the issue started out to be before the paid survey and study which is to try to implement statewide support for the ambulance services.

There was agreement but also that if they establish a statewide program then they need to consider the accountability that needs to be there, also.

Tom Nehring (Department of Health, Director EMS) appeared to give information and to answer questions at the request of Senator Judy Lee.
First he talked to the committee about the advisory committee which is in health department policy, not in statute. He explained the history, membership makeup, and responsibilities. He pointed out that it is not necessarily well attended partly because the committee is too large. He would like to see it a more workable committee. What it is supposed to reflect are the stakeholders who touch EMS in the state of ND.

Senator Gerald Uglem asked how the EMS advocates fit into this.

Mr. Nehring was familiar with the group and believed they were there as kind of the legislative arm of the EMS Association. There is a structured fee schedule for different size ambulances to belong to the advocates.

Discussion followed on the membership of the EMS Association, the Advocates, and representation on the Advisory Committee.

Senator Tim Mathern asked if Mr. Nehring could develop a list of about 15, who they would represent, how they would be appointed, and the rotation process for an advisory committee.

Mr. Nehring said they could formalize the committee according to the committee suggestions.

There was a suggestion to keep the committee to 12 or less.
There was concern about undue influence on where the funds would go. It is currently in the hands of the Department of Health. Accountability of funds was discussed. There is a system of checks and balances.

Funding was discussed. It is difficult to determine how much money is going to be needed. There are a lot of pressures on EMS in ND at this point in time. Probably the greatest issue is the staffing roster. Other issues were also addressed. It was the belief of Mr. Nehring that EMS needs money for some relief but couldn't say what the right number would be.

Training of EMT's is very important. 72 hours of training is required per year. They need that training to keep their skills up because they don't get it through experience.

Senator Tim Mathern asked if Mr. Nehring could provide a worksheet showing how the 4 million would be spent.

Mr. Nehring replied that it is the EMS bill and they haven't determined how they would spend the money. Obviously, some would be for staffing grants. He said he would do the best he could within the constraints that are placed on him within the Executive Branch.

Senator Gerald Uglem said it was his understanding that the 12 million originally requested was to be used for staffing grants, replacement ambulance, training, and for anything necessary to keep ambulance service going.

Senator Dick Dever recalled that in a previous session when talking about this issue the issue wasn't having money to operate but rather having people to operate. Communities do come out to support through fundraising efforts.
He wondered how the EMS and Trauma Services Director would be involved in implementing this plan and how the Dept. of Emergency Services interacts with EMS if it's more than just communication.

Mr. Nehring answered that there is really very little interaction of the EMS people with the Division of Emergency Services. The most significant interaction is through their state radio.
One of the pressures being placed on some of the ambulance services is that they are outgrowing the local fundraisers.
He pointed out a mistake in the past was that the ambulance services aligned themselves with health care to get health care reimbursement. Unfortunately, the continuing ratcheting down in health care costs has affected ambulances as well. Operating costs have started to soar through the ceiling. They have never been treated as a public safety entity and they still have to rely on health care dollars. That is not a good mechanism of reimbursement.

Senator Judy Lee mentioned that in Mr. Weber's testimony the implementation date would be July 1, 2012 for section 2. That would mean the same formula would be in place for a year and then the new program would go into place.

Discussion followed on what the ambulance services could spend.

The topic of the trauma director was brought up. Mr. Nehring read it as meaning that person would be ½ time for EMS and ½ time for Trauma.

Funding areas and operations areas were discussed. Mr. Nehring thought they were put in the bill for two distinct and separate reasons.

Mr. Nehring agreed to get information back to the committee on the areas that were discussed concerning the Advisory Committee, funding and other areas discussed.

Senator Gerald Uglem agreed to be a point person for the committee and help work on an amendment for consideration by the committee.

Committee work was adjourned for the day.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1044
3-21-2011
Job Number 15767

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Minutes: Attachments.

Senator Judy Lee opened committee work on HB 1044.

Ken Tupa (ND Emergency Medical Services Association) was asked to address the committee. He gave a synopsis of his amendments. Attachment #5

Senator Gerald Uglem pointed out that a change also needed to be made on line 18 page 2. They don't want to spend half the money the first year.

Discussison – appropriations are really in two bills. This bill would ask for 4 million and 1.25 million is the Department of Health budget HB 1004. The staffing grant process would be changed to a funding area process the second year of the biennium. The idea is to fund areas not services. After discussion it was decided to put in an amount instead of saying ½.

Tim Weidrich, (Section Chief, Emergency Preparedness Response) appeared in front of the committee to explain the information requested by the committee and submitted by Tom Nehring. Attachment #6
There has been some concern from stakeholders about how members are appointed to the Advisory Council. He felt this addresses those concerns.

Senator Gerald Uglem requested crossing off the ND ambulance service advocates because of the concern. He assumed there was a good chance one of those advocates would be on the council anyway. He asked if he had any objection to the amendment.

Mr. Weidrich agreed that was a reasonable assumption and he seemed satisfied with the amendments.

Senator Judy Lee thought the EMS people mostly wanted the Advisory Council in statute because they felt it gave it certain credibility. She agreed with pulling off the advocates group. It's more of a lobbying group.

Mr. Weidrich explained the process of appointing members from an organization.

Senator Tim Mathern stated that there seemed to be confusion with the number of members stated in the amendment compared to what the department is requesting.

Discussion followed that the intention is not to limit to three. The intention is to say they can appoint three but if more representation is needed it is up to the department to find whoever they want to fill those positions. A suggestion was to set a maximum.

Senator Tim Mathern felt it should be spelled out in statute so the stakeholders could start planning. If the list of members is not in statute he asked how they put it into effect.

Mr. Weidrich answered that it is a policy process.

The State Trauma Committee is established through rule and Century Code so a reference to that would be appropriate.
The Dept. of Health was specifically excluded in the committee makeup suggestions because it is advisory. They can't advise themselves.

Senator Tim Mathern suggested that the department establish, by policy, how members are selected, number of members 14 or less, policy include method of terms being designated, method of changes to the membership being in staggered terms. If it is in policy, they would have to follow their policy and everyone knows what it is.

Senator Judy Lee said that would formalize it. She noticed that there was not a consumer rep on the list.
After some discussion they didn't think there seemed to be a strong need for one.

Service areas were addressed. Mr. Tupa explained that funding areas could incorporate one or more service areas. A service area is somewhat synonymous with an operations area. He felt there were needs for designating the service areas.

Senator Judy Lee pointed out that the original bill had a definition for operations area. The current one does not. She wondered if it should go back in.

Mr. Tupa said they were fine with the language before the committee – that it is permissive and that the department may designate these areas.

Senator Gerald Uglem felt part of the confusion was that in the long run, in his vision, the service areas would equal the funding areas.

Mr. Tupa explained funding services within funding areas.

Senator Judy Lee asked if there was any objection to Section 1- the waiver – if they were ok with the "may designate their service areas". There wasn't any objection.
They then moved on to the Advisory Council and discussed who should be included in the membership and how it should be worded.

Other changes were reviewed and the intern was asked to draft an amendment reflecting their discussions.

Committee work was closed for the day.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1044
3-22-2011
Job Number 15814

☐ Conference Committee

Committee Clerk Signature Pat Robinson

Explanation or reason for introduction of bill/resolution:

Minutes: Attachments.

Senator Judy Lee opened committee work on HB 1044.
The amendment drafted by the intern at the request of the committee was reviewed and it was decided that some clarification was needed relating to the Advisory Council. Attachment # 6 is the corrected amendment.

Senator Tim Mathern moved to **adopt the amendments with the changes**.

Seconded by **Senator Dick Dever**.

Roll call vote 5-0-0. **Amendment adopted.**

Senator Gerald Uglem moved a **Do Pass as Amended and rerefer to Appropriations**.

Seconded by **Senator Dick Dever**.

Roll call vote 5-0-0. **Motion carried**.

Carrier is **Senator Gerald Uglem**.

11.0242.04001
Title.05000

Adopted by the Human Services Committee

March 22, 2011

3-23-11
1 of 2

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1044

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Subsection 1 of section 23-27-01 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall license emergency medical services operations~~. After June 30, 2001, the~~ and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18, insert:

"**Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by the North Dakota emergency medical services association, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership."

Page 2, line 18, replace "one-half" with "one million two hundred fifty thousand dollars"

Page 2, line 21, replace "$2,000,000" with "$4,000,000"

Page 2, line 22, replace "4" with "5"

Page 2, line 26, replace "$2,000,000" with "$4,000,000"

Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

2 of 2

Date: 3-22-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1044

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0242.04001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment

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

Date: 3-22-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1044

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0242.04001 Title 05000

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By **Sen.** Uglem Seconded By **Sen.** Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Uglem

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

REPORT OF STANDING COMMITTEE

HB 1044, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1044 was placed on the Sixth order on the calendar.

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

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Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

2011 SENATE APPROPRIATIONS

HB 1044

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1044
03-30-2011
Job # 16176

☐ Conference Committee

Committee Clerk Signature Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL relating to ambulance operations areas, emergency medical services funding areas, and state financial assistance for emergency medical services; relating to emergency medical services allocations; to provide a statement of legislative intent; to provide an appropriation; and to provide an effective date

Minutes: Testimony Attached

Chairman Holmberg called the committee to order in reference to HB 1044. Sara Chamberlin, from Legislative Council and Tad H. Torgerson with OMB were also present. Chairman Holmberg commented that they don't have a deadline on this bill.

Mark Weber, ND Emergency Medical Services Association (EMS), testified in favor of HB 1044 and provided written testimony (See **Attachment #1**.) On page 2, paragraph 2 of his testimony, the dollar amount is incorrect. It should read "($4 million in HB 1044 and $1.25 million in HB 1004)." for a total of $5.25 million dollars. Areas with multiple ambulance services in a funding area would have to work together. When we look at the definition of reasonable EMS, we look at approximately 85 to 90 areas. That can end up being different than what the definition ends up being. From our calculations there are about 66 funding areas in North Dakota that would have one ambulance service in it, and there are approximately 20+ ambulance services that would have more than one ambulance service. There are a few that would have three ambulance services. His testimony states that this bill will provide long term stability, ensuring reasonable EMS in ND well into the future. They are proposing a formula based on cost vs expense. Right now the staffing grants allow a certain amount of money. Any ambulance can apply for up to $45,000. There are some that need more money than that. If you look at what it costs them to operate using a reasonable budget and how much money they can generate, local match and billable revenue, there's a gap there for many ambulance services. That gap is where we feel the amount that they receive should be. If you look at Flasher, ND or New England, ND it would cost them $150,000 to have a manager to handle all the administrative duties, then you have proper equipment and salaries for people, or whatever. The base budget is $150,000 annually. You can see that there is a huge gap if they can generate $40,000 and it costs them $150,000, they need $110,000 to operate that area. We took each one of the gaps for each of the 88 areas, that is how we calculated the 12 million dollars. If every funding area, all 88 of them, took advantage of that we would need the $12M. We understand we probably won't use that whole amount because it takes a while for people

to jump on board, understand how they work, understand how much money they can get, and how the money benefits them. We understand that we currently cannot use the full $12M.

Senator Kilzer: Out of the 143 ambulance service areas in the state, how many do not receive support from political subdivisions such as city sales tax and mill levies on county property taxes?

Mark: There are only about 8 counties that do not have money for EMS according to the Health Dept.

Senator Kilzer: And how about city sales tax?

Mark: There are all types: there are taxes, there are mill levies, there are ambulance service districts, there are all kinds of funding sources for them. Basically what this $10 per capita says is you can generate that money however your area feels is the best way to generate a certain amount of money for EMS in your area. The $10 per capita is the limit. There are areas that do city tax and there are areas that do county tax; there are a variety of ways to generate local money.

Senator Kilzer: I would like to see a compilation you might have.

Mark: You bet.

Chairman Holmberg: The Health Dept. subcommittee of Senator Kilzer, Senator Fischer, and Senator Robinson will be looking at this bill in detail so you can get that information to Senator Kilzer for the subcommittee work. We have other folks here that want to testify on the bill.

Senator Uglem District 19, Northwood: I would like to point out that over the last 30 years ambulance service has grown from being just transportation to being highly effective pre-hospital life-saving treatment. It has become an essential service for all citizens of North Dakota. Our volunteer EMT's have carried the load for many years. We have about 1,800 EMT's in the state and most of them donate their time and talents to keep themselves educated and to provide this essential EMS service to their communities and to any stranger who may travel through their communities. They are doing a wonderful job of providing this service, but many are getting stressed out with continuing education, call time, and staffing shortages. They are sacrificing precious family time. Many find they have to drive to a larger community for employment as their small town shrinks thus they can no longer take daytime call. In oil country there is an increasing demand but no more volunteers.

The question was asked if some units have shut down in the last couple of years or are some on the verge of shutting down.

Senator Uglem: We did not have testimony in that regard, but we did pass legislation that the nearest EMS unit must respond, so when one unit closes that makes the neighboring area twice as big. Right now we are in fairly good shape with coverage but we can't afford to lose very many.

Our volunteer ambulance needs help. The volunteer force is aging.

Senator Uglem: In the past we had a lot of doctors coming back from Viet Nam that knew how to treat trauma. Doctors trained today aren't trained that much in trauma and they don't have the experience. We need that trauma coordinator both for educating the doctors and coordinating with the EMS services.

Senator Judy Lee, District 13, West Fargo spoke in favor of HB 1044. She passed out an article from the Fargo Forum about President Reagan being shot. See **Attachment #2**. Most physicians do not have trauma experience. It is important to have a trauma director, yet you also need to have rural access to healthcare. The ambulance services are "it" and we are looking at 30-40 minutes which is too long in the rural areas. HB 1044 doesn't give any money to the urban areas. When we travel into the rural areas, we are taking a risk of having slow ambulance service if we get injured. Also one thing about an ambulance volunteer that is different than any other volunteer activity is that they don't get to choose which hours they will volunteer. We need to make sure the service areas border one another so all areas are covered.

Senator Wardner: Wouldn't it work to just have the hospital administrators coordinate care rather than have a trauma director?

Senator Lee: Some of that is already going on. There may be additional healthcare facilities that do this but MeritCare and now Sanford has volunteered and has done a tremendous amount of training of physicians in other places. It is beyond the point where one can do that anymore. I recognize your challenge in trying to figure out what is the priority here. There is an important component to each of these. We have seen some health facilities that have trauma doctors do training for other facilities.

Ken Tupa with the North Dakota EMS Association: introduced an EMT from Dickinson who works in New England. Bethany Staiger will have information with respect to the challenges of EMS in North Dakota.

Bethany Staiger, representing New England Ambulance testified in favor of HB 1044. My position is funded by a rural staffing grant. I moved here almost three years ago. As far as the positive things the grant has brought, we have revved up our training. I became a paramedic, so we have an advanced level of care in our area. We have taught first responder classes to try to get people to volunteer. In the end we are not getting the volunteers that we need. The bad part of the staffing grant is I've been going on three years not knowing whether or not I have a job. The ambulance needs that grant money. I make $12.32/hour. We have major staffing issues going on. I have gone to meetings where 6 different ambulance services were represented. Each one of them had the same problem we had – lack of funding, lack of volunteers. The average age of the people who go on the ambulance calls rurally is over 60. People are heavy. As much as some people want to volunteer, in the next few years they are just not going to be able to. We are not having the younger generation able to step up because their employers don't want them to leave work, they are working out of town, or they have family obligations. EMS has found itself at a crossroads. It is underdeveloped in the rural areas, trauma and medically. The cost of maintaining the equipment or replacing equipment cannot be covered by what we can generate. We lose money every time we transport a

what we can generate. We lose money every time we transport a Medicare patient, which is the bulk of our services. If we continue to lose money it will affect our training, our staffing, and our equipment.

Senator Robinson: Thank you for your testimony and for the work you do. You are the only paid professional. How many volunteers do you have? And are they up in age?

Bethany: There are about 19 people on our squad, but there tends to be only 5 who actually do the majority of the work.

Senator Robinson: How old is your vehicle and is that provided through a local mill levy? And how large is your geographical area in southwestern North Dakota? What is the longest haul you might have to make as far as time and miles from a medical facility?

Bethany: Our vehicle is a 1993 ambulance. It is not 4-wheel drive so we have gotten stuck on calls. Our geographical area, we have just over 600 square miles in our service area. We are in Stark County, Hettinger County, and Slope County. We have gone on calls where we spend 30+ minutes just driving to where the call is. We have had transport times in excess of one hour. It is a lot harder to take care of a sick person for an hour than for 5 minutes. Our people need to be well trained and have good equipment.

Senator Robinson: If you had to buy a replacement vehicle, what would it cost?

Bethany: $160,000 was what another ambulance service paid. That did not include the cabinet configurations, the top-mounts, or the equipment to go in the back of the truck.

Senator Robinson: How much local support do you have? Mill levies, that type of thing.

Bethany: Our ambulance gets one mill. All of our other money is from our ambulance calls. I don't know how much that brings in. We have gone to our city council members, we have put an ad out in the paper, and we intend to visit the several counties in our service area. There are 1500 to 1700 people in our service area.

Senator Robinson: $12 something/hour for rescue staff volunteers... do you have a benefit package?

Bethany: I do have benefits. Bear in mind there is enormous responsibility for people's lives. Each of us take that seriously. When it pays this poorly, it is hard to attract people to this line of work.

Chairman Holmberg closed the hearing on HB 1044. SB 2210 was a housing bill that was strongly supported in the Senate and by this committee. It was defeated in the House. It was redone and it came back and it barely passed.

Senator Wardner: I would like to have a chance to visit some people in the housing finance. If they are good with it, I would say we concur and let it go.

Vice-Chair Grindberg: SCR 4003 came from the interim Workforce Committee supporting the future of the northern tier network. The House amendments in essence had further blessing from the private telcoes in the language. That is in essence what the House language did. We came to a new chapter in Northern Tier which is all positive and I would say we concur.

Chairman Holmberg: We will take them both up within the next few days and get them out of here by the end of the week.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1044 subcommittee
March 31, 2011
Job # 16263

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A subcommittee hearing relating to emergency medical services.

Minutes: You may make reference to "attached testimony."

Senator Kilzer: Called the subcommittee hearing to order on HB 1044. Subcommittee members **Senators Fischer** and **Robinson** were present.

Senator Kilzer: Was Mr. Weber the only person to testify on our hearing? Senators Gary Lee and Senator Uglem also testified and several paramedics.

Senator Kilzer: Who would like to answer questions about the budget?

Ken Tupa, APT, Inc., (Lobbyist # 043) EMS Association. I can try.

Senator Kilzer: Now the requested amount at this stage is $5.25 Million right?

Ken Tupa: Correct. **Senator Kilzer:** What is it for the present biennium?

Ken Tupa: The present biennium is $2.25 Million. That funding is for the existing Staff and Grant program which funds I believe 39, and its services about 108 eligible. HB 1044 maintains the existing Staff and Grant program. It proposes to maintain the existing Staff and Grant program for the first year of the next biennium and then transition to a funding area program for the second year of the biennium and moving forward, so there is a little change in the funding policy. $ 5.25 Million is the current amount as $4 Million in this bill, $1.25 Million in the Department of Health budget. HB 1044 has a $1.25 Million dollar amount that is directed to the Staff and Grants for the first year of the next biennium. Therefore the remaining amount would be $4 Million for the second year of the biennium for funding areas.

Senator Kilzer: In 1044, this is more than doubling what it is in the current biennium. As you heard in the previous bill, we've cut $523, 000 out of the oversight by the Health Department.

Ken Tupa: I am not sure about the cuts, but that is what it sounded like yes. I understand this is an increase from the current biennium.

Senator Kilzer: It's more than doubling with stand the $523,000 to restore a part of that for administration within the Department of Health? Are you just so completely separated?

Ken Tupa: I don't know that we have a position or that I could speak to a position on that. However, I can say that it is important to the association that funding be restored in the Department of Health budget for the EMS position and for those services. It is very important for the EMS. If you're asking if some of the dollars in this bill could be used for that, I don't know if I could give you an answer because I haven't been directed one way or the other on that. We could certainly I think try to help.

Senator Kilzer: In the testimony from Mr. Weber, at least I had the impression, maybe it's wrong, that there didn't seem to be a real strong demand to use the training grants. Is that a wrong impression by me?

Ken Tupa: There are two kinds of grants. There is a $1.24 Million for training grant in the Department of Health budget and that's money that is used for training and continuing education, and things like that for EMS in North Dakota. And then there is the $1.25 Million that is used in the Executive budget that is used for the staffing grants to help fund the ambulance services to help with their staffing needs. So there are those two items in the Department of Health budget. The $4 Million in 1044, is for more or less staffing grant and for funding area staffing grants moving forward

Senator Kilzer: Now staffing, does that mean that you're going to pay some volunteers?

Ken Tupa: It can mean that. The individual that spoke before the appropriations committee the other day, from New England, the paramedic, she works in New England and lives in Dickinson and New England does receive staff and grant assistance from the Department of Health through the Staff and Grant Program; that money is used to pay her so that they can have that 24/7 coverage to cover that area in New England. So, yes some of that money can be used to pay. Mr. Weber cited some rural ambulance examples in his testimony. There are some rural ambulance services that receive Staff and Grants where they may pay any predominately these rural services are staffed with volunteers. Overwhelmingly, the majority tend to be volunteers. But these Staff and Grant sometimes do help pay $.50, $1.00 hour, $2.00 hour, to help offset some of that time and some of that costs to those individuals.

Senator Robinson: Am I correct in saying that the young lady that testified from Southwest North Dakota, she as getting partially paid by a Staffing and Grant and that particular staffing fee. **Ken Tupa**: Yes that was correct.

Senator Kilzer: Mr. Jerry Jurena, do your ambulances share in any part of the $5.25 Million?

