

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/10/2017**

Amendment to: HB 1210

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>						
<b>Expenditures</b>						
<b>Appropriations</b>						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill creates a new chapter of NDCC relating to a cardiac ready community grant program and to provide for a continuing appropriation. The bill also establishes a grant program advisory committee.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill has no fiscal impact as the work can be accomplished within the current mission and structure of the Department.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 01/11/2017

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**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 01/11/2017



**FISCAL NOTE**  
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Bill/Resolution No.: HB 1210

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**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 01/11/2017

**2017 HOUSE HUMAN SERVICES**

**HB 1210**

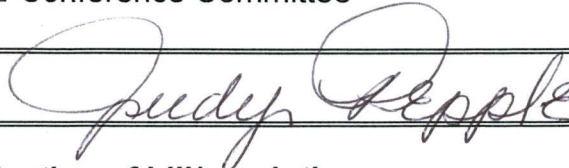
# 2017 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1210  
1/17/2017  
26973

- Subcommittee  
 Conference Committee

Committee Clerk Signature



**Explanation or reason for introduction of bill/resolution:**

Relating to a cardiac ready community grant program; and to provide a continuing appropriation.

**Minutes:**

1, 2, 3, 4

Chairman Weisz: called the committee to order.  
Chairman Weisz: Opened the hearing on HB 1210

Representative Porter: Introduce the HB 1210

Have been involved in ems ever since I have been an adult.

My first bill was to introduce the defibrillators in places where they can meet the needs of the people where they are. Machines have evolved to being very smart and the prices have come down. They can be placed wherever and people can be trained.

Most ems are volunteer people only a few with paid staff. 120 ambulance services in the state and only 10 of them are full 24 hour/day 7days/week services. The others may have some paid staff, but rely on volunteers. Another bill we got through was to put heart monitors with telemetry in all ambulances so they can send a 12 lead EKG to a hospital while in route. Things have come a long way. This bill is to have a grant paid program to make communities safer. I have introduced stroke legislation in the past and it is evolving as well.

Chairman Weisz: Questions?

Representative Skroch: Two questions. Grant program. Where do the funds would come from? If people are reimbursed for involvement in an advisory committee. Where will that come from? Out of the grant or from state funds?

Representative Porter: Money comes from gifts, grants, and donations. No state funds. Could be some federal funds available. Travel and time for state employees would be paid by their regular job. Most other people volunteer their time.

Chairman Weisz: Further support for HB 1210

June Herman, Regional VP of the American Heart Assoc.

(Attachment 1)

The fiscal note is there because there could be conference calls to ease the need to travel. Lots of things would need to be done to qualify to be a Cardiac Ready Community. First community was Powers Lake. Signage that would be up outside of the community stating they had been recognized.

Communities would be able to fund their own community needs through grants, donations,

(Attachment 2)

Questions:

Vice Chairman Rohr: Who is the head.

J. Herman: Has a physician that is the head.

J Herman: They do not have a physician as their director?

Vice Chairman Rohr: So the head of the services was not a physician?

J. Herman: Dept. of Emergency Services does not have a physician as head of it.  
Attachment 3

More testimony that she is not giving, but handing it out.

Shows our vision for ND

17:44

Chairman Weisz: Further support for HB 1210?

Kari Enget from Powers Lake.

(Attachment 4)

Agreed to be the pilot project for the Community Ready project.

Community kickoff was very successful because everyone got involved.

Vice Chairman Rohr: Any questions from the committee?

Representative Schneider: Tell us about Powers Lake.

K. Enget: We are a community of 400 people. We are about 75 miles from Minot and 75 miles to Williston. The closest hospitals are about 27 miles to Tioga and 27 miles to Stanley. Serve parts of our county that are 45 – 50 miles to the nearest hospitals

Vice Chairman Rohr: Is there any more support of HB 1210

Jerry Juneau, ND Hospital Association

I don't have any testimony, but I want to stand in support of HB 1210.

Vice Chairman Rohr: Is there any opposition?  
Hearing none, we will close the hearing on HB 1210.

Closed hearing



# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1210  
1/17/2017  
26975

- Subcommittee  
 Conference Committee

Committee Clerk Signature

*Judy Pepple*

## Explanation or reason for introduction of bill/resolution:

Relating to a cardiac ready community grant program; and to provide a continuing appropriation

## Minutes:

Chairman Weisz: called the committee to order.

Representative D. Anderson: support for do pass

Representative Devlin: There is an amendment that we need to deal with first.

Representative D. Anderson: With draw motion

Chairman Weisz: amendment to deal with first

Representative Skroch: move to create an amendment to line number 2 after "the" insert state and to replace "emergency services" with "health emergency medical services and trauma"

Representative P. Anderson: seconded the motion.

Chairman Weisz: Read the proposed amendment  
In line 2 of page 2, delete "emergency services" and insert "health, division of emergency medical systems".

Representative Skroch: I didn't understand the wording to be that. I understood that there is not an emergency services director, but there is a division of medical systems director.

Chairman Weisz: not an emergency services director, but there is a division of emergency medical systems director.

Chairman Weisz: Ok that is the motion. Is there any discussion?

Chairman Weisz: called for a voice vote done to accept the amendment.

Chairman Weisz: motion carried.  
Chairman Weisz: Are there any further amendments? None  
Chair will entertain a motion.

Representative D. Anderson: I will move to pass HB 1210 as amended.

Representative McWilliams: I will second it.

Chairman Weisz: Any discussion? This will have no cost.  
Roll call vote for a do pass as amended on HB 1210.  
Roll call vote taken passed 13 yes 0 no 1 absent  
Volunteer to carry this one? Representative D. Anderson  
Closed.



1/17/17 DA

17.0686.01001  
Title.02000

Adopted by the Human Services Committee

January 17, 2017

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1210

Page 2, line 2, after "the" insert "state"

Page 2, line 2, replace "emergency services" with "health emergency medical services and trauma"

Re-number accordingly

Date: 1-17-17  
 Roll Call Vote #: 1

**2017 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB1210**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 17, 0686.01001

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Rep. Skroch Seconded By Rep. P. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*Handwritten in table: "Vote done" and "Motion Carried"*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

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

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

Date: 1-17-17  
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1210

House Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0686.01001

- Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. D. Anderson Seconded By Rep. McWilliams

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter					
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. D. Anderson

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

**REPORT OF STANDING COMMITTEE**

**HB 1210: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1210 was placed on the Sixth order on the calendar.

Page 2, line 2, after "the" insert "state"

Page 2, line 2, replace "emergency services" with "health emergency medical services and trauma"

Renumber accordingly

**2017 SENATE HUMAN SERVICES**

**HB 1210**



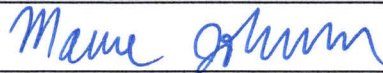
# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1210  
3/8/2017  
Job Number 28900

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to a cardiac ready community grant program; and to provide a continuing appropriation.

## Minutes:

5 Attachments

**Chair J. Lee:** brought the hearing to order, all members were present.

## A few items of business were discussed.

**Representative Todd Porter, District 34 (2:25-6:15) introduced the bill.** We have created a number of programs and ideas in saving people's lives, from the start in 1999 with public defibrillation legislation. Most recently the Helmsley Foundation looked at this state and our approach to rural medicine, and decided this is a good place for money