Jerry Jurena, ND Hospital Association, (Lobbyist # 028): We did supply EMT's to a number of communities for coverage on weekends and they paid us. Now, whether they got the grant money to do that or it came from the communities, I am not sure how they came up with the money. We would get calls in Rugby asking for help on a weekend and various communities across the state when I was up there.

Senator Kilzer: So that is one of the things that ambulances are doing are requesting help from the hospitals?

Ken Tupa: I don't know about that. **Jerry Jurena**: One of the communities that I know that we help with is called Grenora. They would come up with once a the weekend, maybe once a month when they had nobody in town to staff their ambulance. So they would call around and we seemed to have enough people on staff that we could send somebody out to help them out on a weekend. I don't know where they came up with the money but they did pay for that service.

Senator Kilzer: Then I get on my little soapbox and talk about changing demographics. Should I say that hospitals are being expected more frequently to provide ambulance services? Is that a general trend that's happening?

Jerry Jurena: When I was in Rugby, I had Leeds, Dunseith and one other community came to me and handed me the keys to their ambulances and said they could not longer afford to have volunteers run their ambulances. If I would take those keys, I would be responsible. Our hospitals would then be responsible for helping us supply volunteers and ambulance service to their communities. So the answer I think is yes, as we go forward there's going to be less volunteers available in the rural areas.

Senator Kilzer: The people that you would use to work the ambulances, I assume they have other jobs in the hospital most of the time? **Jerry Jurena**: Yes, they did. We had an ambulance billing service when I was in Rugby a number of rural ambulances were running into problems with billing procedures and so we created a billing process in Rugby and the EMT's that I used worked most of the time with that billing service and also cover the ambulance services for Rugby, and if we needed to supplement it than other communities we would use those people, to supplement outlaying communities.

Senator Kilzer: Closed the hearing on HB 1044.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1044 subcommittee
April 4, 2011
Job # 16303

☐ Conference Committee

Committee Clerk Signature J.M. Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing relating to Emergency Medical Services.

Minutes: You may make reference to "attached testimony."

Senator Kilzer called the subcommittee committee hearing to order on HB 1044. Subcommittee members **Senator Fischer** and **Robinson** were present. **Becky J. Keller** - Legislative Council; **Sheila Peterson** – OMB.

Senator Fischer: Over the weekend, I had many calls about the bill and asked Arvy Smith to identify the money that was proposed, the money that is available, and where this money would go? You have $1.25M that was proposed for the budget and part of that is for ...we need an explanation.

Senator Kilzer: We can get info from health department on EMS funding.

Arvy Smith, Deputy Health Officer, ND Dept. of Health: All EMS funding in budget.

Senator Robinson In HB 1004, with amendments approved last week

Arvy Smith: Do you want all the funds? Various pockets of funding. $1.240M for EMT training grant and that is currently several funds. That is HB 1004; There is $1.250M that is the EMS staffing grant....HB 1004 coming from the insurance tax distribution.

Senator Fischer: Insurance tax distribution funds? Is it in HB 1004 with the amendments we approved last week?

Arvy Smith: Yes, they were in Governor's Executive Budget and the House maintained them. Amendments passed last week did not impact those items. Here are other pieces in that EMS position. We have federal grants for EMS services for children $232,000 federal funding EMS in HB 1004.....it has not been (interrupted)

Senator Kilzer: Is that threatened by cuts by the feds?

Arvy Smith: Haven't heard that yet. We have $83,000 hospital preparedness funding, so the EMS division works closely with our preparedness emergency being prepared for disaster. That is federal and in the budget. DOT funding 402 & 408: hearing we were losing our funding. The Governor restored it with general funds at $523,900 and House removed it. The amendments passed last week did not restore that. Then remaining $678,000 of the general fund.

Senator Kilzer: $523,000 and the House removed it? Gov replaced with general funds? Any match?

Arvy Smith: No...not currently. Those pieces didn't require match. Then $678,000 of general funds, aside from grants we were about cut in ½ for our ambulance checks, doing the registration, and training.

Senator Kilzer: The $678,000, this is what you've had every biennium and this is for general administration?

Arvy Smith: That has to cover the ambulance checks, licensure of ambulances; we have to go out to inspect, do visits, and manage all the grants in the grants line too. This is all general.

Senator Robinson: $678,000 is in or out of the budget? Answer IN.

Senator Robinson: And all general funds. So is that everything? Where are we short? On the $523,900. How does that shortfall relate to HB 1044?

Arvy Smith: If 1044 passes, there are additional duties we have to do. HB 1044 does not provide for any administration. It's entirely grants to EMS operations and their related administration costs. It doesn't provide any administration to us.

Senator Kilzer: You said the last two were DOT. Is the $523,900.... is that the 402 and 408?

Arvy Smith: That's what current budget would have for general funds other than the EMS training grant. We had the additional $532,900 from the 402-408 that helped us do some of the registration and analysis.

Senator Kilzer: That $523 always was federal funds until this year.

Senator Fischer: We're looking at staffing grants that are direct payments to ambulance service $5.25M? When HB1044 came to the Senate, was that $2M?

Avry Smith: Came out of the House as $2M. Yes.

Senator Kilzer: Do we know what present biennium funding for 1044.

Arvy Smith: Nothing other than the $1.250M staffing grants.

Tom Nehring; Division of Emergency Medical Services, ND Dept. of Health

Arvy Smith: In the current biennium, that was higher another million move in there. That was removed because was considered a onetime funding. This just started last biennium. In 2007-2009 we got the $1,250M in the last biennium, the million was added, so $1M was pulled out as well as the additional 500,000 was also removed.

Senator Fischer: That's the reasoning behind $2M that Senate HS put in?

Senator Kilzer; In old 07-09, there was $1.25M, and in present biennium there was added $1M so a total of $2.25M and that is a staffing grant from the insurance tax distribution fund. And what is in the bill now?

Arvy Smith: It has $1.4M from the general fund

Senator Kilzer: No, in HB 1004.

Arvy Smith: HB 1044 is $4M. through the General Fund.

Senator Kilzer: The $1.25M is in the staffing grant?

Arvy Smith: Right and the $1.4

Senator Kilzer: HB 1044 goes from $1.25M to $4M

Avry Smith: Next biennium we would be at $5.25M .....in the current biennium, we have $2.25M .....going from current to next biennium.

Senator Kilzer; An increase of $3M?

Senator Fischer: (Ken Tupa- question) Reasoning behind increase because volunteers being roll over to fulltime? Are you losing volunteers? Can you give explanation from the ambulance or EMS? Why this increase and why we should support it?

Ken Tupa: APT, Inc., (Lobbyist # 043) – The current funding is $5.25M is for staffing to help with the staffing problem primarily rural EMS which is volunteer EMT's and that money is used to help to staff their persons 24/7. (Volunteers are more difficult to find.) The staffing grants help to staff that ambulance service. In HB 1044 – adds money that adds $12M and was amount shown to fund all of the identified funding areas and makes policy change from staffing grants (which are currently 108 county ambulance services) area would create 90 funding area which 75 would be eligible. These areas could have more than one ambulance service and looking at the efficiency long term. We have to maintain ambulance service coverage. Can we afford to sustain/fund 108 ambulances or would it be better to locate areas defining areas and funding to a degree with a match component of $10 per capita. Does it make more sense to allow those services to work together? Years from now, when you have one or two service that might not be around because of lack of volunteers to get the money. Money started at $12M; House HS reduced that to $3M, House appropriation reduced it to $2M, HS in the Senate increased it to $4M. It is used to help staff some of these services and needed. Who is responsible when you have the next closest? Response time is only so many minutes. Critical that we maintain the coverage we have and know we can do that is we know because

over the interim with 80-90 areas. If we look at changing the policy to create funding area grants as opposed to staffing grants, you don't have to fund 108 services; only 75 areas.

Senator Kilzer: Her testimony was she was only paid person.

Ken Tupa: Yes, they contract with Dickinson. Have 19 volunteers. She is there to staff it during the day.

Senator Kilzer: She is the contracted one that receives the money.

KenTupa: Is she paid by Dickinson. Some of those staffing grants are used by New England, the contract is with Dickinson.

Senator Kilzer: With the Dickinson hospital or the Dickinson ambulance unit?

Tom Nehring: With the ambulance service in Dickinson and it has no relationship with hospital.

Senator Kilzer: So the Dickinson ambulance receives money to provide service to New England?

Tom Nehring: Money to provide individual to staff during the week in New England. She has one leader responsibilities and just one of the scenarios that are played out there. Some have some ambulance services with difficulty covering on weekends, so we see a number of ambulance services who use staffing grants to bolster their staff on weekends. Some places as NE have difficulty during the week and during the day as people are working out of town and it has been used in many ways to get the staffing covered. There are current 39 grants in ND and there are a variety of ways they have been used.

Senator Fischer: Isn't it some of the issue, in the 70s and 80s, the federal government set up all the ambulance services all over? Now we're trying to keep all of them going, less hospitals, and the volunteers are starting to disappear. Now we're asking state to pay for entire ambulances throughout the state.

Ken Tupa: HB 1044 does a number of things to answer question. It does continue staffing grants to have funding area grants. Local and state aid because we recognize the 140+ ambulance services in ND, 10 to 20 years from now, we may not have them there for these reasons you addressed. We need to make sure we have coverage. There may be 2-3 ambulance and let them decide what their efficiency would be. It requires local match to component of the $10 per capita before you can qualify for any of these grants. The $5.25M is what 1044 and 1004 have....When you look at local match, local communities and counties and ambulance services area are putting into it, through levy's, sales tax, or bake sales, and on top of that the revenue that is made from calls the reimbursement, that's 10 of millions of dollars, the state portion of that is a small fraction of the total cost of funding and maintaining the services.

Senator Robinson: There are 39 staffing grants right now. ....unmet demands. The proposal is to increase to 75 or 80 just to cover the immediate need. The amount of the grant is directly tied to the local per capita $10.....is that correct?

Ken Tupa: The amount of the grant will be determined based on development of the department of budget. What is the minimal reasonable cost to operate ambulance service? What can they generate in revenue and what is their local match component is. What would they be available for? Some rural areas might be eligible for $50,000 and some less rural areas may be eligible for a lesser amount. Same of existing staffs. There might 88 which maybe 70-75 are available, so really taking advantage of efficiencies.

Senator Robinson: Listening to the paramedic expressing the need for equipment (vehicle was a 1993) from New England. Are they dependent on revenue from local mill levy to replace equipment or anything else out to help replace? They have to suffering from a financial perspective. Reliability...purchase of equipment would have to be a local effort depending upon mill levy, unreasoning and revenue from ambulance services?

Ken Tupa: Yes. Staffing grants are just staffing.

Senator Kilzer: What prevents competition for grants? Example... give grant to ambulance unit. What is incentive for neighboring ambulance units to say we should apply?

Ken Tupa: That's answered with HB1044. This interim we went through this study process. Can we sustain funding under the 108-140 services in ND and we say no. Create funding areas where you have one who receives ambulance service acts which is 35-40 miles from ambulance service..... why.....one receives a grant and the other doesn't. Why would one receive that and another not when they might all be eligible, but does it make sense to be funding three services when you can create a funding area, funded at a level that would be lower than funding them individually and allow them to decide their efficiencies along with a local match so not overspending resources that are limited. 1044 is looking out over 10 to 20 years.

Senator Kilzer: Is this money coming from state....has this been realistically doing what grants have been doing to public school districts to combine and enlarge and to take care of thinning of the populations?

Ken Tupa: HB 1044 addresses that. I don't think we're studying consolidation. It's reasonable to say that of the 108 eligible services, will all 108 be around in 10 years or is there more efficient ways of covering these areas and ND adequately? If you are going to do this, make sure you cover ND adequately with most efficient use of local and state aid as other resources they can generate. Look at working together not forcing that, but allowing them to work thru grants by creating these funding areas. Consolidation may take place ....funding area will allow these services to work together to do what is best to achieve that efficiency.

Senator Kilzer: 108 ambulances.

Ken Tupa: 141 Ground ambulances services ....of that, 108 are currently eligible for the staffing grant.

Senator Kilzer: Do we need 141 ground ambulances in ND?

Ken Tupa: Can we afford to fund 141 ambulances? HB 1044 addresses that we can't, but we can do something that is reasonable and maintain coverage ....that is the funding area concept verses the individual staffing grant.

Senator Fischer: Are 140 ambulances or ambulances services.

Ken Tuba: 108 ambulance services; 144 ambulances services. That particular example of an ambulance service is Bismarck /Fargo, Dickinson/Grand Forks. They wouldn't qualify. ....there is not a need for this. It's more rural.

Senator Fischer: What is average grant?

Arvy Smith: I don't have those numbers on hand.

Tom Nehring: The 39 exiting staffing grants range from $2,000 to $45,000. Average was $24,000. One of things we need to recognize, volunteers are not going away, and we don't want to put all ambulances in full time bases. If they were staffed full time, it would take $15M per year.

Senator Robinson: The volunteer is so challenged. The volunteers are getting older and some our working outside community. Some drive into Fargo during the day....they are really struggling. One volunteer is 78. In time, it looks like they are going to partnering with Lisbon. Their town evacuates to Forman to Gwinner to work Melroe. They have volunteers, but to have them there.....many work out of town. We'll see that happen naturally with demographics with the aging population in rural ND. Good people, just running out of them.

Senator Fischer: Begs for same thing as critical access hospitals.

Senator Kilzer: Same as fire departments. Fargo every medical calls there, call for the fire truck. .....paramedics with the fire truck

Senator Fischer: Calls the Fire truck because it's the same volunteers. Ability to fund is different. They're stressed. How do you efficiently keep all of them? How do you deliver health care to rural ND in 15-20 years?

Senator Robinson: It is the changing of demographics

Senator Kilzer: Academy started orange book in 89 and students had a lot of spontaneity. Their only expense was their book. Then it became a college credit course. Offered to receive some reimbursement and now they are requiring more hours. Enthusiasm and spontaneity has drifted away as the formality has increased.

Senator Fischer: When you said this bill came out of committee with a fiscal note of $12M. What was intent of the bill and who to fund?

Ken Tupa: $12M now was put to this bill and policy through the interim actually $12.6M. The EMS association went service by service trying to determine what their eligibility would be. What they could generate through reimbursement for their call volume. What they could generate through this $10 per capita local manage? $150,000 for base budget for ambulance for 1 year. Match requirement and call volume.....subtract that from average cost of service and that's the amount for a grant. If we are looking at funding 88 funding areas are including urban area are self sustained. Say 79-75 were number that qualified them to receive grants were $12.6M. I can provide you with that information and show you how it breaks down....spread sheet...

Senator Kilzer: We would like to see a summary of that.

Senator Robinson: Two years ago, ambulance in Gackle shut down and Napoleon had to pick that up area.

Tom Nehring: Gackle is still operating. Only one lost is Minnewauken. They may have had a waiver to be out of service for awhile...we will give them a certain amount of time for them to build back up to become 24 hour ambulance

Senator Robinson: If Gackel goes by the wayside, that's a large area.....

Senator Robinson: Get that information tomorrow.

Ken Tupa: Get today

Becky J. Keller: Last page of the bill, the effective date 05000 of bill – page 3, section 66, section 2 and does that become effective on June 30, 2012 and it's supposed to be section 3.

Ken Tupa: Section 23-40 is the current staffing grant and what it does it maintains the current process at the appropriate amount of $1.25M the first biennium and the second year or the next biennium is transition to the funding area grant program. Section 3 is repeal and would be effective on June 30, 2012. You're done and we're moving forward with the funding area.

Senator Kilzer: No matter level what we come out of this appropriations, Section 3 would have to be changed.

Ken Tupa: Yes

Senator Kilzer: Closed on 1044. Meet tomorrow again on 1044

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1044 subcommittee
April 5, 2011
Job # 16332

☐ Conference Committee

Committee Clerk Signature Rose Senior

Explanation or reason for introduction of bill/resolution:

A subcommittee vote on HB 1044 – emergency medical services.

Minutes: See attached testimony - # 1.

Senator Kilzer called the subcommittee committee hearing to order on HB 1044. Subcommittee members are **Senator Fischer** and **Robinson.**
Roxanne Woeste – Legislative Council;

Senator Robinson was present and **Senator Fischer** was double scheduled with subcommittee hearings and is at the HB 1206 subcommittee.

Senator Kilzer asked Legislative Council to prepare amendments (11.0242.04002 – see attached #1) that would put the funding in HB 1044 at the level that it was at as it came from the House to the Senate. Roxanne, I have a little difficulty with the amendments lining up with the bill. Could you tell us what they do?

Roxanne Woeste: I did not draft these amendments so I'm not familiar with them. I do know that with these amendments, the funding does stay at the level that was proposed in the House version of the bill. The second engrossment version .04000 if you have any questions on how the two mesh.

Senator Kilzer: Yes, please go ahead and do that.

Roxanne Woeste: I don't have a copy of the amendments adopted by the Senate Human Services. I can walk through them. This amendment makes the changes adopted the Senate Human Services however, the funding level stays at the level of $2M.

Senator Kilzer: The request in the initial bill was $12M, the House took it down to $2M and then the Senate policy committee appropriated it back up to $4M and this will take it back down to $2M. I've shown this to Senator Fischer and I've given a copy to Senator Robinson. This is what Senator Fischer and myself would like, but I'd like to ask Senator Robinson for his comments.

Senator Robinson: I know on the related bill, HB 1004, we have to deal with that today and I don't want to get ahead of myself, but there's also the funding for EMS in that bill that we need to address when we pass that bill out of committee either later this morning or this afternoon. So if we approved the bill, this would be at the House level and it would not go into conference committee, correct?

Senator Kilzer: As far as I know, there is nothing changed about the advisory council, or did the Senate Human Services put that on, would that require a conference committee?

Roxanne Woeste: The amendments that you are looking at here would be the Senate version of amendments to the bill. It would go back to the House and if they agree to these amendments. It would be their decision.

Senator Kilzer: That's right, we're number 2 this time around. So it would go back to them to see if they want to concur or not.
I'm not sure how to do this since we are missing a member although I do know that he is in agreement with these amendments as am I.

Senator Robinson: I think we just bring these amendments to the full committee. That will probably happen today, right?

Senator Kilzer: Yes, I think so. OK we will bring these to the full appropriations committee and we will adjourn the subcommittee.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1044
04-05-2011
Job # 16351

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

A ROLL CALL VOTE FOR A DO PASS AS AMENDED FOR AMBULANCE OPERATIONS AREAS; EMERGENCY MEDICAL SERVICES

Minutes: You may make reference to "attached testimony."

Chairman Holmberg called the committee to order in reference to HB 1044. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council were also present.

Senator Kilzer: One short item before I get into the substance and that is the effective date should say section 3 of this act becomes effective on June 30, 2012. That's right at the end, that's a typo or a change that needs to be made with this amendment. When I do move the amendment I would ask that that would be included also.

Chairman Holmberg: It's on the bottom of first page of Kilzer amendments, where it says June 30th, it should say June 30th, 20

Senator Kilzer: I was looking at the bill 05000 second engrossment with Senate amendments and on page 3 the very last sentence, section 6, where it says section 2 of this act becomes effective June 30th, 2012; It should be section 3.

Chairman Holmberg: So that is included in the amendment. He was told yes.

Sheila M. Sandness: Let me do some checking here, you are amending the bill as it came over from the House. These amendments are in lieu of the amendments that were adopted by the Senate Policy Committee. I'll double check, to make sure it is right you might have to look a different version of the bill.

Chairman Holmberg: But you will get it right? He was told yes. Let's go forward. Tell it what it is, what it does, we'll vote on it and Sheila will make it right.

Senator Warner: Are you working on the 400 not the 500 version of the bill?

Sheila M. Sandness: That is correct. You would need to go back to the 4000 version because these amendments are in lieu of the amendments that were placed by the policy committee. So you are incorporating their amendments and then making changes.

Senator Kilzer: The history of funding of ambulances, and that's what this bill is about, is that in 07-09 biennium the funding was $1.25M for the ambulance services, this is over and above the funding in the health dept which includes $1.24M for EMT training grants and this is all general funds in HB 1004, there is also another $1.25M staffing grants and that comes from the Insurance Taxed Distribution Fund, and that's also in the Health Department budget. There's also $332,000 for children in federal funds in the Health Department and $83,000 of hospital emergency preparedness disaster federal funds in HB 1004. In DOT there is also $523,000 of general funds that had been removed by the House, and there's also $678,000 of general funds for ambulance training and licensure and that sort of thing. So those are in addition to what this is here. I said in the 07-09 biennium there was $1.25M granted, in the present biennium it was increased $1M up to $2.25M and the amendment that you have before you would put that at another million so it would be in addition to the $1.25M it would be the $2M. Now our policy committee had increased that to $4M and the original request was for $12M. This would be an increase of $1M over the present biennium.

Chairman Holmberg: But it's less than what the policy committee recommended. They recommended $4M, You reduced that increase but it's still an increase over the last biennium.

Senator Kilzer moved the amendment #11.0242.04002. Senator Fischer seconded.

Senator Robinson made comments regarding recent testimony on this bill concerning a dire need for updated equipment, ambulance, partnering within small communities, the need for younger people to serve as EMT's as the work is tough. The interim committee studied this and recommended some $12M to try and get this thing back on track, This bill is a $1M over the present biennium but just some comments

Senator O'Connell made comments that this was studied during the interim and the people made a strong case for it. They are partnering in some small communities, you have one central point that covers during the day, and when people come home from work, they probably take over for that, this has been a good strong program.

A Roll call was taken on amendment #4002. Yea: 9; Nay: 4. Motion carried

Senator Kilzer moved a Do Pass as Amended. Seconded by Senator Fischer.

A ROLL CALL VOTE WAS TAKEN ON A DO PASS AS AMENDED ON HB 1044. YEA: 13; NAY: 0; ABSENT: 0. Senator Fischer will carry the bill. The hearing was closed on HB 1044.

11.0242.04002
Title.

Prepared by the Legislative Council staff for
Senator Kilzer
April 4, 2011

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1044

In lieu of the amendments adopted by the Senate as printed on pages 855 and 856 of the Senate Journal, Reengrossed House Bill No. 1044 is amended as follows:

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Subsection 1 of section 23-27-01 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall license emergency medical services operations~~. After June 30, 2001, the~~ and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18, insert:

"**Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by the North Dakota emergency medical services association, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership."

Page 2, line 18, replace "one-half" with "one million two hundred fifty thousand dollars"

Page 2, line 22, replace "4" with "5"

Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

Date: 4-5-11

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1044

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0242.04002

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kilzer Seconded By Fischer

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner		✓
Senator Bowman		✓	Senator O'Connell		✓
Senator Grindberg	✓		Senator Robinson		✓
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 9 No 4

Absent 0

Floor Assignment

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

Date: 4-5-11

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1044

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kilzer Seconded By Fischer

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		**Senator Warner**	✓	
Senator Bowman	✓		**Senator O'Connell**	✓	
Senator Grindberg	✓		**Senator Robinson**	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Fischer

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

REPORT OF STANDING COMMITTEE

HB 1044, as reengrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1044, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the Senate as printed on pages 855 and 856 of the Senate Journal, Reengrossed House Bill No. 1044 is amended as follows:

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Subsection 1 of section 23-27-01 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall license emergency medical services operations~~. After June 30, 2001, the~~ and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area~~ if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.6~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18, insert:

"**Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by the North Dakota emergency medical services association, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership."

Page 2, line 18, replace "one-half" with "one million two hundred fifty thousand dollars"

Page 2, line 22, replace "4" with "5"

Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

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

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

2011 HOUSE HUMAN SERVICES

CONFERENCE COMMITTEE

HB 1044

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
April 14, 2011
Job 16613

☒ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: You may make reference to "attached testimony."

Rep. Weisz: Called the conference committee to order and roll call was taken and all members were present.

Sen. Judy Lee: It was indicated that some improvements could be made in developing comprehensive service in a cost effective way. The Senate policy committee sent it out with $4 million and appropriations (looking at the 05000 version) recommended that we drop that to $2 million and that amendment failed on the floor. So the Senate as a whole sent back to you again with the $4 million dollars in it Sen. Uglem said there should be a correction in Section 6 about effective dates. That should be Section 3 rather than Section 2. We need to make that correction.

Rep. Weisz: When the amendments were defeated on the floor it reverted back to the 5000 version and that should be the correct version instead of the 6000?

Sen. Uglem: I believe 5000 is correct. That also included the advisory council that the House did not have in there.

Rep. Weisz: Sen. Uglem did you want to expand on the advisory council some; what you did put back in and why?

Sen. Uglem: We put in 3 representatives by the ND EMS Association because they do represent 75% of the EMT's in the state. So, we felt they should have a strong representation. We also included one individual to represent basic life support and one to represent advanced life support to give the opportunity to anyone who was not a member of the EMS Association to participate. And beyond that we left it up to the department to select the rest of the members and not to exceed 14.

Rep. Pollert: You mentioned 75% are paying dues of the association and 25% that are not. And you stated one for advanced and one for basic life support. Are all the non-members who are part of the association not specialized in that group? Is there going to be representation on this board of non-members?

Sen. Uglem: The non-members aren't organized in any type of association. It might be hard to come up with non-association members who want to participate. We left it open so the department has the opportunity to pick someone if they come forward.

Rep. Weisz: Considering that the vast majority will be appointed by department anyway; would it be reasonable to allow the department to pick the broad spectrum of who they thought would be best?

Sen. Uglem: I know the EMS association would like to have their name in here, but don't think there would be any heartburn if your side insisted on that.

Sen. Lee: We thought it was more important for the house on that than the department.

Rep. Weisz: I think that came out of the interim committee and went from there. The policy committee in the house looked at changing the makeup and making sure there were at least members of others and then it was completely taken out in appropriation. There seems to be issues on who or who shouldn't be on.

Rep. Pollert: After the bill left the policy committee and it was $3 million, there was a discussion of, could there not be a conflict of interest and that is why that group was pulled out of the bill. That is why we said it would be up to the Dept. of Health on the recommendations.

Sen. Lee: There would be stakeholders on any board. I wouldn't have suspicions about the motives of those on the board. Could we have someone from the department or EMS group if they ever thought about being specific?

Rep. Weisz: There was some concern on the House side. Could the association determine where the funding goes to?

Sen. Bowman: Once a board is established people can come to the legislative process and bring their case why they should be on the board and you can change the board.

Rep. Weisz: We are not uncomfortable putting the council back in.

Rep. Pollert: I'd like to bring up some wording in the bill that is of concern to me. There are definitions of minimum reasonable costs on page 2 of 05000 and on page 3 there is minimum annual funding necessary. When I read the bill, it almost sounds like a mandate because it talks about the $10 per capita and also talk about reimbursements and then they give you the amount of money that is that is required from the state. Minimum reasonable cost is not the same as minimum annual funding. I know the original bill was $12 million so my concern is, could there be a mandate instead of being at $4 million that it really could be $12 million. I know this bill does not take effect until the second year of the biennial. I need clarification because normally the legislature sets the funding. As an example, it would stay at $2 million, so they would have gotten a prorated amount of money per district. I would like a clarification from somebody if there is a wording conflict or do I need a comfort level knowing it will be up to the legislature on what they want to appropriate.

Rep. Weisz: We will get a clarification on that.

Sen. Uglem: The minimum reasonable cost points to the total cost to operate the system. The minimum annual funding necessary would be less the income billed from runs. It has been always my assumption if the funding wasn't adequate to appropriate all that money.

Rep. Weisz: This seems to imply that once they determine the difference here they are going to fund it.

Sen. Lee: We do have a definition on top of page 2 of what minimum reasonable cost is. Maybe what we need is comparable definition of minimum funding.

Rep. Weisz: We will run this by council.

Sen. Bowman: The cost of operating this is it the same in all the areas or is there some areas higher than others? If they all turned in their costs, would you take the average of all of them and would that establish the minimum daily costs?

Rep. Weisz: There will be substantial difference between ambulance services on what they would qualify for. It will take a look at the match and the revenue produced and the gap is what they would quality for.

Rep. Holman: I see the problem on top of page 3 and on line 31 on page 2. That deals with information provided and not funding.

Rep. Weisz: Only other issue is the $2 million out of the House and $4 million out of the Senate. We will have to try and get an agreeable amount on both sides.

Sen. Lee: Those that are paid ambulance services, they are not in on that and this is for the volunteers.

Sen. Bowman: The ambulance service at Belfield only have 2 people and because of the oil field they are having so many calls that they have to call on neighboring ambulance services to help them out. We are better to look at this as a cost of doing business.

Rep. Weisz: Adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
April 18, 2011
Job #16702

☒ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: You may make reference to "attached testimony."

Rep. Weisz: Opened the conference committee meeting on HB 1044. Roll call was taken and all members were present. The first issue is on page 3, line 5, on the minimum annual funding whether that could be considered a mandate. Legislative Council said there isn't any problem with that language. It doesn't mandate or obligate that the department fund that. It is strictly based on the appropriation. They are comfortable with the language. The other issue has to do with the emergency medical services advisory council which is on page 2. There was a suggestion that there should be a language change so it would broader as far as who would be appointed.

Sen. Judy Lee: In general it would be accurate to say that we are not hung-up on saying it is the emergency medical association, but rather if it was more generic and said organization or something like that.

Rep. Weisz: The language that was suggested said, "The council must include at least three representatives appointed by ND professional emergency medical services organization. The other spots then would be appointed by the Health Dept.

Rep. Pollert: Would professional emergency medical services mean the EMS volunteers?

Rep. Weisz: Any EMS group. It has nothing to do whether they are paid or not. Somebody from one of the three would need to be appointed from those types of organizations. I would assume most of them are volunteers.

Rep. Pollert: I know they go through training and are actually professionals, but they are volunteers. I want to make sure that is clear.

Rep. Weisz: We could just say emergency medical services organization.

Ken Tuba: I think the word professional would reference a professional organization. Maybe the question is what is organization? Does that mean the service like an ambulance service versus like the realtor's organization? I think that is the reason for the word professional to clarify that.

Sen. J. Lee: We could ask Legislative Council to make sure we are using the right language. I hope we are not limiting the people on the advisory council to not include anybody from those professionally paid ones. I would like to not limit it to people who are only members of the volunteer organization.

Rep. Weisz: The wording could be, "the council must include three representatives appointed by ND Emergency Medical Services Professional Organization. We can ask the Legislative Council to look at this.

Sen. Bowman: What was the reasoning for developing this council that is different than what can all ready be done when you are dealing with emergency medical services?

Rep. Weisz: Many thought it was important that the Health Dept. should be receiving advice on the staffing grants and the reasonable cost areas funding. The council has been very useful and we wanted to continue with this. We were trying to structure language so that everyone has a voice.

Sen. Bowman: With communications that we have today if you put out a memo to everyone through a computer everyone would get the information and wouldn't need an advisory council. I'm open to suggestions, but I want to see how it is an advantage to emergency services if we do this.

Sen. J. Lee: The Health Dept. has had an advisory committee all along. That was larger and now we are limited it to 14. This makes it smaller and puts it in statute.

Rep. Pollert: If there is a professional volunteer and is not a member of the EMS association, I want to make sure they have a chance to serve on that council. Is there a reason that the number is 14? If there is a vote there could be a tie. Why not an odd number?

Sen. Uglem: This is an advisory council and I don't know that a vote of the council means anything.

Rep. Pollert: If the council takes a vote of something they want to come forward, is there votes or not?

Rep. Weisz: Let's say the council has a tie, it tells the Health Dept. it is a non-agreeing issue.

Sen. J. Lee: My view is that it is a group who wants to gain consensus. Not troubled with number. I would think they would be pretty close to being unanimous on issues.

Sen. Uglem: For the benefit of Sen. Bowman, the existing advisory committee includes a Senator, two doctors, it will include more than EMT's from the ambulance squads. It will other professions involved in trauma and how to make our ambulance services better.

Rep. Weisz: I'll have L.C. look at this and maybe change the language to say, professional emergency medical services organization. The only issue we have left is money. On the

House side we still need some discussion. I'm not prepared to go into the money in this meeting unless you have something to add.

Sen. Lee: If my colleagues are agreeable to the council language, I certainly would be and we can start with that.

Rep. Weisz: Meeting adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
April 19, 2011
Job #16772

☒ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: You may make reference to "attached testimony."

Rep. Weisz: Called the conference committee meeting to order on HB 1044. Roll call was taken and all members were present. The only issue left was the funding levels. There are issues that have come up in the Health Dept.

Rep. Pollert: I'd liked to make a motion for the appropriation for Section 5 on amendment 5000 and it shows $4 million and I make a motion for $2.75 million.

Rep. Holman: Second

Rep. Pollert: I understand the $2 million that came from the House side and would support that, but I don't think that will have grounds to move forward. When I look at the health dept. budget, there is $1.25 million on staffing grants currently. So $2.75 million and the $1.25 million will make $4 million. I'm also looking at the heath dept. budget as well. I've talked to other people who say they aren't related, but yes they are related. One example is STEMI. It seems to be a number for me that works.

Sen. Bowman: I commend Rep. Pollert for the attempt. I think a lot of the money depends on where you come from in the state and how much your ambulance services used. Where I come from it is unbelievable the number of calls they are getting now that the oil patch is moving south. I'll give you an example. The Medora group has told me they are helping because Belfield has only two people left to run the ambulance. They have a huge influx of need because of oil going at the north and south ends. They can't keep up because of the oil field boom. There are many traumatic injuries that occur and usually very serious injuries. I know this will help, but won't solve the critical problem that we have. I appreciate the offer.

Rep. Weisz: Yes this is a separate bill and unfortunately we do tie everything together. There is some concern on the STEMI grants to make sure those happen and I hope they happen. It takes $600,000 to do the match for that and that is a total of 4 million dollars.

Sen. Judy Lee: I wish this would have been brought up as a point for discussion rather than a motion because we haven't had an opportunity to visit about it on our side of the table. I also want to know whether or not we can we be assured that the $1.25 will be in the health dept budget?

Rep. Weisz: I share your concerns and the language under Section 4 probably needs to include the number that is currently in the budget rather than saying, "the combined must used in addition to the appropriation in1004. Obviously if the appropriation would go away the intent language doesn't mean anything.

Rep. Pollert: I'm not on that conference committee, but I chaired that section. I haven't had any discussions with the leadership on our side about affected the $1.25. When I mentioned the two figures that is where I'm coming from for the $4 million total. I talked to the conference committee numerous times during the day and there has been no discussion of reducing the $1.25 million.

Rep. Weisz: I think we would have that assurance if we did send it out. We can leave it open for the next meeting. We can vote on this now.

Sen. Uglem: I'd ask that the proposed amendment be withdrawn and we can consider it. I'd be more comfortable with $3.25.

Sen. Bowman: We are dealing with a life and death issue. This is to be able to have services when they are needed and have people trained to take care of that need. We can get along without funding for an awful lot of things. You can cut the budgets and still get along pretty good. But, when you are talking about someone's life; that is one of the services we should really pride ourselves in. I take a little different view on this than other budgets that we do because of what it stands for.

Rep. Pollert: I appreciate Sen. Bowman's comments. I myself am trying to figure out how to fund STEMI. We you want to have something that is going to directly affect a life it is going to be the STEMI. Both of these are correlated. I'll withdraw the motion.

Rep. Holman: Second.

Rep. Weisz: We will reschedule. Meeting adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
April 20, 2011
Job #16786

☒ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes:

You may make reference to "attached testimony."

Rep. Weisz: Opened the conference committee meeting on HB 1044. Roll call was taken and all members were present. We discussed the funding level yesterday and there was a motion that was pulled. I assume the Senate side had some discussion.

Sen. Uglem: We are feeling that $2.75 million might be a little short. We are looking at the $1.25 million that is in the Health Dept. budget to carry the staffing grants for the first year. So the funding in this bill would be for the service areas for the second half of the biennium. The minimum we can go for is $3.25 million to get the new system started. I make a motion for $3.25 million.

Sen. Bowman: Second.

Sen. Bowman: The way I understand this bill is that when it came in they asked the $12 million to coordinate this. The groups that do this studied how to make our services better for everyone, especially in the rural areas, so we aren't duplicating and crossing over asked for $12 million to get started. If this is all coordinated, it benefits everyone in the state and we can't lose. We will have the best service.

Sen. Uglem: The goal of this new system is to be more efficient. It will be to encourage the ambulance services to work together.

Rep. Pollert: My question has never been whether the services are essential and change needs to come about. I've been voting that way as well. I'm just looking at the other items we are trying fund in other budgets. That's why I will resist the $3.25. There are other items that we are trying work on and fund them because they are important and related to the Health Dept. or the ambulance services as well. It is a different are, but it is still related.

Sen. Judy Lee: We all want to do the right thing. The urban areas whom there will be no financial benefit from them support this. We are going to make sure every inch of the state is covered. We were told of somebody taking the ambulance to the hospital one Friday afternoon and saying, it is all yours because we don't have enough people to staff it. We have to make a coordinated effort. Legislative Council is working on putting together the other changes we talked about with the professional organization. We thought it would be helpful to have something on paper to work from.

Sen. Bowman: I respect offer made yesterday it just doesn't quite meet the needs of the basis there is for this. That is what we are trying to cover.

Sen. Uglem: I would like to point out they are really having trouble finding volunteers and those volunteers are stressed out. If we get a good program set up and get someone in there to manage the operation, say a paramedic that is there all the time, it will be easier to find volunteers. When working with only volunteers it is tough put the load on somebody to manage the system. We need managers in each system.

VOTE: 4 y 2 n 0 absent
Motion Failed

(Sen. Lee asked for a recess to discuss this issue with her colleagues.)

Sen. Bowman: After going to the woodshed we want to get this settled in this conference committee. I understand the budgeting part very well. I know if you don't budget enough money, you might as well not budget at all. If we can get $3 million with that other money maybe they can make it work. Then it puts the responsibility on them to try and coordinate this and come back in the next session and tell us where they are at. If you need time to think about that we will give you the time.

Rep. Pollert: I appreciate the chance to mull this over.

Rep. Weisz: We will adjourn until late this afternoon.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1044
April 22, 2011
Job #16849

☒ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: See Attachment #1

Rep. Weisz: Called the conference committee on HB 1044 to order. Roll call was taken and all members were present. There are some suggested amendments here. (Proposed amendments passed out. See attachment #1)

Sen. Judy Lee: The amendment should be 04006. This is the same that I had shared with everybody a couple of days ago. We were looking at designated service and there is nothing new there. The advisory council we changed to the emergency medical services organization and the $2 million went to $3 million. And then the $2.5 million was included that is already in HB 1004 which will be for the staffing for year one. Then the date was moved to June 30.

Rep. Weisz: Looks good to me.

Sen. Bowman: I move amendments 11.0242.04006. (At the end of the recording Rep. Weisz asks Sen. Bowman if he wants the Senate to recede from its amendments and he says yes.)

Sen. Uglem: Second.

Sen. Lee: We recognize the need to balance all of this and we talked with leadership on both sides and figured ways to balance this out. We are making sure the ambulance services will be able to move forward with the service areas and planning they need to do.

VOTE: 5 y 1 n 0 absent

Motion Carried

Bill Carriers: Rep. Weisz and Sen. J. Lee

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: Human Services

Bill/Resolution No. 1044 as (re) engrossed

Date: 4-20-11

Roll Call Vote #: 1

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(s) --

- ☐ Unable to agree, recommends that the committee be discharged and a new committee be appointed

((Re) Engrossed) _____ was placed on the Seventh order of business on the calendar

Motion Made by: Rep. Uglem Seconded by: Rep. Bowman

Representatives	4-20			Yes	No		Senators	4-20			Yes	No
Weisz	✓				✓		J. Lee	✓			✓	
Pollert	✓				✓		Uglem	✓			✓	
Holman	✓			✓			Bowman	✓			✓	

Vote Count Yes: 4 No: 2 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment MOTION TO RAISE funding to $3.25 Million

Motion Failed

11.0242.04006
Title.07000
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator J. Lee
April 20, 2011

YR
4/22/11
1982

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1044

That the Senate recede from its amendments as printed on pages 1509 and 1510 of the House Journal and pages 855 and 856 of the Senate Journal and that Reengrossed House Bill No. 1044 be amended as follows:

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Subsection 1 of section 23-27-01 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall license emergency medical services operations~~. After June 30, 2001, the~~ and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18, insert:

"**Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership."

Page 2, line 18, replace "one-half" with "one million two hundred fifty thousand dollars"

Page 2, line 21, replace "$2,000,000" with "$3,000,000"

Page 2, line 22, replace "4" with "5"

Page 2, line 22, after "the" insert "$1,250,000"

Page 2, line 26, replace "$2,000,000" with "$3,000,000"

Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

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

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1044 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Emergency medical services grants		$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
Total all funds	$0	$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
Less estimated income	0	0	0	0	0	0
General fund	$0	$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adds Funding for EMS Grants[1]	Total Conference Committee Changes
Emergency medical services grants	$1,000,000	$1,000,000
Total all funds	$1,000,000	$1,000,000
Less estimated income	0	0
General fund	$1,000,000	$1,000,000
FTE	0.00	0.00

[1] The conference committee increased funding for emergency medical services assistance grants from $2,000,000 provided by the House to $3,000,000. The Senate provided $4,000,000.

The conference committee included changes made by the Senate to create an emergency medical services advisory council, provide that the State Department of Health designate emergency medical services service areas, and limit the state financial assistance for emergency medical services in the first year of the biennium to $1.25 million. In addition, the conference committee provided that three representatives of the emergency medical services advisory council be appointed by an emergency medical services organization, this is changed from the North Dakota EMS Association.

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: Human Services

Bill/Resolution No. 1044 as (re) engrossed

Date: 4-22-11

Roll Call Vote #: 1

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☒ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(s) 1509 - 1510

- ☐ Unable to agree, recommends that the committee be discharged and a new committee be appointed

((Re) Engrossed) 1044 was placed on the Seventh order of business on the calendar

Motion Made by: Sen. Bowman Seconded by: Sen. Uglem

Representatives	4-22			Yes	No	Senators	4-22			Yes	No
Weisz	√					J. Lee	√				
Pollert	√					Uglem	√				
Holman	√					Bowman	√				

Vote Count Yes: 5 No: 1 Absent: 0

House Carrier Rep. Weisz Senate Carrier Sen. Judy Lee

LC Number 11.0242 . 04006 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment Adopt Amendment 04006

REPORT OF CONFERENCE COMMITTEE

HB 1044, as reengrossed: Your conference committee (Sens. J. Lee, Uglem, Bowman and Reps. Weisz, Pollert, Holman) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1509-1510, adopt amendments as follows, and place HB 1044 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1509 and 1510 of the House Journal and pages 855 and 856 of the Senate Journal and that Reengrossed House Bill No. 1044 be amended as follows:

Page 1, line 2, after the second comma insert "an emergency medical services advisory council,"

Page 1, line 3, after the semicolon insert "to amend and reenact subsection 1 of section 23-27-01 of the North Dakota Century Code, relating to emergency medical services operations service areas;"

Page 1, after line 6, insert:

"**SECTION 1. AMENDMENT.** Subsection 1 of section 23-27-01 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall license emergency medical services operations~~. After June 30, 2001, the~~ and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.6~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18, insert:

"**Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership."

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Page 2, line 21, replace "$2,000,000" with "$3,000,000"

Page 2, line 22, replace "4" with "5"

Page 2, line 22, after "the" insert "$1,250,000"

Page 2, line 26, replace "$2,000,000" with "$3,000,000"

Page 2, line 29, remove "The department may spend"

Page 2, remove lines 30 and 31

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

Page 3, line 1, replace "January 1" with "June 30"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1044 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Emergency medical services grants		$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
Total all funds	$0	$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
Less estimated income	0	0	0	0	0	0
General fund	$0	$2,000,000	$1,000,000	$3,000,000	$4,000,000	($1,000,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adds Funding for EMS Grants[1]	Total Conference Committee Changes
Emergency medical services grants	$1,000,000	$1,000,000
Total all funds	$1,000,000	$1,000,000
Less estimated income	0	0
General fund	$1,000,000	$1,000,000
FTE	0.00	0.00

[1] The conference committee increased funding for emergency medical services assistance grants from $2,000,000 provided by the House to $3,000,000. The Senate provided $4,000,000.

The conference committee included changes made by the Senate to create an emergency medical services advisory council, provide that the State Department of Health designate emergency medical services service areas, and limit the state financial assistance for emergency medical services in the first year of the biennium to $1.25 million. In addition, the conference committee provided that three representatives of the emergency medical services advisory council be appointed by an emergency medical services organization, this is changed from the North Dakota EMS Association.

Reengrossed HB 1044 was placed on the Seventh order of business on the calendar.

2011 HOUSE APPROPRIATIONS

HB 1044

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1044
2/17/11
14646

☐ Conference Committee

Committee Clerk Signature Meredith Trachtt

Explanation or reason for introduction of bill/resolution:

A BILL for an Act relating to ambulance operations areas, emergency medical services funding areas, and state financial assistance for emergency medical services; relating to emergency medical services allocations; to provide a statement of legislative intent; to provide an appropriation; and to provide an effective date.

Minutes: You may make reference to "attached testimony."

Chairman Delzer: Opened discussion on HB 1044 and the title was read.

Representative Robin Weisz, District 14: 1044 is an EMS funding bill. It originally had $12 million in it. The committee sent it out with $3 million of new funding. There's $1.25 million currently in the budget, this would be on top of that. Because we are changing when we ask for their budgets and when we fund them, there's also an 'interim' appropriation of $562,000 to carry them over from that period to starting on our biennium date. Then we would start with the new program. That's the appropriation part. We'll be making a shift from training grants to funding service areas and looking at minimal reasonable cost to operate an ambulance and funding them accordingly, that's where the dollars come from.

Chairman Delzer: And that's within your appropriation.

Representative Weisz: That's my understanding.

Representative Nelson: The $2 million would maintain the same level of service that is currently taking place, but wasn't there a number of ambulance services that weren't able to get the training grants?

Representative Weisz: That is partially correct. Many didn't get training grants because they didn't apply, even though they qualified. There were some that wanted to receive funding that did apply, and didn't get it. That's why the appropriation came out of committee. This bill does change how they look at it. It will in some cases make it easier for ambulances to qualify.

Representative Nelson: The $3 million that you had in the bill, how would that have been utilized? Would that have fully funded what you anticipated would be the requests? It wasn't just out of the blue, I'm assuming. Explain where you got it.

Representative Weisz: Based on the current staffing grants, the way they've been going out, this would have covered those. Could there be a greater demand? Probably, and I think in the future you will see that, as this gears up. The committee felt that would be adequate at the current level in demand. The current bill made an assumption that everybody would be in for funding.

Chairman Delzer: There are some amendments that have been talked about for this bill. Did you want to go over those?

Representative Weisz: I could address the changes in policy.

Representative Pollert: You have amendment .03003. Policy-wise, it takes away the advisory committee on 03000 of 1044. It leaves the decision up to the Department of Health division to work with the grants as far as how it goes out to the local EMS branches or ambulances. The amendment also takes the $3 million down to $2 million.

Chairman Delzer: And then there's $1.25 million in the Department of Health?

Representative Pollert: In the Department of Health, there was $2.25 million last biennium. The $1 million was taken out, and the governor's budget had $1.25 million through there, through the insurance tax distribution fund. It would be general funds that are reduced to $2 million.

Chairman Delzer: Comparing this to last time, we go from $2.25 million to $3.25 million.

Representative Pollert: Correct.

Chairman Delzer: Discussion by the committee?

Representative Pollert: I would move amendment .03003.

Representative Kreidt: Second.

Chairman Delzer: Discussion? Voice vote carries. The amended bill is before us.

Representative Skarphol: Can you explain the shortfall or distribution from last time, because it was a sliding scale mechanism as I understand it. Are there more of these entities getting in trouble that we need the other million?

Representative Weisz: The current system employed what are called staffing grants. They set up a protocol for the department to determine who received them. We're now changing to what we call minimum reasonable cost. The reality there is they'll look at an ambulance service and make up the shortfall between what it costs to provide the service and what they bring in in revenues. The bill requires a minimum of $10 per person

matching for any dollars that would be expended. So within that service area, if there are 5000 people, for example, they have to put in $50,000. If that's not there, they don't qualify. It doesn't say where it has to come from. We're shifting how we look at the funding. It was estimated that if everybody took advantage of the minimum reasonable cost area, it could expend up to $12 million, which was in the original bill. The way we look at it, that isn't going to happen overnight, and based on the demand for the staffing grants and the numbers that weren't fulfilled, that $3 million will probably suffice.

Representative Nelson: I move Do Pass as Amended on HB 1044.

Representative Pollert: Second.

Chairman Delzer: We have a motion and a second, discussion. We'll call the roll for Do Pass as Amended. Motion carries 16-3-2. Representative Pollert will be the carrier.

VK
2/17/11

11.0242.03003
Title.04000

Prepared by the Legislative Council staff for
Representative Pollert
February 15, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1044

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 13

Page 3, line 11, replace "$3,000,000" with "$2,000,000"

Page 3, line 12, replace "3" with "4"

Page 3, line 16, replace "$3,000,000" with "$2,000,000"

Renumber accordingly

Date: 2/17
Roll Call Vote #: 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1044

House Appropriations Committee

Legislative Council Amendment Number .03003

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Pollert Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

removes advisory committee
takes $3 million appropriation down to $2 million

Voice vote carries

Date: 2/17
Roll Call Vote #: 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1044

House Appropriations Committee

Legislative Council Amendment Number .03003

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Representative Nelson	X	
Vice Chairman Kempenich			Representative Wieland	X	
Representative Pollert	X				
Representative Skarphol		X			
Representative Thoreson	X		Representative Glassheim		
Representative Bellew		X	Representative Kaldor	X	
Representative Brandenburg	X		Representative Kroeber	X	
Representative Dahl	X		Representative Metcalf	X	
Representative Dosch	X		Representative Williams	X	
Representative Hawken	X				
Representative Klein	X				
Representative Kreidt	X				
Representative Martinson	X				
Representative Monson	X				

Total (Yes) 14 No 3

Absent 2

Floor Assignment Rep. Pollert

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

REPORT OF STANDING COMMITTEE

HB 1044, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). Engrossed HB 1044 was placed on the Sixth order on the calendar.

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 13

Page 3, line 11, replace "$3,000,000" with "$2,000,000"

Page 3, line 12, replace "3" with "4"

Page 3, line 16, replace "$3,000,000" with "$2,000,000"

Renumber accordingly

2011 TESTIMONY

HB 1044

STATE FINANCIAL ASSISTANCE FOR EMERGENCY MEDICAL SERVICES - SUMMARY OF HB1044

Mr. Chairman, members of the committee for the record, my name is Sara Chamberlin and I am a Fiscal Analyst for the Legislative Council. I am here to present information on House Bill 1044 relating to state financial assistance for emergency medical services or EMS providers. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

This bill was recommended by the interim Public Safety and Transportation Committee and subsequently Legislative Management. Additional background information can be found in the Report of Legislative Management book on page 325.

Looking at the bill... Section 1 of House Bill 1044 directs funding from the insurance tax distribution fund to be allocated per Section 2 of this bill.

Section 2 creates a new chapter to title 23 of NDCC, including definitions of:

a. Ambulance Operations Area
b. EMS funding Area
c. Minimum Reasonable Cost
d. Required Local Matching Funds

Under section 2 there are four major provisions:

1. The first provision requires the state department of health to establish an EMS advisory committee, for the purposes of providing advice to the state department of health on issues that affect the EMS industry. Committee membership must include representation from the EMS industry and at least one consumer representative.

2. The second provision provides that the State Department of Health maintain a plan for integrated EMS in the state. The plan must:
   a. Identify ambulance operations areas based on criteria adopted by the health council and published in the ND Administrative Code.
   b. Identify EMS funding areas that require state financial assistance to operate a minimally reasonable level of EMS services
   c. Establish minimum reasonable cost for an EMS operation.

3. The third provision provides that EMS operations requesting financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. Provided information is to be confidential.

   The State Department of Health is charged with annually determining the allocation of state financial assistance for each EMS funding area based on the department's determination of:
   a. The minimal annual funding necessary to operate the EMS operation or service designated to operate in the funding area
   b. Required local matching funds, at least $10 per capita within the EMS funding area
   c. Minimal annual funding necessary is to be based on the financial needs unique to each EMS funding area.

4. The fourth provision provides a distribution limit, that not more than one-half may be distributed during the 1st year of the biennium.

Section 3 of HB1044 is an amendment to Section 23-27-01 of NDCC relating to the licensing of EMS operations:

1. The bill provides that the state department of health ensure that all areas of the state are covered by reasonable ground ambulance response, by establishing ambulance operations areas.

   a. Initially Ambulance operations areas will confer upon existing EMS operations that historically provided services to the area.

   b. Ambulance Operations Areas are limited to one transporting ambulance service that must meet performance standards adopted by the health council and published in ND administrative code.

      (1) Failure of EMS operation to meet minimum performance standards, state department of health may decrease or eliminate state financial assistance as part of EMS funding area plan **AND** designate another EMS operation to provide ground ambulance services in the ambulance operations area.

   c. New applicants for ambulance licensure must prove that an existing EMS operation is providing substandard service to the ambulance operations area or have written consent from the existing operation in order to operate in its ambulance operations area.

Section 4 creates a new subsection to section 23-27-02 of NDCC, providing the definition of an Ambulance operations area.

Section 5 limits the amount deposited into the insurance tax distribution fund, taking into consideration the funding provided for in Section 2 of this bill.

- NDCC Section 26.1-03-17 requires the Insurance Commissioner to collect a premium tax on the gross amount of insurance premiums sold within the state at a rate of 2 percent for life insurance policies and 1.75 percent for other types of insurance.

Section 6 repeals chapter 23-40 of NDCC, which is currently how funding assistance is distributed for EMS providers.

The 2009 Legislative Assembly appropriated $2.25 million from the insurance tax distribution fund for grants to EMS operations. Under chapter 23-40 the State Health Department is required to develop a strategic plan for an integrated EMS program in ND which includes a comprehensive statewide EMS system. The department is charged with determining eligibility for grant awards, level of matching funds and distribution amounts.

- Eligibility considered the transportation distance to hospitals, size of the ambulance service area , the number of ambulance runs, and contributing factors that may affect the number of patient care providers on the ambulance service such as age, population, service's location, size of the service area, and other personal commitments.
- Matching amounts are limited to at least 10% but no more than 90%, and were determined using a sliding percent formula, based on the department's strategic plan and how the applicant fit into the strategic plan, considering the needs of EMS operations in the applicants neighboring service areas.
- Grant awards were not allowed for capital expenses such as emergency vehicles and EMS equipment.
- Of the 147 EMS operations licensed with the State Department of Health, the department determined that 107 met eligibility requirements, and out of the 107 the department received 41 applications.

Section 7 provides an appropriation form the insurance tax distribution fund in the amount of $12 million.

- The executive budget recommends $1.25 million for grants under 23-40 of NDCC in the State Health Departments budget bill HB1004.

#2

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HB 1044

January 19, 2011

Testimony – Human Services Committee
North Dakota EMS Association
Mark Weber, NDEMSA Past President

Good Morning Chairman Weisz and members of the Human Services and Human Resources committees. My name is Mark Weber, and I am representing the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1044.

First, on behalf of the North Dakota EMS Association, we wish to acknowledge the efforts and work product of the Public Safety and Transportation Interim Committee; the interim study resulted in the legislation before you that we believe builds on the work of the EMS community and the Legislature over the past couple of biennia.

The 2007 Legislature allocated $1.25M to assist ambulance services with our staffing problem with the implementation and funding of the current staffing grant program. In 2009 the Legislature approved an additional $1M for the staffing grant program as well as $500,000 for a grant to implement four key EMS projects and directed an interim study into the feasibility of transitioning to a state-wide funding formula for EMS.

The goal of the grants was to identify the most needy ambulance services and help them sustain until a permanent funding solution could be found. A formula was developed by the ND Department of Health with input from the EMS community. This formula, used criteria that was specific to the 2007 legislation; number of providers on a roster, the age of the providers, distance from the closest hospital etc. Each of the criteria was given a value (points) and when

everything was put into a spreadsheet, the ambulance service with the most points should be the most critical. This formula was how the local match was determined, from 10% to 90% of the ambulance services project. In 2007 only 108 of the 143 ambulance services were eligible for the grants. Twenty-nine ambulance services applied for and received staffing grants, the awards ranged from a few thousand dollars up to $45,000. We found many of the services we felt needed the assistance did not apply for the grant. Some squad leaders told us they didn't want to start a program if it was not going to be sustained. Some services didn't want to pay some people and not others, a few services said they could not afford the matching amount they would have to pay or they thought the paperwork was too exhaustive.

In 2009, with the addition of $1M for a total of $2.25M available for staffing grants 41 of the 108 services eligible for the grant applied. The 41 applications requested approximately $2.8M in funding. Not all applicants could receive the amount they requested, so rather than not give a grant to a few services a decision was made to just cut all funding requests down (by a %) until the $2.25M mark was met. 39 ambulance services are receiving grants today. Many of you have received letters from grant recipients telling you how much the assistance has helped and there are a few here today.

As with all projects if there are not lessons learned, someone is not paying attention. The EMS staffing grants are no different, however we were paying attention. In 2009 we worked with legislators and developed four projects that would enhance the funding available to ambulance services.

1. EMS Leadership development classes: Most ambulance service squad leaders have no formal training to be a manager of an ambulance service. Many leaders just don't know what to do or where to find the resources to do the job. If we were going to give state funding to these ambulance services they would need to know how to complete a budget, deal with paid staff members (human resources) and find the resources to do the job right. This training gives them the basic skills and knowledge to do the job.
2. Develop a state wide quality review program: Legislators told us if they were going to help ND EMS they wanted to make sure the funding was improving the

care provided and systems that receive the funding. A quality review program will help us measure that.

3. Develop an assessment process: Helping North Dakota ambulance services improve their systems is the goal of this project. By helping them assess themselves, comparing what they do to what others do, each ambulance service can identify areas where they can improve their system. Each time they apply for state assistance, they should identify a one or two areas they will focus on to improve their system. This will lead to efficiencies and better operations.
4. Develop a state wide recruitment program: North Dakota EMS will always rely on volunteers. As the years go by, there just won't be as many. This project will help ambulance service managers with the recruitment of new providers.

These projects are well on their way and we have had very positive feedback on how well they are going. We believe we are on the right track, everyone working together developing solutions to our problems.

We have an opportunity to permanently solve the problems facing North Dakota EMS. North Dakota is in the right economic condition to make a commitment to the sustainability of the North Dakota EMS System. As you know, the problems facing North Dakota EMS are very complex as no two services have the same set of problems.

HB 1044 builds on the success of the staffing grant program while recognizing key directives. 1) Ensure "Reasonable EMS and staffing" coverage for ND – communities and corridors. 2) Address the sustainability of funding – can "reasonable EMS and staffing" be achieved with an efficient and sustainable source of funding at the local and state levels. 3) Require a reasonable level of local money to match state aid. 4) Provide for local flexibility and encourage coordination between services. We believe HB 1044 takes all of this into consideration and will provide long term stability, ensuring reasonable EMS in ND well into the future.

HB 1044 addresses four main areas: **The four components of this bill are**:

The development of an advisory committee:

This committee will be made up of representatives from the emergency medical services industry and at least one consumer member. This committee will be selected by the state department of health and be responsible to provide input to the state department of health on issues that affect the EMS industry. This committee will help develop the rules for this improved program.

The development of operations areas:

The intent of this section was twofold; 1) to sustain the current resources available to rural ambulance services, intercepts and disaster preparedness. 2) Prevent an influx of new ambulance services for the sole purpose of receiving state assistance. Tim Meyer will provide additional testimony on this section.

The development of funding areas:

HB 1044 would repeal the current staffing grant program and replace it with funding areas. Funding areas would be developed based on the definition of reasonable EMS for ND. In 2007 the North Dakota legislature asked the department of health to define reasonable EMS for North Dakota. They did and that definition is what we have been using to define reasonable EMS on North Dakota ever since. That is the basis for how funding areas would be determined.

The development of funding areas would assure long term stability for the North Dakota EMS system. By helping to financially sustain at least one ambulance service in each area. Facilitating efficiencies within each area, allow collaboration amongst ambulance services serving within an area and by offering solutions to services struggling to provide the required 24/7 coverage.

Funding would be available to areas that could show a need for assistance. Ambulance services within a funding area would submit one proposal to the department of health requesting assistance. Funding proposal templates would be developed by the department and provided to

all ambulance services. These would include a template for an overall plan (narrative) to provide EMS coverage to all citizens of the area, how the local share was being provided and a budget and budget narrative.

- Areas with multiple ambulance services in a funding area.
- Budgets to include reasonable costs. (up to a maximum percentage)
- Local match based on a $10 per capita.
- Formula, cost vs. expense

Appropriations:

We are requesting a $12M appropriation. This $12M appropriation would replace the current $2.25M that has been available.

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

Definition of Reasonable EMS for North Dakota

The Division of Emergency Medical Services makes the following recommendations to improve access to EMS process:

- Require through administrative rules that EMS agencies be dispatched directly by a public safety answering point (PSAP) by radio or pager.
- Require through administrative rules that EMS agencies have scheduled personnel on call at all times.

The Division of Emergency Medical Services makes the following recommendations to improve EMD:

- Ambulance services currently may respond with a fragmented crew.

PSAPs must automatically dispatch local EMS that normally serves that area.

- Major trauma requiring transport to a designated trauma center.
- Cardiac chest pain or acute myocardial infarction.
- Cardiac arrest.
- Severe respiratory distress or respiratory arrest.

If the incident occurs more than 20 miles from a helicopter air ambulance base of operations but not more than 100 miles, a helicopter air ambulance must be dispatched under the following conditions:

- Prolonged extrication time.
- Multiple victims.
- Ejection from vehicle.
- Pedestrian/bicycle struck by a vehicle traveling more than 20 mph.
- Burns covering more than 10 percent of the victim's body.
- Stroke symptoms.

Cities with a hospital must have an ambulance service.

Cities with a population of at least 1,000 that are more than 15 miles from another city of 1,000 must have an ambulance;

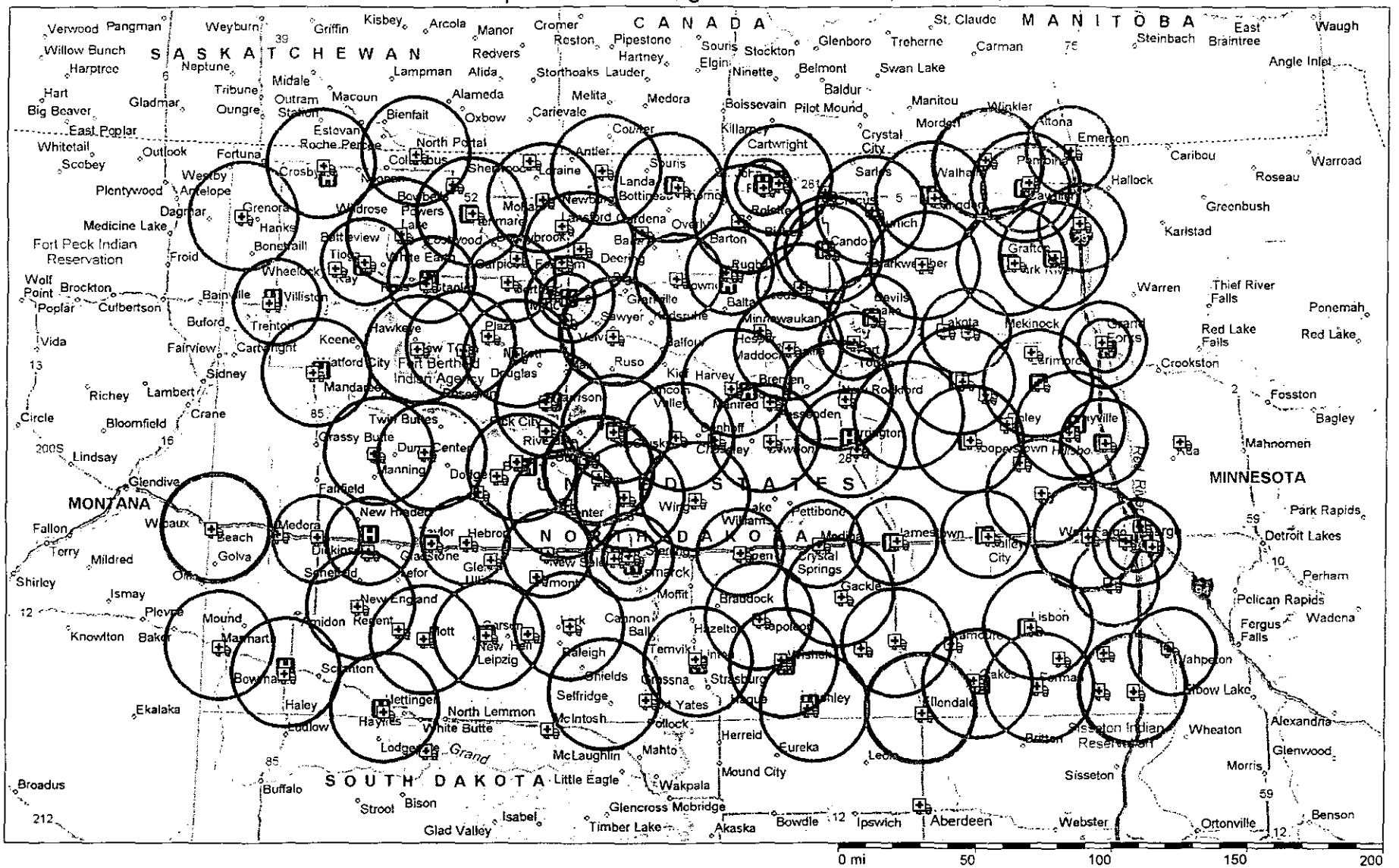
Cities with a population of 500 to 999 and that are fewer than 25 miles from an ambulance must have an EMS agency

Urban ambulance services must have a response time standard of arriving on scene in fewer than nine minutes 90 percent of the time.

Rural and transportation corridor ambulance services must have an enroute time of 10 minutes or less 90 percent of the time and an overall response time of less than 20 minutes 90 percent of the time

Frontier ambulance services must have an enroute time of 10 minutes or less 90 percent of the time and an overall response time of less than 30 minutes 90 percent of the time.

5 ND Ambulance & Hospitals 10-20-30, greater than 1000, cooridor, access critical



ND RURAL AMBULANCE SERVICE

	Calls	$ 106,000.00	200 calls at $530
	Mill Levy	$ 24,000.00	
	Training Grant	$ 2,000.00	
	Total Income	$ 132,000.00	
	Expenses:		
1%	Accounting fees	$ 1,200.00	Tax prep/Audits/Misc
11%	ALS	$ 18,000.00	90 calls at $200 per intercept
2%	Billing/Data Entry	$ 3,250.00	
1%	Building Maintenance	$ 2,000.00	Heat, repairs, electricity, etc.
0%	Building Rent	$ -	Use hospital garage
0%	Office/Classroom space	$ -	Use hospital office and classroom
23%	Call Time Wages $2.50	$ 37,500.00	6200 hrs nights-wkends 2 staff + 2600 hrs da
5%	Captital Purchase Exp	$ 7,500.00	Save for ambulance purchase
0%	Cell Phone	$ 650.00	
5%	Employee Benefits	$ 7,500.00	Health Insurance, PTO
0%	EMT Expense	$ 375.00	10 person roster
4%	EMT Training	$ 6,250.00	1 EMT class and conferences
2%	Equipment	$ 3,500.00	
2%	Fuel	$ 2,800.00	
4%	Insurance	$ 5,750.00	Auto, liability, workers comp, life/disability
0%	License	$ 50.00	State, CLIA, INC.
26%	Manager Salary	$ 42,000.00	40 hrs per week-$3500 per month
1%	Misc.	$ 1,000.00	
1%	Office Supplies	$ 1,200.00	
1%	Pagers	$ 1,000.00	
6%	Part Time Employee	$ 10,000.00	15 hrs per week- $12 hr
3%	Payroll Expense	$ 4,500.00	FICA, Medicare, Unemployment
0%	Phone/Internet	$ 450.00	
0%	Postage	$ 42.00	
0%	Promo/Ads	$ 350.00	
0%	Refreshments	$ 540.00	Meals at squad meetings
1%	Repairs/Main.-Amb	$ 1,000.00	Oil changes/tires/Repairs/Misc.
0%	Repairs-Equip	$ 250.00	
1%	Suppplies-Amb	$ 1,800.00	
2%	Uniforms	$ 2,500.00	Shirts, Pants, Boots for squad
	Total Expenses	$ 162,957.00	
	Income/shortfall	$ (30,957.00)	

2009 Ranking	2007 Ranking	Change	COMPANY	CITY	St	Zip	License Number	Number of Providers	Average Age of Providers	Age Provider Score: 45-49=10, 50-54=20, 55-59=30, 60-64=40, >64=50	miles form closest ambulance	Miles from 2nd closest Ambulance	Mileage Calculation < 15 miles = -100	miles from hospital	Located in Hospital City (25 points)	> 40 miles from next Ambulance (100 points)	> 30 miles from hospital (50 points)	Service area	service area population	> < 500 sq mi X 20% deviation	Population > 500 to <1000 = +50	Population > 1000 to <1501 = +25	Population > 2000 - 5% of population	Sub-total	DoH HQ Bonus 100pts	Corridor Ambulance	Score	2007 Scoring
1	2	1	Grenora Ambulance Service	Grenora	ND	58845	49	6	49	10	45	54	0	44	0	100	50	818.7692	754	164	50	0	0	718	100		818	492
2	6	4	Community Ambulance Service Inc.	Beach	ND	58621	4	12	47	10	25	43	0	61	0	0	50	1153.5185	1952	231	0	0	0	542	100	50	692	378
3	7	4	Killdeer Area Ambulance Service inc	Killdeer	ND	58640	62	8	42	0	22	35	0	35	0	0	50	955.9732	1935	191	0	0	0	486	100		586	378
4	4	0	Medina Ambulance Service	Medina	ND	58467	83	13	46	10	29	31	0	31	0	0	50	734.0572	1423	147	0	25	0	429	100	50	579	408
5	1	-4	Divide County Ambulance Service	Crosby	ND	58730	27	8	46	10	42	44	0	0	25	100	0	934.8669	2089	187	0	0	-104.45	476	100		576	556
6	10	4	Wing Rural Ambulance	Wing	ND	58494	134	9	45	10	25	41	0	47	0	0	50	528.481	671	108	50	0	0	473	100		573	361
7	9	2	Mckenzie County Ambulance Service	Watford City	ND	58854	129	28	46	10	46	55	0	0	25	100	0	2050.3907	4142	410	0	0	-207.1	486	100	0	586	373
8	19	11	Gackle Ambulance Service	Gackle	ND	58442	42	6	32	0	29	30	0	41	0	0	50	517.9677	1074	104	0	25	0	450	100		550	343
9	24	15	Flasher Ambulance Service	Flasher	ND	58535	38	8	34	0	17	37	0	47	0	0	50	803.4645	1002	121	0	25	0	447	100		547	327
10	50	40	Stanley Ambulance Service	Stanley	ND	58784	116	8	52	20	30	33	0	0	25	0	0	1137.4171	2702	227	0	0	-135.1	339	100	50	489	241
11	3	-8	Westhope Ambulance Service	Westhope	ND	58793	130	2	48	10	33	33	0	33	0	0	50	435.9536	1368	-13	0	25	0	371	100		471	434
12	41	29	Mcclusky Rural Ambulance District	McClusky	ND	58463	78	7	54	20	16	24	0	23	0	0	0	520.0681	897	104	50	0	0	361	100		461	269
13	12	-1	New Leipzig Ambulance Service	New Leipzig	ND	58562	94	7	44	0	19	20	0	7	25	0	0	719.139	1571	144	0	0	0	358	100		458	357
14	5	-9	New England Ambulance Service	New England	ND	58647	93	9	51	20	24	25	0	25	0	0	0	584.876	1080	117	0	25	0	353	100		453	394
15	18	3	Portal Ambulance Service	Portal	ND	58772	105	9	43	0	27	49	0	43	0	0	50	355.9468	732	-29	50	0	0	352	100		452	353
16	35	19	Edmore Volunteer Ambulance Service	Edmore	ND	58330	32	11	42	0	28	29	0	27	0	0	0	519.3137	1038	104	0	25	0	342	100		442	281
17	68	51	Kulm Ambulance Corps, Inc.	Kulm	ND	58456	64	5	55	30	15	30	0	31	0	0	50	500.6514	923	100	50	0	0	441			441	199
18	58	40	Bowman Ambulance Squad Inc	Bowman	ND	58623	17	16	41	0	28	41	0	0	25	0	0	1578.833	3531	316	0	0	-178.55	334	100		434	219
19	55	36	Halliday Ambulance Service	Halliday	ND	58636	50	10	50	20	22	32	0	37	0	0	50	638.0874	1102	128	0	25	0	428			428	229
20	20	0	Napoleon Ambulance Service	Napoleon	ND	58561	92	5	53	20	28	41	0	28	0	0	0	565.1655	1498	113	0	25	0	424			424	333
21	38	17	Ashley Ambulance Service	Ashley	ND	58413	3	14	33	0	25	40	0	0	25	0	0	568.805	1651	114	0	0	0	317	100		417	278
22	65	43	Munich Rural Ambulance	Munich	ND	58352	91	5	51	20	28	30	0	28	0	0	0	513.0677	882	103	50	0	0	417			417	210
23	22	-1	Kidder County Ambulance Service	Steele	ND	58482	117	23	45	10	31	35	0	44	0	0	0	1168.8711	2442	233	0	0	-122.1	263	100	50	413	327
24	28	4	Richardton-Taylor Ambulance Service	Richardton	ND	58652	109	6	43	0	17	28	0	0	25	0	0	592.4632	1534	118	0	0	0	341	0	50	391	308
25	57	32	Towner Fire/Ambulance/Resc Serv. Inc	Towner	ND	58788	119	23	37	0	21	22	0	21	0	0	0	649.9377	1375	130	0	25	0	238	100	50	388	227
26	11	-15	Maddock Ambulance Service	Maddock	ND	58348	74	8	37	0	21	22	0	35	0	0	50	311.7015	993	-38	50	0	0	279	100		379	360
27	48	21	Ray Community Ambulance District	Ray	ND	58849	107	13	50	20	16	37	0	18	0	0	0	611.2631	1244	122	0	25	0	325		50	375	247
28	34	6	Belfield Ambulance Service Inc.	Belfield	ND	58622	5	2	57	30	19	22	0	22	0	0	0	963.0292	2425	193	0	0	-121.25	319		50	369	297
29	51	22	Mchenry Ambulance Service	Binford	ND	58416	79	4	48	10	30	34	0	30	0	0	50	406.3206	812	-19	50	0	0	367			367	238
30	21	-9	Towner County Ambulance Service Inc. - Cando	Cando	ND	58324	19	7	33	0	26	36	0	0	25	0	0	607.0129	2239	121	0	0	-111.95	262	100		362	330
31	44	13	Leeds Ambulance Service	Leeds	ND	58346	70	12	35	0	25	27	0	27	0	0	0	453.7777	1464	-9	0	25	0	211	100	50	361	263
32	84	52	Emmons County Ambulance Service	Linton	ND	58552	72	18	37	0	34	41	0	0	25	0		1371.4888	4159	274	0	0	-207.95	257	100		357	183
33	15	-18	Edgeley Ambulance Service	Edgeley	ND	58433	31	8	35	0	15	21	0	39	0		50	492.0581	1682	-2	0	0	0	255	100		355	356
34	14	-20	Turtle Lake Ambulance Service	Turtle Lake	ND	58575	120	5	47	10	14	24	-100	0	25	0	0	509.464	1317	102	0	25	0	248	100		348	356
35	47	12	Sherwood Ambulance Service	Sherwood	ND	58782	115	2	55	30	19	32	0	41	0	0	50	261.2425	559	-48	50	0	0	339			339	255
36	29	-7	Upham Ambulance Service	Upham	ND	58789	124	15	38	0	23	27	0	30	0	0	50	311.9278	613	-38	50	0	0	232	100		332	306
37	82	55	Carson Ambulance Service	Carson	ND	58529	22	9	48	10	17	20	0	15	0	0	0	525.7798	891	105	50	0	0	332			332	163
38	53	15	Mott Ambulance Service	Mott	ND	58646	90	8	48	10	15	19	0	24	0	0	0	593.2144	1318	119	0	25	0	332			332	233
39	36	-3	Bowdon Ambulance Service	Bowdon	ND	58418	16	8	50	20	18	23	0	28	0	0	0	376.703	690	-25	50	0	0	231	100		331	280
40	52	12	Pembina Ambulance Service	Pembina	ND	58271	103	9	38	0	29	36	0	31		0	50	136.6521	837	-73	50	0	0	276		50	326	233
41	25	-16	Hebron Ambulance Service	Hebron	ND	58638	54	10	42	0	18	17	0	17	0	0	0	372.7407	1143	-25	0	25	0	167	100	50	317	320
42	69	27	Billings County Ambulance Service	Medora	ND	58645	84	8	41	0	22	25	0	37	0	0	50	446.5068	259	-11	0	0	0	266		50	316	195
43	71	28	Regent Ambulance Service	Regent	ND	58650	108	7	49	10	15	24	0	41	0	0	50	442.8522	675	-11	50	0	0	312			312	195
44	8	-36	Kindred Area Ambulance Service	Kindred	ND	58051	63	10	46	10	22	28	0	30	0	0	50	551.1758	4282	110	0	0	-214.1	156	100	50	306	375
45	70	25	Lansford Ambulance Service	Lansford	ND	58750	68	1	43	0	15	24	0	31	0	0	50	225.1374	561	-55	50	0	0	306			306	195
46	46	0	Wishek Ambulance Service	Wishek	ND	58495	135	13	49	10	26	28	0	0	25	0	0	567.4009	1859	113	0	0	0	302	0		302	258

47	59	12	Rock Lake Ambulance Service	Rock Lake	ND	58365	111	8	43	0	31	31	0	35	0	0	0	485.55	678	-7	50	0	0	298			298	219
48	43	-5	Mohall Ambulance Service	Mohall	ND	58761	89	17	44	0	24	19	0	33	0	0	50	352.2486	1336	-30	0	25	0	188	100		288	265
49	40	-9	Velva Ambulance Service	Velva	ND	58790	126	14	42	0	22	38	8	22	0	0	0	909.9937	3785	192	0	0	-189.25	183	100		283	270
50	13	-37	Sargent County Amb Service - Forman	Forman	ND	58032	40	10	41	0	19	24	0	24	0	0	0	453.7763	1895	-9	0	0	0	181	100		281	357
51	62	11	Drayton Volunteer Ambulance Association Inc.	Drayton	ND	58225	30	4	47	10	22	30	0	22	0	0	0	232.1478	1132	-54	0	25	0	225		50	275	215
52	23	-29	Wilton Rural Ambulance Service	Wilton	ND	58579	133	17	42	0	16	25	0	26	0	0	0	486.4944	1718	-7	0	0	0	125	100	50	275	327
53	75	22	Esmond Community Ambulance Service	Esmond	ND	58332	34	6	43	0	20	26	0	27	0	0	0	437.8211	679	-12	50	0	0	269			269	191
54	31	-23	Kenmare Ambulance Service	Kenmare	ND	58746	61	9	52	20	16	26	0	0	25	0	0	348.3597	1633	-30	0	0	0	167	100		267	306
55	49	-6	Ryder-Makoti Ambulance Service	Makoti	ND	58779	75	10	48	10	12	18	-100	43	0	0	50	495.9095	702	-19	50	0	0	164	100		264	243
56	37	-19	Marmarth Ambulance Service	Marmarth	ND	58643	146	13	41	0	28	66	0	28	0	0	0	391.1985	217	-22	0	0	0	254			254	280
57	85	28	Glenburn Area Ambulance Service Inc	Glenburn	ND	58740	45	6	40	0	15	23	0	23	0	0	0	327.8988	1014	-34	50	25	0	252			252	179
58	74	16	West River Ambulance Service	Hettinger	ND	58639	55	24	43	0	25	41	0	0	25	0	0	890.1823	2324	138	0	0	-116.2	147	100		247	191
59	103	44	Cooperstown Ambulance Service	Cooperstown	ND	58425	26	16	44	0	19	27	0	0	25	0	0	614.8825	2525	123	0	0	-126.25	146	100		246	117
60	82	22	Glen Ullin Area Ambulance Service	Glen Ullin	ND	58631	44	11	41	0	19	25	0	28	0	0	0	404.8272	1329	-19	0	25	0	192		50	242	184
61	32	-29	Ellendale Community Ambulance Service	Ellendale	ND	58436	33	10	46	10	27	30	0	30	0	0	50	448.3552	2513	-10	0	0	-125.65	138	100		238	305
62	39	-23	Page Ambulance Service	Page	ND	58064	100	11	38	0	14	20	-100	40	0	0	50	276.7201	759	-45	50	0	0	135	100		235	272
63	42	-21	Oliver County Ambulance Service	Center	ND	58530	25	8	52	20	26	27	0	27	0	0	0	484.0937	1581	-3	0	0	0	226			226	269
64	63	-1	Goodrich Ambulance Service	Goodrich	ND	58444	46	6	57	30	16	23	0	35	0	0	50	251.7493	356	-50	0	0	0	225			225	215
65	83	18	Larimore Ambulance Service Inc.	Larimore	ND	58251	69	15	37	0	15	28	0	15	0	0	0	515.1905	3395	103	0	0	-169.75	74	100	50	224	183
66	101	35	Langdon Ambulance Service	Langdon	ND	58249	67	21	42	0	28	28	0	0	25	0	0	947.1842	3898	189	0	0	-194.9	124	100		224	129
67	16	-51	Lidgerwood Community Amb Service	Lidgerwood	ND	58053	71	9	40	0	13	17	-100	43	0	0	50	285.4561	1425	-43	0	25	0	123	100		223	354
68	88	20	Casselton Ambulance Service, Inc.	Casselton	ND	58012	23	11	47	10	21	25	0	25	0	0	0	739.552	5290	148	0	0	-264.5	72	100	50	222	171
69	78	9	Powers Lake Ambulance Association	Powers Lake	ND	58773	106	14	46	10	28	29	0	29	0	0	0	359.7908	742	-28	50	0	0	213			213	187
70	73	3	Northwood Ambulance Service	Northwood	ND	58267	98	16	42	0	15	25	0	0	25	0	0	318.485	1868	-36	0	0	0	101	100		201	192
71	91	20	Michigan Area Ambulance Service Inc.	Michigan	ND	58259	85	11	45	10	12	28	-100	35	0	0	50	435.5171	1157	-13	0	25	0	149		50	199	163
72	81	9	Bottineau Ambulance Service	Bottineau	ND	58318	14	18	44	0	30	32	0	0	25	0	0	901.6417	5029	180	0	0	-251.45	94	100		194	185
73	95	22	Bowbells Ambulance Service	Bowbells	ND	58721	15	13	44	0	16	28	0	16	0	0	0	414.0296	768	-17	50	0	0	193			193	156
74	17	-57	Lakota Ambulance Service	Lakota	ND	58344	65	15	45	10	12	28	-100	28	0	0	0	347.0829	1252	-31	0	25	0	42	100	50	192	353
75	86	11	Plaza Ambulance Service	Plaza	ND	58771	104	3	59	30	12	13	-100	47	0	0	50	287.7871	510	-42	50	0	0	191			191	177
76	98	22	Carrington Health Center Ambulance	Carrington	ND	58421	21	21	46	10	17	29	0	0	25	0	0	904.5739	4126	181	0	0	-206.3	84	100		184	151
77	79	2	Rolette Ambulance Service, Inc	Rolette	ND	58366	112	11	47	10	16	24	0	32	0	0	0	355.9078	1252	-29	0	25	0	180			180	186
78	66	-12	Community Volunteer EMS Service of LaMoure	Lamoure	ND	58458	153	12	42	0	21	27	0	27	0	0	0	610.5913	2581	122	0	0	-129.05	180			180	208
79	60	-19	Tioga Ambulance Service	Tioga	ND	58852	118	26	42	0	18	30	0	0	25	0	0	298.4225	1609	-41	0	0	0	28	100	50	178	216
80	27	-53	McVille Community Ambulance Service	McVille	ND	58254	82	13	45	10	14	36	-100	0	25	0	0	355.9725	1252	-29	0	25	0	77	100		177	318
81	87	6	Parshall Rural Ambulance Service Inc.	Parshall	ND	58770	102	6	39	0	12	20	-100	38	0	0	50	418.8024	1378	-16	0	25	0	173			173	178
82	54	-28	Wyndmere-Barney Rural Amb Dist	Wyndmere	ND	58081	136	8	43	0	16	17	0	27	0	0	0	287.7103	1403	-42	0	25	0	172			172	232
83	33	-50	Walhalla Ambulance Service	Walhalla	ND	58282	127	10	40	0	27	32	0	27	0	0	0	225.0852	1610	-55	0	0	0	170			170	300
84	80	-4	Finley Ambulance Service	Finley	ND	58230	37	10	45	10	17	19	0	18	0	0	0	274.7797	1070	-45	0	25	0	150			150	186
85	90	5	Berthold Ambulance Service Inc.	Berthold	ND	58718	6	5	41	0	11	24	-100	23	0	0	0	299.8506	1142	-40	0	25	0	98		50	148	165
86	26	-60	New Salem Ambulance Service	New Salem	ND	58563	96	26	40	0	13	25	-100	35	0	0	50	423.2875	1836	-15	0	0	0	-2	100	50	148	318
87	30	-57	Carpio Ambulance Service	Carpio	ND	58725	20	5	61	40	10	27	-100	26	0	0	0	353.3239	722	-29	50	0	0	141	0		141	306
88	97	9	Park River Volunteer Ambulance Service	Park River	ND	58270	101	17	46	10	16	33	0	0	25	0	0	585.0316	4550	117	0	0	-227.5	37	100		137	153
89	99	10	Fessenden Ambulance Service	Fessenden	ND	58438	36	13	45	10	18	18	0	18	0	0	0	320.9824	1157	-36	0	25	0	135			135	150
90	61	-29	Almont Ambulance Service	Almont	ND	58520	1	6	50	20	13	28	-100	46	0	0	50	175.5775	234	-65	0	0	0	125			125	216
91	56	-35	Hunter Ambulance Service	Hunter	ND	58048	59	9	43	0	20	21	0	23	0	0	0	407.6914	2115	-18	0	0	-105.75	89		50	119	228
92	104	12	Harvey Ambulance Service, Inc.	Harvey	ND	58341	52	26	42	0	18	26	0	0	25	0	0	758.8116	4115	152	0	0	-205.75	11	100		111	117
93	96	3	Hope Ambulance Service	Hope	ND	58046	58	7	46	10	14	17	-100	26	0	0	0	317.3208	874	-37	50	0	0	105			105	154
94	87	-27	Underwood Ambulance Service	Underwood	ND	58578	121	8	44	0	14	14	-100	16	0	0	0	203.4002	1157	-59	0	25	0	34		50	84	189
95	110	15	Cavalier Ambulance Service	Cavalier	ND	58220	24	24	43	0	16	31	0	0	25	0	0	587.1581	4474	117	0	0	-223.7	-19	100	0	81	
96	77	-19	Aneta Ambulance Service	Aneta	ND	58212	2	6	56	30	14	19	-100	14	0	0	0	185.2674	601	-83	50	0	0	79			79	190
97	64	-33	Hankinson Vol Ambulance Service	Hankinson	ND	58041	51	6	52	20	13	31	-100	31	0	0	50	335.5326	2405	-33	0	0	-120.25	28		50	78	212
98	89	-9	Hillsboro Ambulance Service	Hillsboro	ND	58045	56	23	34	0	19	24	0	0	25	0	0	394.2357	3231	-21	0	0	-161.55	-96	100	50	54	165
99	45	-54	Sargent County Ambulance Service	Milnor	ND	58060	86	6	50	20	17	19	0	19	0	0	0	319.8314	2408	-36	0	0	-120.3	47			47	262
100	106	6	Community Ambulance Service of New Rockford	New Rockford	ND	58356	95	26	49	10	17	26	0	17	0	0	0	549.5585	2600	110	0	0	-130	35			35	107
101	93	-8	Washburn Volunteer Ambulance Serv	Washburn	ND	58577	128	14	50	20	14	16	-100	23	0	0	0	242.9218	1990	-51	0	0	0	-20		50	30	158
102	100	-2	Golden Heart EMS	Rugby	ND	58368	145	25	39	0	0	21	-100	0	25	0	0	845	4417	169	0	0	-220.85	-125	100	50	25	141
103	72	-31	Riverdale Ambulance Department	Riverdale	ND	58565	110	8	52	20	14	25	-100	24	0	0	0	75.1832	357	-85	0	0	0	13			13	194
104	94	-10	West Traill Ambulance Service	Mayville	ND	58257	77	15	38	0	19	29	0	0	25	0	0	410.2323	4698	-18	0	0	-234.9	-92	100		8	157
105	105	0	Rugby Emergency Ambulance Service	Rugby	ND	58368	114	15	42	0	0	21	-100	0	25	0	0	845	4417	169	0	0	-220.85	-45		50	5	115
106	107	1	Mercer County Ambulance Service Inc. -- Beulah	Beulah	ND	58545	7	22	46	10	11	37	-100	11	0	0	0	600.4578	4534	120	0	0	-226.7	-116			-116	89
107	108	1	Mercer Co Amb Service Inc -- Hazen	Hazen	ND	58545	53	26	45	10	11	27	-100	0	25	0	0	319.5695	3744	-36	0	0	-187.2	-270	100		-170	81

North Dakota Volunteer Ambulance Services
Local Match

	Company	City	Local Match
1	Divide County Ambulance Service	Crosby	10%
2	Grenora Ambulance Service	Grenora	10%
3	Westhope Ambulance Service	Westhope	10%
4	Medina Ambulance Service	Medina	10%
5	New England Ambulance Service	New England	10%
6	Community Ambulance Service Inc.	Beach	10%
7	Killdeer Area Ambulance Service Inc	Killdeer	10%
8	Kindred Area Ambulance Service	Kindred	20%
9	Mckenzie County Ambulance Service	Watford City	20%
10	Wing Rural Ambulance	Wing	20%
11	Maddock Ambulance Service	Maddock	20%
12	New Leipzig Ambulance Service	New Leipzig	20%
13	Sargent County Amb Service - Forman	Forman	20%
14	Turtle Lake Ambulance Service	Turtle Lake	20%
15	Edgeley Ambulance Service	Edgeley	20%
16	Lidgerwood Community Amb Service	Lidgerwood	20%
17	Portal Ambulance Service	Portal	20%
18	Lakota Ambulance Service	Lakota	20%
19	Gackle Ambulance Service	Gackle	30%
20	Napoleon Ambulance Service	Napoleon	30%
21	Towner County Ambulance Service Inc. - Cando	Cando	30%
22	Kidder County Ambulance Service	Steele	30%
23	Flasher Ambulance Service	Flasher	30%
24	Wilton Rural Ambulance Service	Wilton	30%
25	Hebron Ambulance Service	Hebron	30%
26	New Salem Ambulance Service	New Salem	30%
27	Mcville Community Ambulance Service	McVille	30%
28	Richardton-Taylor Ambulance Service	Richardton	30%
29	Kenmare Ambulance Service	Kenmare	30%
30	Carpio Ambulance Service	Carpio	30%
31	Upham Ambulance Service	Upham	30%
32	Ellendale Community Ambulance Service	Ellendale	30%
33	Walhalla Ambulance Service	Walhalla	30%
34	Belfield Ambulance Service Inc.	Belfield	40%
35	Edmore Volunteer Ambulance Service	Edmore	40%
36	Marmarth Ambulance Service	Marmarth	40%
37	Bowdon Ambulance Service	Bowdon	40%
38	Ashley Ambulance Service	Ashley	40%
39	Page Ambulance Service	Page	40%
40	Velva Ambulance Service	Velva	40%
41	Mcclusky Rural Ambulance District	McClusky	40%
42	Oliver County Ambulance Service	Center	40%
43	Mohall Ambulance Service	Mohall	40%
44	Leeds Ambulance Service	Leeds	40%
45	Sargent County Ambulance Service	Milnor	40%
46	Wishek Ambulance Service	Wishek	40%
47	Sherwood Ambulance Service	Sherwood	40%
48	Ray Community Ambulance District	Ray	50%
49	Ryder-Makoti Ambulance Service	Makoti	50%
50	Stanley Ambulance Service	Stanley	50%
51	Mchenry Ambulance Service	Binford	50%
52	Pembina Ambulance Service	Pembina	50%
53	Mott Ambulance Service	Mott	50%
54	Wyndmere-Barney Rural Amb Dist	Wyndmere	50%
55	Halliday Ambulance Service	Halliday	50%
56	Hunter Ambulance Service	Hunter	50%
57	Towner Fire/Ambulance/Resc Serv, Inc	Towner	50%
58	Bowman Ambulance Squad Inc	Bowman	50%
59	Rock Lake Ambulance Service	Rock Lake	50%
60	Tioga Ambulance Service	Tioga	50%
61	Almont Ambulance Service	Almont	50%
62	Goodrich Ambulance Service	Goodrich	50%
63	Drayton Volunteer Ambulance Association Inc.	Drayton	50%
64	Hankinson Vol Ambulance Service	Hankinson	50%
65	Munich Rural Ambulance	Munich	50%
66	Community Volunteer EMS Service of LaMoure	Lamoure	50%

North Dakota Volunteer Ambulance Services
Local Match

67	Kulm Ambulance Corps, Inc.	Kulm	60%
68	Underwood Ambulance Service	Underwood	60%
69	Billings County Ambulance Service	Medora	60%
70	Lansford Ambulance Service	Lansford	60%
71	Regent Ambulance Service	Regent	60%
72	Riverdale Ambulance Department	Riverdale	60%
73	Northwood Ambulance Service	Northwood	60%
74	West River Ambulance Service	Hettinger	60%
75	Esmond Community Ambulance Service	Esmond	60%
76	Minnewaukan Ambulance Service	Minnewaukan	60%
77	Aneta Ambulance Service	Aneta	60%
78	Powers Lake Ambulance Association	Powers Lake	60%
79	Rolette Ambulance Service, Inc	Rolette	60%
80	Finley Ambulance Service	Finley	60%
81	Bottineau Ambulance Service	Bottineau	60%
82	Glen Ullin Area Ambulance Service	Glen Ullin	60%
83	Emmons County Ambulance Service	Linton	60%
84	Larimore Ambulance Service Inc.	Larimore	60%
85	Glenburn Area Ambulance Service Inc	Glenburn	60%
86	Plaza Ambulance Service	Plaza	60%
87	Parshall Rural Ambulance Service Inc.	Parshall	60%
88	Casselton Ambulance Service, Inc.	Casselton	70%
89	Hillsboro Ambulance Service	Hillsboro	70%
90	Berthold Ambulance Service Inc.	Berthold	70%
91	Michigan Area Ambulance Service Inc.	Michigan	70%
92	Carson Ambulance Service	Carson	70%
93	Washburn Volunteer Ambulance Serv	Washburn	70%
94	West Traill Ambulance Service	Mayville	70%
95	Bowbells Ambulance Service	Bowbells	70%
96	Hope Ambulance Service	Hope	70%
97	Park River Volunteer Ambulance Service	Park River	70%
98	Carrington Health Center Ambulance	Carrington	70%
99	Fessenden Ambulance Service	Fessenden	70%
100	Golden Heart EMS	Rugby	80%
101	Langdon Ambulance Service	Langdon	80%
102	Oakes Volunteer Ambulance Service	Oakes	80%
103	Cooperstown Ambulance Service	Cooperstown	80%
104	Harvey Ambulance Service, Inc.	Harvey	80%
105	Rugby Emergency Ambulance Service	Rugby	80%
106	Community Ambulance Service of New Rockford	New Rockford	80%
107	Mercer County Ambulance Service Inc. -- Beulah	Beulah	90%
108	Mercer Co Amb Service Inc -- Hazen	Hazen	90%

	Value 1- Mill			County			
COUNTY	2008 Budgets			Population			
ADAMS	$	7,695.26	7695	2332	$	3.30	
BARNES	$	38,849.38	38849	10955	$	3.55	
BENSON	$	14,084.86	14084	6997	$	2.01	
BILLINGS	$	5,478.29	5478	829	$	6.61	
BOTTINEAU	$	26,347.06	26347	6650	$	3.96	
BOWMAN	$	12,158.62	12158	2991	$	4.06	
BURKE	$	8,815.73	8815	1947	$	4.53	
BURLEIGH	$	219,344.87	219344	75385	$	2.91	
CASS	$	428,417.21	428417	132525	$	3.23	
CAVALIER	$	21,750.50	21750	4099	$	5.31	
DICKEY	$	18,105.13	18105	5398	$	3.35	
DIVIDE	$	9,682.52	9682	2092	$	4.63	
DUNN	$	12,791.70	12791	3443	$	3.72	
EDDY	$	6,603.87	6603	2502	$	2.64	
EMMONS	$	14,599.07	14599	3645	$	4.01	
FOSTER	$	13,049.56	13049	3583	$	3.64	
GOLDEN VALLEY	$	5,850.24	5850	1691	$	3.46	
GRAND FORKS	$	171,922.13	171922	65435	$	2.63	
GRANT	$	9,153.97	9153	2588	$	3.54	
GRIGGS	$	9,562.77	9562	2456	$	3.89	
HETTINGER	$	10,018.42	10018	2564	$	3.91	
KIDDER	$	10,651.26	10651	2453	$	4.34	
LaMOURE	$	18,883.35	18883	4262	$	4.43	
LOGAN	$	7,431.15	7431	1999	$	3.72	
McHENRY	$	22,625.94	22625	5429	$	4.17	
McINTOSH	$	10,432.78	10432	2956	$	3.53	
McKENZIE	$	17,671.63	17671	5700	$	3.10	
McLEAN	$	29,870.18	29870	8543	$	3.50	
MERCER	$	19,492.40	19492	8234	$	2.37	
MORTON	$	66,780.60	66780	25754	$	2.59	
MOUNTRAIL	$	16,572.19	16571	6442	$	2.57	
NELSON	$	11,322.64	11322	3289	$	3.44	
OLIVER	$	6,800.54	6800	1808	$	3.76	
PEMBINA	$	31,312.81	31312	7906	$	3.96	
PIERCE	$	14,325.27	14325	4221	$	3.39	
RAMSEY	$	27,891.10	27891	11264	$	2.48	
RANSOM	$	17,421.95	17421	5695	$	3.06	
RENVILLE	$	10,399.80	10399	2425	$	4.29	
RICHLAND	$	53,422.40	53422	16888	$	3.16	
ROLETTE	$	10,111.57	10111	13903	$	0.73	
SARGENT	$	16,202.31	16202	4198	$	3.86	
SHERIDAN	$	6,717.50	6717	1408	$	4.77	
SIOUX	$	2,146.50	2146	4282	$	0.50	
SLOPE	$	5,362.09	5362	713	$	7.52	
STARK	$	48,763.69	48763	22167	$	2.20	
STEELE	$	11,332.70	11322	1943	$	5.83	
STUTSMAN	$	55,005.51	55005	20761	$	2.65	
TOWNER	$	11,837.00	11837	2417	$	4.90	
TRAILL	$	27,625.46	27625	8178	$	3.38	
WALSH	$	33,175.75	33175	11362	$	2.92	
WARD	$	137,623.82	137623	55270	$	2.49	
WELLS	$	19,270.39	19270	4432	$	4.35	
WILLIAMS	$	45,625.01	45625	19456	$	2.35	
COUNTY TOTAL	$	1,888,388.39		635865	$	3.57	ND Average mill per person in the county

ND Average mill per person in the county

Possible funding formulas for ND EMS Service Areas (draft)

Used during the Stakeholders summit December 2009

	Geography	Population 2007	TOTAL Call Volume	Population Served	TOTAL Population	TOTAL Sq. Miles	Cost (based on Safetech study) $ 830.32/call Rural $551.57 Urban	Estimated Revenue $534/call	Estimated Mill Levy ($10/person)	Total Revenue	Maximum grant Amount	% of project Funded	Local Match Amount
Critical Access	Ambulance service	285	25	1,002	1,002	603	$ 120,000.00	$ 13,350.00	$ 10,020.00	$ 23,370.00	$ 96,630.00	81%	19%
Hospital	Ambulance service	1,989	344	4,115	5,269	1,080	$ 291,630.08	$ 183,696.00	$ 41,150.00	$ 224,846.00	$ 66,784.08	23%	77%
must have EMS	Ambulance service Population	625		1,154			$ 6,000.00						
Hospital	Ambulance service	2,873	290	4,417	4,417	846	$ 240,792.80	$ 154,860.00	$ 44,170.00	$ 199,030.00	$ 41,762.80	17%	83%
	Ambulance service 12 miles	378											

#3

Testimony
House Bill 1044
House Human Services Committee
Wednesday, January 19, 2011
F-M Ambulance Service

Good morning, Chairman Weise and members of the Committee. My name is Tim Meyer, and I am the Director of Administration at F-M Ambulance Service which provides advanced life support (ALS) ambulance services to Fargo and West Fargo and provides support to the rural ambulances of Cass County. I am here in support of HB 1044 to provide funding for rural emergency medical services.

We also support the operations area concept contained within the bill. Our primary concern is that if the state offers grants to certain ambulance services to operate they may become direct competitors with our service. It doesn't seem fair to have the State subsidizing an ambulance to compete with our company which does not receive public funding.

Our ambulance service has been in continuous operation for more than 52 years. We serve a large portion of Cass County either by providing advanced life support intercepts to the rural ambulance services or by being the primary ambulance to respond in Horace, Harwood, Argusville, and sometimes Grandin. In 2010 we intercepted with rural Cass County ambulances 165 times, and responded to 102 emergencies in our own rural primary response area.

We have also made substantial capital investments to enhance the response capabilities for our communities and the state of North Dakota. In 2009 we were the first non-local EMS responder to the tornado in Northwood. We responded with our mobile communications tower, a mobile incident command post, a major incident response unit that carries supplies and equipment to treat up to 120 patients, and three ambulances. We did all that without compensation. If we have competition it will limit our ability to support that infrastructure and we'll not be able to invest in or take on enterprises that do not provide reimbursement for our expenses.

We believe that the public must have a remedy if they feel the local ambulance service is not up to par. The language contained in the bill gives authority to the Health Department to make financial sanctions or to find another ambulance service operator to serve an area if they deem it necessary. The bill also establishes an advisory committee to the Health Department to assist them in making policy decisions.

Thank you for allowing me to testify today. I'd be happy to answer any questions you may have.

#1-4

HB1044 January 19, 2011

Testimony – Human Services Committee/Appropriations Committee
Maddock Ambulance Service
Patrick Tracy, EMT Basic at Maddock Ambulance Service and NDEMSA Member

Good Morning Chairman Weisz, Chairman Delzer and members of the committees. My name is Patrick Tracy; I am an EMT Basic with Maddock Ambulance Service (MAS) and a Member of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1044.

I would like to share pertinent information regarding Maddock Ambulance Service EMS staffing, training, stability, and facilities/equipment needs.

Staffing:

There are approximately 8760 hours in a year. MAS provides a driver for every single hour of the 8760 hours in a year. The driver is certified in CPR and has successfully completed an Emergency Vehicle Operations Course. MAS also provides two EMS personnel in support of patient care for each of these hours with minimum requirements being that one provider at minimum be a First Responder and the other be an EMT. This equals a minimum of 26,280 hours per calendar year that need coverage by MAS. The MAS service volunteer squad covers approximately 23,180 of that total. Staffing grants have been used to cover the balance of the hours that cannot be covered by volunteers. Grants have also provided for a MAS Manager/Coordinator.

Training:

All EMS personal are required to complete continuing education and refresher courses to maintain that persons particular EMS license in good standing. MAS uses grant funds to offset the costs of conducting continuing education seminars. MAS needs to continue to recruit and train people to be EMS Drivers, First Responders, EMT-Basics Intermediates and Paramedics ensuring that we continue to be a strong viable entity years into the future. Furthermore, we need continual training enabling our service to provide the best care possible in the pre-hospital setting.

Facilities/Equipment:

MAS currently uses a bay at the Maddock Fire Hall to house our ambulance. The fire department has moved equipment outside the fire hall to accommodate our service. Should the Maddock Fire Department buy any more equipment for future needs it could potentially present a real problem for our service. MAS rents our class room, office space, and overnight accommodations for contract staff. Our ambulance is sixteen years old with mileage and dependability issues not far down the road. All of the above may not be issues today but could be important issues in the future. Funding assistance would play a large part in the resolution of some of these issues.

Stability:

Staffing, Management, and Facilities/Equipment funding is vital to the Maddock Ambulance Service. It is estimated that our reserve funds would be depleted in approximately two years without yearly funding assistance. MAS personnel that volunteer thousands of hours each year to this service would like to know that we are not doing this in vain. We would like to know that five, ten, or even twenty years into our future we have the resources necessary to maintain a viable service for our community.

Yesterday alone rural EMS volunteers across the state donated somewhere between 4200 and 4800 hours of time to ensure that our rural areas in North Dakota have the absolute best possible pre-hospital care available. We are doing our part for rural EMS long term viability. We cannot do it alone. We need to partner with the great state of North Dakota. Passing HB 1044 is a major stride in reaching long term viability for rural EMS.

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

#5

HB1044 January 19, 2011

Testimony – Human Services Committee/Appropriations Committee

Bowdon Ambulance Service

Cheryl Flick, EMT-Intermediate at Bowdon Ambulance Service and NDEMSA Member

Good Morning Chairman Weisz, Chairman Delzer and members of the committees. My name is Cheryl Flick; I am an EMT Intermediate with Bowdon Ambulance Service (BAS) and a Member of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1044.

I would like to share with you information regarding the Bowdon Ambulance Service and the experience we had with the staffing grant.

The Bowdon Ambulance Service covers 360 square miles and serves the towns of Bowdon, Hurdsfield, Chaseley and Heaton. We have a roster of 16 volunteer members. We have people trained at the levels of CPR Drivers, EMT Basics and EMT Intermediates. We provide coverage 7 days a week, 365 days of the year. We meet or exceed all the standards set forth by the North Dakota Department of Health and take great pride in running a wonderful service.

The Bowdon Ambulance was fortunate to receive the staffing grant when it was first awarded. We were able to put everyone on a call schedule and pay them to be on call. We had no trouble getting the shifts filled while being able to pay our members. However the Bowdon Ambulance Service match was 40% of the grant monies which was too much for us to afford. By the time the payroll taxes were paid and the payroll taxes were matched out of our funds it was closer to a 50% match. This amount became prohibitive for the service to afford. We would have totally depleted our reserve funds in less than two years.

Two years ago we made the decision not to apply for the grant. We simply could not afford to do so. When the grant money ran out we still had every one on call shifts but were not able to pay them. We lost two members due to them not being able to be paid to be on call.

The formulas for the staffing grants need to be looked at when one of the smallest services in the state has trouble qualifying for it at a reasonable level. A new policy needs to be developed so services know how much they are eligible to receive when they are developing their proposals and budget.

Passing HB 1044 is a major step in providing the funding needed to maintain our level of service in rural North Dakota.

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

#6

To whom it may concern.

This statement is in regard to the proposed EMS Funding Bill.

My name is Tom Zahn. I am an EMT Basic at New England Ambulance in New England ND and have been president of this organization since 1995. I would like to have the following comments read as I am not able to be there to do it.

Rural EMS in the state is in serious trouble. I know that it is in the south west part of the state where I am from but in talking to other EMS people from the rest of the state their issues are the same. Our squads are getting older and recruitment of younger EMT's has not been successful and continues to be that way. Increased training demands, the effort and time commitment of becoming an EMT and the nature of the ambulance business alone turn most people away usually shaking their head saying "no I cannot do that it's not for me." Our population is aging and the energy business is moving in fast. In New England our call volume was up in 2010 by 30%. In an aging town with oil on the horizon it's only going to increase. Our squad is like most, we have a roster full of people with big hearts and good intentions but as most are involved with production agriculture a very high percentage of runs is made by the same few people that can go when all the others are busy on the farm or ranch. In our squad the average age of the core volunteers who make most of the runs is 57. If we get a new EMT today it will still take at least three years of mentoring to get them comfortable enough to make a run on their own.

What do we do?

Our ambulance squad has been fortunate enough to participate in the staffing grant. This has been huge success. We were able to hire a full time EMT for 40 hours a week to provide daytime coverage to help out when people are at their jobs or farming. Since we hired her she has become a Paramedic. Our community is very fortunate to have a paramedic on staff for 5 days a week. Unfortunately the staffing grant has had 1 million dollars taken away from it. If we were to lose our paid position it would be a serious blow to our squad. This program needs to be moved into permanent funding for EMS and I support the addition of the 12 million dollars as requested by the ND EMS Association. The experience of having a paid person on staff has convinced me that this is where we are going to have to go with rural EMS. If the rural ambulance squads had some paid staff to complement the volunteers I think it would go a long way in shoring up their staff. If possible dollars to help replace aging ambulances and equipment would be huge.

As we move forward to what appears to be a long term expansion of the energy business now is the time to be proactive. If the small town squads are allowed to fail, it will be almost impossible to bring them back. I know I for one would not be interested in starting over. After 15 years of being a squad leader I am ready to let someone else be on call on nights and weekends and I can have a life like all the people that are not in EMS.

The time is now.

Thank you for hearing my statement.

Tom Zahn New England Ambulance

#7

HB – 1044

I want to begin by thanking you for the opportunity to speak with you this morning.

My name is Diane Witteman and I am the President of the Mohall Ambulance Service with our substations, the Tolley and Lansford Ambulance Services. I am speaking in favor of HB 1044.

The Mohall Ambulance Service is a rural volunteer service which serves central Renville and western Bottineau Counties in north central North Dakota. Our response area is highlighted in yellow on the attached map. On average we respond to approximately 145 runs per year.

In 1997, the service trained personnel as EMT's in Tolley and an ambulance was placed in the community of Tolley. The Mohall and Tolley operation was operated similar to the current substation option. In 2008, Tolley Ambulance became an official substation of Mohall. Tolley responds to about 20 runs per year.

After the 2007 Legislative session, the Mohall Ambulance Service was privileged to have the opportunity to apply for and did receive a State Staffing Grant. Although we seem to have a sufficient number of patient care providers or EMT's on our roster, the fact was at specific times of the day we had EMT shortages. Monday through Friday, 6:00 am to 6:00 pm was the time we lacked EMT's. During those hours the remaining EMT's had jobs outside of Mohall or jobs that did not allow them to cover call while at work. We have used the Staffing Grant to hire three (3) part-time employees to cover the 6:00 am to 6:00 pm Monday through Friday hours. We also use the grant to pay our volunteers for the three (3) hours when we are transporting patients. With the grant, we have also hired one (1) EMT to work an 8 hour shift, one (1) day per week at the Tolley Substation. In 2010, our financial support from the staffing grant was $29,000.00 an amount of which the Mohall Ambulance Service matched.

In April 2010, the Mohall Ambulance Service acquired the Lansford Ambulance Service as a substation. Lansford too had been struggling with the lack of volunteer staff to maintain staff to cover the 24 hours a day / 365 days per year requirement for an ambulance license. Lansford responds to about 15 calls per year. We will be paying one (1) EMT to work in Lansford as we do in Tolley.

There are advantages of a substation arrangement:

- It allows the services like Tolley and Lansford to keep the ambulance within their community.

- The substation services do not have to meet the 24 hour per day / 365 days per year coverage requirement.
- The business of running the ambulance is done by the host service allowing the EMT's at the substation to be "just EMT's."
- All services, the host service and the substations, are dispatched at the same time, alerting personnel in the other communities if additional help is needed in one of the communities.

But there is a disadvantage to a substation arrangement for the host service, i.e. Mohall. The Mohall Service has to respond to ALL calls within their own response and the substation response areas. Only after the substation service has a sufficient number of responders for the call, then the substation sends Mohall home. We prefer a substation arrangement over a "Quick Response Unit" because for a quick response unit, the Mohall Service would have to respond to and transport all the patients. But our volunteers have now been required to support another community ambulance service as well as their own.

Without our current staffing grant financial support, the Mohall Ambulance Service would be struggling to survive. For now, the grant has assured us and the community that an EMT will be available during the time of day when we struggle for help, but what about the near future? With our total call volume of approximately 175 runs per year, we do not have the ability to generate the funds to pay for staffing for an extended period of time should the grant or other financial support not be available. With more and more rural services seeing a decline in the numbers of volunteers, for whatever reason, many services will be forced to close or hire full-time staff. With the lack of funding "to close" will be the option for many, but that only adds additional response responsibilities unto the next closest ambulance service – possibly another struggling, volunteer service.

I know the State of North Dakota cannot afford financially to hire all paid staff for all the ambulance services throughout North Dakota, but I believe this bill will encourage neighboring ambulance services to work together to work out an emergency pre-hospital healthcare system that will work best for their area that may include both paid staff and paid volunteers. In my own situation, I have seen the benefits to the service and to the community for having paid staff, including the paid volunteers, but without the financial support for staffing, the Mohall Ambulance Service with its substations would struggle to survive.

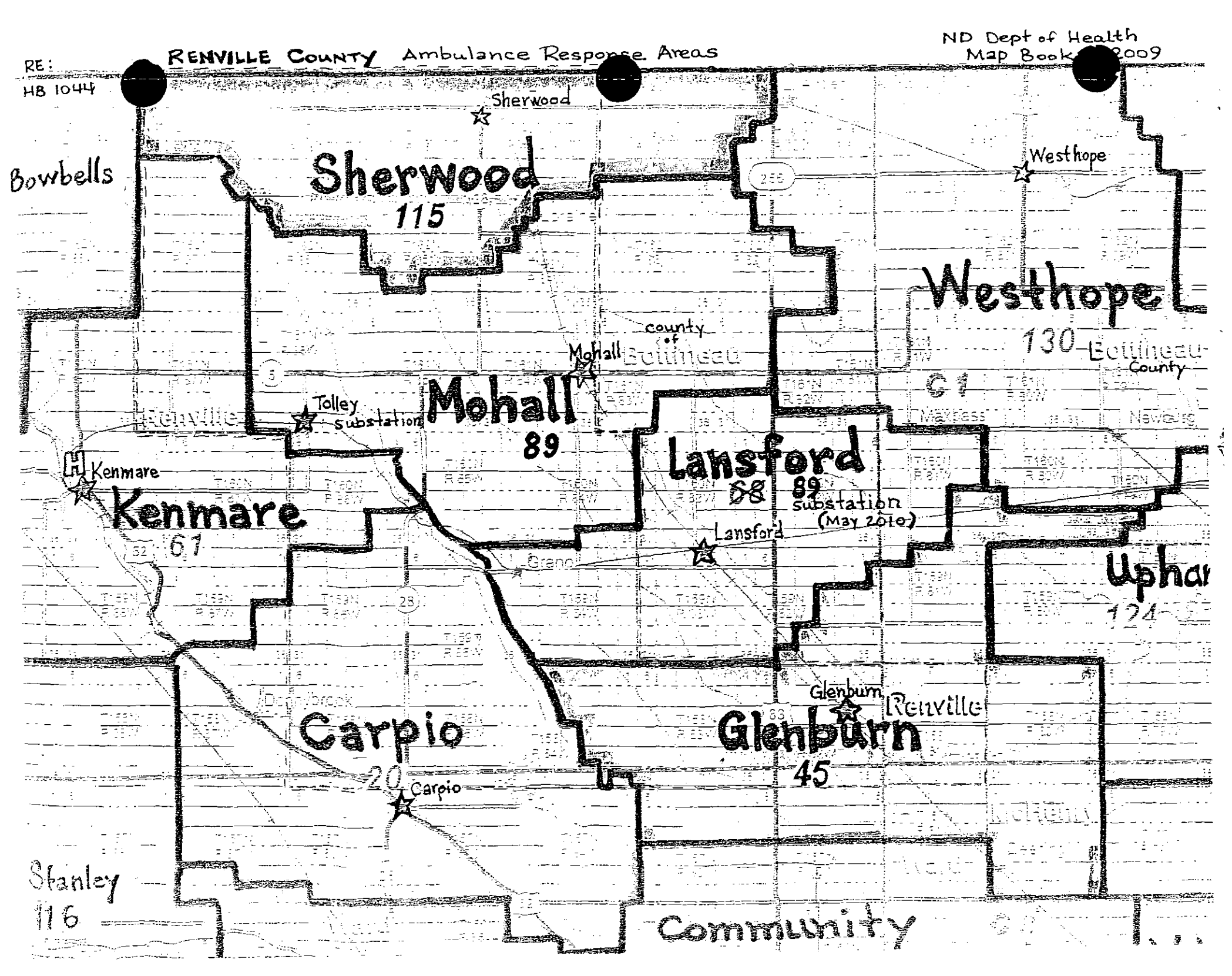
Again, I appreciate the opportunity to talk to you today. Do you have any questions of me?

Diane K. Witteman

RE:
HB 1044

RENVILLE COUNTY Ambulance Response Areas

ND Dept of Health
Map Book 2009



#1

TESTIMONY REENGROSSED HB1044
STATE FINANCIAL ASSISTANCE FOR EMERGENCY MEDICAL SERVICES
3/15/11 - SENATE HUMAN SERVICES

Madam Chair, members of the committee for the record, my name is Sara Chamberlin and I am a Fiscal Analyst for the Legislative Council. I am here to present information on Reengrossed House Bill 1044 relating to state financial assistance for emergency medical services or EMS providers. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

This bill was initially drafted and recommended by the interim Public Safety and Transportation Committee and subsequently Legislative Management. Additional background information can be found in the Report of Legislative Management book on page 325.

The House made a number of changes to the bill. I will first go over how the bill currently reads and at the end of my testimony I will highlight the significant changes made by the House.

Section 1 creates a new chapter to title 23 of NDCC, including the definition of:

a. An EMS funding Area

b. Minimum Reasonable Cost

c. Required Local Matching Funds

Under section 1 there are 3 major provisions:

1. The first provision provides that the State Department of Health maintain a plan for integrated EMS in the state. The plan must:
   a. Identify ambulance operations areas based on criteria adopted by the health council and published in the ND Administrative Code.
   b. Identify EMS funding areas that require state financial assistance to operate a minimally reasonable level of EMS services
   c. Establish minimum reasonable cost for an EMS operation.

2. The second provision provides that EMS operations requesting financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. Provided information is to be confidential.

   The State Department of Health is charged with annually determining the allocation of state financial assistance for each EMS funding area based on the department's determination of:

   a. The minimal annual funding necessary to operate the EMS operation or service designated to operate in the funding area. In determining the minimal annual funding necessary, it is to be based on the financial needs unique to each EMS funding area.
   b. Required local matching funds, at least $10 per capita within the EMS funding area

3. The third provision provides a distribution limit, that not more than one-half of the funding may be distributed during the 1st year of the biennium.

Section 2 repeals chapter 23-40 of NDCC, relating to funding assistance distributions to EMS providers. **Section 5** provides that the repeal be effective on January 1, 2012. I believe the 6 month lag was included to allow time for the Health Department to plan for the new distribution process.

Section 3, was added by the House, it provides a statement of legislative intent that the $2 million appropriation in Section 4 is to be in addition to the appropriation in 2011 House Bill No. 1004 (State Dept of Health Budget Bill). The combined appropriations are to be used as the base level for the purpose of budgeting for the 2013-15 executive budget.

- The State Health Departments budget bill, **HB1004,** provides $1.25 million for grants from the insurance tax distribution fund.

- Madam Chair, at this point, I should note that HB1004 and Reengrossed HB1044 are silent as to how the $1.25 million included in the State Health Department's budget bill is to be distributed.

Section 4 provides an appropriation from the general fund in the amount of $2 million to the Department of Health for the purpose of providing state assistance grants to EMS operations and related administrative costs for the 2011-13 biennium. $562,500 may be distributed under chapter 23-40 and any remaining funds for grants in accordance with section 1 of the bill. (The reasoning behind this amount is that it equates to ¼ of the amount provided for grants in the 2009-11 biennium under chapter 23-40, $2.25 million)

To recap major changes by the House, the House:

- Changed the funding source from the insurance tax distribution fund to the general fund, and reduced the appropriation from $12 million to $2 million.
- Removed the definition of "Ambulance Operation Area", which was included as a component in the revised grant distribution process
  - This change included removing a section of the bill relating to EMS Operations licensing
- The House also removed a provision that required the state department of health to establish an EMS advisory committee, for the purposes of providing advice to the state department of health on issues that affect the EMS industry.

This concludes my presentation, Madam chair at this time I'd be happy to answer any questions the committee may have.

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#2

HB 1044

March 15, 2011

Testimony – Human Services Committee
North Dakota EMS Association
Mark Weber, NDEMSA Past President

Good Morning Chairman Lee and members of the Human Services committee. My name is Mark Weber, and I am representing the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1044.

First, on behalf of the North Dakota EMS Association, we wish to acknowledge the efforts and work product of the Public Safety and Transportation Interim Committee; the interim study resulted in the legislation before you that we believe builds on the work of the EMS community and the Legislature over the past couple of biennia.

The 2007 Legislature allocated $1.25M to assist ambulance services with our staffing problem with the implementation and funding of the current staffing grant program. In 2009 the Legislature approved an additional $1M for the staffing grant program as well as $500,000 for a grant to implement four key EMS projects and directed an interim study into the feasibility of transitioning to a state-wide funding formula for EMS.

The goal of the grants was to identify the most needy ambulance services and help them sustain until a permanent funding solution could be found. A formula was developed by the ND Department of Health with input from the EMS community. This formula, used criteria that was specific to the 2007 legislation; number of providers on a roster, the age of the providers, distance from the closest hospital etc. Each of the criteria was given a value (points) and when everything was put into a spreadsheet, the ambulance service with the most points should be the most critical. This formula was how the local match was determined, from 10% to 90% of the ambulance services project. In 2007 only 108 of the 143 ambulance services were eligible for the grants. Twenty-nine ambulance services applied for and received staffing grants, the awards ranged from a few thousand dollars up to $45,000. We found many of the services we felt needed the assistance did not apply for the grant. Some squad leaders told us they didn't want to

start a program if it was not going to be sustained. Some services didn't want to pay some people and not others, a few services said they could not afford the matching amount they would have to pay or they thought the paperwork was too exhaustive.

In 2009, with the addition of $1M for a total of $2.25M available for staffing grants 41 of the 108 services eligible for the grant applied. The 41 applications requested approximately $2.8M in funding. Not all applicants could receive the amount they requested, so rather than not give a grant to a few services a decision was made to just cut all funding requests down (by a %) until the $2.25M mark was met. 39 ambulance services are receiving grants today. Many of you have received letters from grant recipients telling you how much the assistance has helped.

As with all projects if there are not lessons learned, someone is not paying attention. The EMS staffing grants are no different, however we were paying attention. In 2009 we worked with legislators and developed four projects that would enhance the funding available to ambulance services.

1. EMS Leadership development classes: Most ambulance service squad leaders have no formal training to be a manager of an ambulance service. Many leaders just don't know what to do or where to find the resources to do the job. If we were going to give state funding to these ambulance services they would need to know how to complete a budget, deal with paid staff members (human resources) and find the resources to do the job right. This training gives them the basic skills and knowledge to do the job.
2. Develop a state wide quality review program: Legislators told us if they were going to help ND EMS they wanted to make sure the funding was improving the care provided and systems that receive the funding. A quality review program will help us measure that.
3. Develop an assessment process: Helping North Dakota ambulance services improve their systems is the goal of this project. By helping them assess themselves, comparing what they do to what others do; each ambulance service can identify areas where they can improve their system. Each time they apply for

state assistance, they should identify a one or two areas they will focus on to improve their system. This will lead to efficiencies and better operations.

4. Develop a state wide recruitment program: North Dakota EMS will always rely on volunteers. As the years go by, there just won't be as many. This project will help ambulance service managers with the recruitment of new providers.

These projects are well on their way and we have had very positive feedback on how well they are going. We believe we are on the right track, everyone working together developing solutions to our problems.

We have an opportunity to permanently solve the problems facing North Dakota EMS. North Dakota is in the right economic condition to make a commitment to the sustainability of the North Dakota EMS System. As you know, the problems facing North Dakota EMS are very complex as no two services have the same set of problems.

HB 1044 can build on the success of the staffing grant program while recognizing key directives. 1) Ensure "Reasonable EMS and staffing" coverage for ND – communities and corridors. 2) Address the sustainability of funding – can "reasonable EMS and staffing" be achieved with an efficient and sustainable source of funding at the local and state levels. 3) Require a reasonable level of local money to match state aid. 4) Provide for local flexibility and encourage coordination between services. We believe HB 1044 takes all of this into consideration and will provide long term stability, ensuring reasonable EMS in ND well into the future.

HB 1044 addressed four main areas: **The four components of this bill were**:

The development of an advisory committee: This was removed in the house and we are asking to have it amended back into the bill.

This committee would have been made up of representatives from the emergency medical services industry and at least one consumer member. This committee would be selected by the state department of health and be responsible to provide input to the state department of health

on issues that affect the EMS industry. This committee will help develop the rules for the permanent funding program.

The development of operations areas:

The intent of this section was twofold; 1) to sustain the current resources available to rural ambulance services, intercepts and disaster preparedness. 2) Prevent an influx of new ambulance services for the sole purpose of receiving state assistance. Tim Meyer will provide additional testimony on this section.

The development of funding areas:

HB 1044 would repeal the current staffing grant program and replace it with funding areas. Funding areas would be developed based on the definition of reasonable EMS for ND. In 2007 the North Dakota legislature asked the department of health to define reasonable EMS for North Dakota. They did and that definition is what we have been using to define reasonable EMS on North Dakota ever since. That is the basis for how funding areas would be determined.

The development of funding areas would assure long term stability for the North Dakota EMS system. By helping to financially sustain at least one ambulance service in each area. Facilitating efficiencies within each area, allow collaboration amongst ambulance services serving within an area and by offering solutions to services struggling to provide the required 24/7 coverage.

Funding would be available to areas that could show a need for assistance. Ambulance services within a funding area would submit one proposal to the department of health requesting assistance. Funding proposal templates would be developed by the department and provided to all ambulance services. These would include a template for an overall plan (narrative) to provide EMS coverage to all citizens of the area, how the local share was being provided and a budget and budget narrative.

- Areas with multiple ambulance services in a funding area.
- Budgets to include reasonable costs. (up to a maximum percentage)
- Local match based on a $10 per capita.

- Formula, cost vs. expense

Appropriations:

We initially requested a $12M appropriation which is the total amount we believe will be needed to sustain ND EMS; this was reduced to $2M in the house.

We understand that we would probably not use the entire $12M in this biennium and believe it will take a few years for all EMS agencies to get fully staffed and prepared for this policy change.

We are asking for $4M this legislative session and if we add the current $1.25M to that figure we believe the $5.25M will be enough to help a majority (50 to 60 of the possible 90 funding areas) of the funding areas that will request assistance. Without the entire $12M, criteria will need to be developed to prioritize who needs the finding and at what level.

We would like to remove the word "grant" on page 2, line 28 so that sentence would read:

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,000,000, or so much of the sum as may be necessary, to the state department of health, for the purpose of providing state assistance ~~grants~~ to emergency medical services operations and related administrative costs, for the biennium beginning July 1, 2011, and ending June 30, 2013.

At the end of that sentence we would like to see the rest of section 4 removed.

We would also like to change the language in section 5. The date in which section 2 would become effective to July 1 2012.

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

#3

Testimony
House Bill 1044
Senate Human Services Committee
Tuesday, March 15, 2011
F-M Ambulance Service

Good morning, Chairman Lee and members of the Committee. My name is Tim Meyer, and I am the Director of Administration at F-M Ambulance Service which provides advanced life support (ALS) ambulance services to Fargo and West Fargo and provides support to the rural ambulances of Cass County. I am here in support of HB 1044 to provide funding for rural emergency medical services and ask that you increase the amount to $4 million.

We also support the operations area concept contained in the original version of the bill. It is our opinion that you must obligate the ambulance services to cover a specific geographic area, particularly if they are being subsidized by the State. Additionally we are concerned that if the state offers grants to ambulance services to operate, some operators may become direct competitors with our service. It doesn't seem fair to have the State subsidizing an ambulance to compete with our company which does not receive public funding.

It is true that the company that I work for would benefit from having exclusive rights to operate where we do. However if we do have a competitor in our community, it would not result in better service or lower costs for the consumer. It would dilute the market and require a higher fee structure or a lower level of preparedness to support multiple operators.

If you factor in the level of staffing that we need to meet our performance goals, the support we provide to our rural partners by way of ALS intercepts, the poor reimbursement rates for indigent patients and the number of 9-1-1 calls that do not result in a transport, at best we only break even on 9-1-1 emergencies. Inter-facility transfers financially support the emergency ambulance calls. F-M Ambulance has been in continual operation for 52 years and we take any and all calls. We hope we never have to have to make the distinction between which calls we can support financially because competition was injected into our public safety system.

As a final point, we believe that the public must have a remedy if they feel the local ambulance service is not up to par. The language contained in the original version of the bill gives authority to the Health Department to make financial sanctions or to find another ambulance service operator to serve an area when performance standards are not met.

Thank you for allowing me to testify today. I'd be happy to answer any questions you may have.

#4

Subject: HB 1044

I encourage you to give HB 1044 a "DO PASS".

Many Emergency Medical Services in North Dakota are in grave danger of closing. While the economy in North Dakota remains strong, rural EMS is the extreme opposite due to a lack of funding and volunteers. I currently serve on a service that has several hundred calls a year. It is getting harder to find people willing to and who have the time along with the financial ability to take calls. We currently offer our volunteer staff only fifty (.50) cents per hour for up to 3 member(s) to take call in 12-hour shifts in order to staff 24/7 as mandated. Many services in the state pay nothing.

If North Dakota continues on it's current path we will suffer closures of EMS services; which could have a domino effect placing pressure on other struggling services and increasing response times to an emergency. If you have ever had to call for an ambulance 5 minutes seems like an eternity when you are with someone in need of help. In rural North Dakota this wait now can be 20 minutes or greater due to response distance. Please help keep as many services going as we can and help others grain strength.

One area of concern in this bill is the "Advisory Committee" wording. There is a movement to have some of the members of this board selected by various member pay or service pay associations, one of which represents a very small percentage of North Dakota Services. This advisory board should be made up of designates by the DOH (Department of Health) and DEMST (Division of Emergency Medical Services & Trauma) with an emphasis on EMS providers as members and not those selected from paid associations. We need to place full control and operation of any appropriated monies under DEMST/DOH including the establishment of the Advisory Committee to ensure proper accountability and fairness to all services.

Please help continue to make our state a great and safe place to live by passing this bill and, if possible, providing additional funding than previously amended.

Thank you for your time and service to our great state.

Jeremy Mattison, EMT
Cavalier, ND

NDLA, S HMS

From: Lee, Judy E.
Sent: Tuesday, March 15, 2011 8:10 AM
To: NDLA, S HMS
Subject: FW: HB1044

Please print for our books.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: June & Kari Enget [mailto:ihparts@nccray.com]
Sent: Monday, March 14, 2011 8:22 PM
To: Lee, Judy E.; Uglem, Gerald P.; Berry, Spencer D.; ddeaver@nd.gov; Mathern, Tim
Subject: HB1044

My name is Kari Enget and I am the co-squad leader of the Powers Lake Ambulance.

I am encouraging you to give a "do pass" on HB1044.

We are a volunteer service in the middle of oil country. Our call volume is going up. Often times, it takes many phone calls to make sure we have people to take call. Many of our neighboring services are struggling to cover as well. If they close it will put a big strain on our squad. Many of our calls are 30-45 minutes from the nearest hospital. Please help keep as many services going as we can and strengthen others.

One area of concern to me is the Advisory Committee wording. As emergency medical providers, we need this board to be designated by the DOH (Department of Health)
and the DEMST (Division of Emergency Medical Services & Trauma). The Committee should have a majority of EMS (volunteer and paid) providers as members. We need to place full control and operation of any appropriated
monies under the DEMST/DOH including the establishment of the Advisory Committee to ensure proper accountability and fairness to ALL services.

From: Cindy Voeller [mailto:cvoeller@hamc.com]
Sent: Friday, March 11, 2011 4:53 PM
To: Lee, Judy E.
Subject: RE: 1044

Honorable Senator Lee,

I am writing this email in support of HB1044 the EMS Funding bill. This bill is so important to EMS in ND! In working for a company that provides billing for ambulance services throughout the state of ND, I am always hearing about the staffing struggles of ambulance services throughout the state. North Dakota being the rural state that it is, needs it's ambulance services to remain viable and be available to help the citizens of this state. This bill will enable ambulance services to continue to provide the services they have. Ambulance services provide rapid access to health care in emergencies and at times may be the only access to health care especially in rural areas. If rural ambulance's start to struggle, it may lead to greater stress on the urban ambulance services, but by helping to maintain rural ambulance services in ND, with this EMS funding bill that can be avoided.

I have also seen how the current funding has enabled ambulance services to keep 24/7 ambulance coverage in their home towns and the benefit it has provided. It has helped with coverage and helped reduce some of the provider burnout that occurs when one or two people are on call 24/7 for months at a time. Your support of this bill means so much to EMS in ND.

The original bill had provisions for ambulance operations areas, emergency medical services funding areas, and an Emergency medical services advisory committee, as well as a funding level that provides a long term solution to help EMS in ND, all these points remain important to the bill.

Cindy Voeller
Rugby Ambulance Service

#5

HB 1044 – Amendments

Ken Tupa

Page 1, after line 6 insert:

SECTION 1. Amendment. Section 23-27-01 (1) is amended and reenacted as follows:

23-27-01. License required - Licensing of emergency medical services operations - Exception - Waiver.

1. The state department of health shall license emergency medical services operations and may designate their service areas. ~~After June 30, 2001, the~~ The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5~~. A license for an emergency medical services operation is nontransferable.

Page 1, after line 18, insert:

Emergency Medical Services Advisory Council

The state department of health shall establish an emergency medical services advisory council. The council shall be comprised of representatives from the EMS provider community, consumers, and state government. The council shall include at least ~~two~~ 3 representatives appointed by the North Dakota emergency medical services association, ~~one member appointed by the North Dakota ambulance service advocates,~~ and one member of the legislative assembly appointed by legislative management. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04.

Page 2, line 21, replace "$2,000,000" with "$4,000,000"

Page 2, line 26, replace "$2,000,000" with "$4,000,000"

Page 2, line 29, strike "The department may spend"

Page 2, strike lines 30-31

Page 3, line 1, replace "January 1" with "June 30"

1 yr Staffing Grants

Tom Nehring

#6

HB 1044 – Information Request
North Dakota Department of Health
March 18, 2011

To: Chairwoman Judy Lee
North Dakota Senate Human Services Committee

Dear Senator Lee,

The North Dakota Department of Health was recently asked to respond to two issues from the Senate Human Services Committee regarding HB 1044.

First Request:
The department was asked to suggest the makeup and policies of the North Dakota Department of Health Emergency Advisory Committee. Beyond the suggested membership of the committee below, we would also propose term limits of a minimum of two years with no maximum number of terms.

Suggested Membership – All of whom must work in North Dakota.

1. State trauma committee representative – A voting member of the North Dakota state trauma committee.

2. Current North Dakota EMS Association (NDEMSA) President.

3. EMS Association Advanced Life Support Representative – A North Dakota certified and licensed Paramedic recommended by the NDEMSA currently working for a North Dakota licensed advanced life support ambulance service. (Designated by the NDEMSA)

4. EMS Association Basic Life Support Representative – A North Dakota certified or licensed Emergency Medical Technician, or its equivalent, recommended by the NDEMSA currently working for a North Dakota licensed basic life support ambulance service. (Designated by the NDEMSA)

5. Advanced Life Support Representative – A North Dakota certified and licensed Paramedic currently working for a North Dakota licensed advanced life support ambulance service. (Designated by the Department of Health)

6. Basic Life Support Representative – A North Dakota certified or licensed Emergency Medical Technician, or its equivalent, currently working for a North Dakota licensed basic life support ambulance service. (Designated by the Department of Health)

7. Legislative Representative – A current North Dakota State Senator or State Representative.

8. Medical Director Representative – A North Dakota licensed physician member of the NDEMSA Medical Director's Society currently serving as a medical director for a North Dakota licensed ambulance service.

9. Air Ambulance Representative – A representative from a North Dakota licensed air ambulance service. (Designated by the Department of Health)

10. Communications Specialist Representative – A communications specialist recommended by the North Dakota 9-1-1 Association currently working for a public safety dispatching entity.

11. Hospital Association Representative – A member of the North Dakota Hospital Association representing North Dakota licensed hospitals.

12. Highway Patrol Representative.

13. Department of Transportation (DOT) Traffic Safety Representative.

14. Fire Service Representative.

Second Request:

Given a certain level of funding from HB 1044, in what manner would the Department of Health determine as an appropriate method of utilization of these funds? Our response includes the following points.

1. Restoration of the DOT 402 and 408 funds in the amount of $523,900 per biennium that is being lost by the Division of Emergency Medical Services and Trauma would greatly affect the division's ability to carry out the current mission.

2. During the 2007 Legislative Session, there was an appropriation of $1,250,000 for staffing grants for ambulance services that were encountering difficulty in fully staffing a 24 hour a day, 365 day a year crew schedule. During the 2009 Legislative Session, an additional $1,000,000 was allocated for these staffing grants. During our current budgeting process for the 2011-2013 biennium there was a determination made that the 2009 addition of $1,000,000 was one-time funding only for the~~at~~ current biennium. We included a request in our optional package to restore this funding~~;~~ ~~however, i~~t was not included in the Governor's recommended budget.

3. We would request that we defer our opinion regarding any additional ~~funds remaining after restoration of #1 and #2~~ spending until the North Dakota Rural Emergency Medical Services Project is completed. Completion of this project will occur by June 30, 2011, and a final report will be available at that time.

Attachment A

North Dakota Department of Health
Division of Emergency Medical Services and Trauma
North Dakota Emergency Medical Services Advisory Committee

The North Dakota EMS Advisory Committee (EMSAC) is a public / private collaboration established to foster communication between the EMS provider community, state agencies and the consumers. The committee will focus on a range of topics affecting EMS in North Dakota. When applicable, knowledgeable guests will be invited to speak to the committee on their areas of expertise.

The purpose of this committee is to:

- Protect the public's interest in Emergency Medical Services in North Dakota
- Provide an opportunity for members of the provider community to meet and discuss issues of mutual concern with state agencies and others
- Provide input for the long range solutions for maintaining a robust EMS system for North Dakota
- Present a process to communicate the issues and concerns from the committee to the public, the media, state legislators, EMS providers, consumers, and other organizations that may be interested as determined by the committee

Membership

The Committee consists of the following members, all of whom must work in North Dakota, except for the public member:

1. State trauma committee representative. A voting member of the North Dakota state trauma committee.

2. EMS Association Advanced Life Support Representative. A North Dakota certified and licensed Paramedic recommended by the North Dakota EMS Association (NDEMSA) currently working for a North Dakota licensed advanced life support ambulance service.

3. EMS Association Basic Life Support Representative. A North Dakota certified or licensed Emergency Medical Technician, or its equivalent, recommended by the NDEMSA currently working for a North Dakota licensed basic life support ambulance service.

4. EMS for Children (EMSC) representative. A current member of the EMSC advisory committee.

5. Critical Incident Stress Management (CISM) team representative. An active CISM team member administered by DEMST.

Attachment A

6. NDEMSA Instructor Coordinator Society Representative. A North Dakota state certified Instructor Coordinator recommended by the North Dakota EMS Association Instructor Coordinator Society.

7. Legislative Representative. A current North Dakota State Senator or State Representative as recommended by the NDEMSA.

8. Injury Prevention Representative. A representative of the Office of Injury Prevention at the North Dakota Department of Health.

9. Medical Director Representative. A North Dakota licensed physician member of the NDEMSA Medical Director's Society currently serving as a medical director for a North Dakota licensed ambulance service.

10. Air Ambulance Representative. A representative from a North Dakota licensed air ambulance service.

11. Communications Specialist Representative. A communications specialist recommended by the North Dakota 9-1-1 Association currently working for a public safety dispatching entity.

12. Rescue Society Representative. A North Dakota certified rescue squad member recommended by the NDEMSA Rescue Society.

13. Quick Response Unit (QRU) Representative. A current member of a certified North Dakota QRU, recommended by the NDEMSA.

14. Medical Association Representative. A physician member of designee of the North Dakota Medical Association.

15. Healthcare Association Representative. A member of designee of the North Dakota Healthcare Association representing North Dakota licensed hospitals.

16. Indian Health Service (IHS) Representative. A representative employee of the U.S. Department of Health and Human Services, Indian Health Services.

17. EMS Consumer.

18. North Dakota Department of Health Administrative Service Representative.

19. North Dakota Department of Health – Emergency Preparedness Response Section Chief.

Attachment A

20. North Dakota Department of Health – Director of the Division of Emergency Medical Services and Trauma (DEMST).

Member Responsibilities

Each committee member is expected to:

1. Attend a minimum of 50% of normal meetings per year.
2. Actively participate in the functioning of the committee.
3. Be available for individual consultation to the Chair, Vice Chair, or DEMST Division Director.

Terms of Office

An advisory committee member may serve indefinitely. A committee member may be asked to resign due to non participation as voted on by the committee. The offices of Chair and Vice Chair are for 2-year terms with unlimited re-election.

- Clerical Support
- DEMST shall provide secretarial support for the committee.
- Public notice of meetings will be given
- Meeting minutes will be posted on the North Dakota Department of Health website

Travel

- Per Diem and mileage are reimbursable at the state rate
- Reimbursement policy may change as funding sources change

Voting

- The presence of a majority of the voting Committee members (one over half) constitutes a quorum at Committee meetings. No official business may be acted on without a quorum.
- A member may proxy his / her vote to another member or designee.

EMS Advisory Committee
North Dakota Department of Health
1/19/2011

Air Ambulance
Daniel Ehlen, BS, NREMT-P, CMTE
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rdoerr@nd.gov

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701.323.6000
rocejo@mohs.org

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ND Department of Health – Emergency Preparedness and Response Section

Adopted Amendment 3-22-11

#6

Proposed Amendment to Engrossed House Bill No. 1044

Page 1, after line 6 insert:

"SECTION 1. Amendment. Subsection 1 of Section 23-27-01 is amended and reenacted as follows:

23-27-01. License required – Licensing of emergency medical services operations – Exception – Waiver.

1. The state department of health shall license emergency medical services operations and may designate their services areas. ~~After June 30, 2001, the~~ The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area ~~if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5~~. A license for an emergency medical services operation is nontransferable."

Page 1, after line 18 insert:

"Emergency Medical Services Advisory Council

The state department of health shall establish an emergency medical services advisory council. The council shall include at least three representatives appointed by the North Dakota Emergency Medical Services Association, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the department of health, and other members designated by the department of health not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04 and the department shall establish by policy the length of terms and the method for rotation of membership."

Page 2, line 18, replace "one-half" with "$1,250,000"

Page 2, line 21, replace "$2,000,000" with "$4,000,000"

Page 2, line 26, replace "$2,000,000" with "$4,000,000"

Page 2, line 29, strike "The department my spend"

Page 2, remove lines 30-31

Page 3, line 1, replace "January 1" with "June 30"

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HB 1044

March 30, 2011

Testimony – Senate Appropriations Committee
North Dakota EMS Association
Mark Weber, NDEMSA Past President

Good Morning Chairman Holmberg and members of the Human Services committee. My name is Mark Weber, and I am representing the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1044.

The 2007 Legislature allocated $1.25M to assist ambulance services with our staffing problem with the implementation and funding of the current staffing grant program. In 2009 the Legislature approved an additional $1M for the staffing grant program as well as $500,000 for a grant to implement four key EMS projects and directed an interim study into the feasibility of transitioning to a state-wide funding formula for EMS.

The goal of the grants was to identify the most needy ambulance services and help them sustain until a permanent funding solution could be found. A formula was developed by the ND Department of Health with input from the EMS community. In 2007, 108 of the 143 ambulance services were eligible for the grants. Twenty-nine ambulance services applied for and received staffing grants, the awards ranged from a few thousand dollars up to $45,000. We found many of the services we felt needed the assistance did not apply for the grant. Some squad leaders told us they didn't want to start a program if it was not going to be sustained. Some services didn't want to pay some people and not others, a few services said they could not afford the matching amount they would have to pay or they thought the paperwork was too exhaustive.

In 2009, with the addition of $1M for a total of $2.25M available for staffing grants 41 of the 108 services eligible for the grant applied. The 41 applications requested approximately $2.8M in funding. Not all applicants could receive the amount they requested, so rather than not give a grant to a few services a decision was made to just cut all funding requests down (by a %) until the $2.25M mark was met. 39 ambulance services are receiving grants today.

HB 1044 can build on the success of the staffing grant program while recognizing key directives. 1) Ensure "Reasonable EMS and staffing" coverage for ND – communities and corridors. 2) Address the sustainability of funding – can "reasonable EMS and staffing" be achieved with an efficient and sustainable source of funding at the local and state levels. 3) Require a reasonable level of local money to match state aid. 4) Provide for local flexibility and encourage coordination between services. We believe HB 1044 takes all of this into consideration and will provide long term stability, ensuring reasonable EMS in ND well into the future.

HB 1044 maintains the current staffing grant program with funding of $1.25 million for the first year of the next biennium, then transitioning to a "funding area" model moving forward with the remaining $4 million ($2.75 million in HB 1044 and $1.25 million in HB 1004).

Funding would be available to areas that could show a need for assistance. Ambulance services within a funding area would submit one proposal to the department of health requesting assistance. Funding proposal templates would be developed by the department and provided to all ambulance services. These would include a template for an overall plan (narrative) to provide EMS coverage to all citizens of the area, how the local share was being provided and a budget and budget narrative.

- Areas with multiple ambulance services in a funding area.
- Budgets to include reasonable costs. (up to a maximum percentage)
- Local match based on a $10 per capita.
- Formula, cost vs. expense
- Funding Efficiencies/Sustainability – funding approx. 75 areas rather than 108 individual services

Appropriations:

We initially requested a $12M appropriation which is the total amount we believe will be needed to sustain ND EMS; this was calculated based on the current definition of reasonable EMS and the calculations of cost (reasonable budget) vs. revenue (local share & billable revenue) for each of the estimated 88 funding areas. Some North Dakota Ambulance Services

can only generate $30-$40,000 annually (billable revenue and a local share of $10/capita). We used a base budget of $150,000 annually, calculating for some paid staff, full time manager and other paid staff – keep in mind ambulance services will always rely on volunteers. We used the base budget for many services until they reached a point where their actual cost exceeded the $150,000 based on total call volume and the average cost to provide the service.

We understand that we would probably not use the entire $12M in this biennium and believe it will take a few years for all EMS agencies to get fully staffed and prepared for this policy change.

We are asking for $4M in HB 1044 in addition to the $1.25M funded in the Executive Budget in HB 1004. We believe the $5.25M will be enough to help a majority (50 to 60 of the possible 90 funding areas) of the funding areas that will request assistance. Without the entire $12M, criteria will need to be developed to prioritize who needs the finding and at what level.

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

Reagan's life was in doctors' hands

By Meredith Cohn
McClatchy Newspapers

BALTIMORE – En route to e emergency room at eorge Washington University Hospital, Dr. Paul Colombani noticed a black limousine emblazoned with the presidential seal in the driveway.

He told fellow surgical resident Dr. David Gens to look, but the significance didn't immediately register as they headed toward the waiting trauma patients.

In Colombani's bay was Jim Brady, Ronald Reagan's press secretary, shot in the head. In Gens' bay was the 40th president of the United States, shot in the chest after just two months on the job.

Brady's death was erroneously reported in the hours after the shooting at the Washington Hilton, but the public was reassured that Reagan's injuries were not so severe. In reality, Reagan was bleeding to death, and it would take some skill, and luck, to save the man – and his presidency.

But doctors were treating him like any other patient on March 30, 1981.

"When you take their clothes off, they're all the

REAGAN: Page A8

Inside

▶ Gun control measures remain grounded 30 years later. **A8**

Officers tackle shooter John Hinkley

REAGAN: Lost nearly half his blood

From Page A1

same," said Gens, now an associate professor of surgery at the University of Maryland School of Medicine and an attending physician at Maryland Shock Trauma. "They're just people."

Gens and Colombani, now chief of pediatric surgery at Johns Hopkins Children's Center, were 31 and 29, spectively, at the time and the fifth year of their surgical residencies, the first jobs outside medical school. They were part of a team that worked on Reagan, Brady and Tim McCarthy, a Secret Service agent who threw himself in the line of fire.

The pair said they don't regularly think about the shooting and told their full story publicly for the first time in a newly published book called "Rawhide Down" – Rawhide was Reagan's Secret Service name. The two men met recently in Colombani's office, one of about a half-dozen times they'd seen each other since they left George Washington at the end of that year for the hospitals in Baltimore.

Reagan had just given a speech when John Hinckley Jr., in an attempt to impress actress Jodie Foster, got off six shots from his revolver before he was ubdued.

Jerry Parr, the agent in charge of Reagan's security detail, immediately pushed the president into his car. Reagan was shaken and had blood on his lips, and Parr, unaware of the gunshot wound, worried he'd cracked a rib. The source of the attack wasn't completely clear to Parr, but he decided to forgo the security of the White House for medical care at George Washington, according to the book, written by Del Quentin Wilber, a Washington Post reporter who formerly worked for The Baltimore Sun.

Associated Press

President Ronald Reagan is pushed into his limousine by Secret Service agents, including Jerry Parr, right, after shots were fired outside the Washington Hilton in 1981.

A half-hour after the shooting, Gens and Colombani were in the emergency room, Reagan's suit had been cut off, and doctors could see the bullet hole. Reagan, likely in shock, said he was having trouble breathing.

"When someone says he can't breathe after being shot, he's in trouble," said Gens. Then, he and Colombani both concluded, "If they had taken him to the White House, he would have died."

The bullet, officials now believe, had hit the limousine, flattened like a dime and ricocheted into Reagan. The .22-caliber shell penetrated and partially shredded Reagan's left lung. The doctors now say if it had been fired by a higher-powered rifle or was a larger bullet, it could have traveled farther and done more damage or even killed Reagan on the spot.

As it was, the bullet hit a vessel, causing internal bleeding. On a more stable patient, doctors would have ordered X-rays to look for fluid, but the troubled breathing was a telltale sign that blood was filling Reagan's lung – and fast.

It had become clear that Reagan's bleeding was not going to stop on its own. The doctors believed he'd lost close to half his own blood, and a half-hour after arriving he was headed to the operating room.

Reagan, the doctors confirmed, quipped: "I hope you are all Republicans."

Aside from suffering a fever, Reagan made a remarkable recovery for a man of his age, said the doctors, who saw the president at the White House about a month later and again in a year.

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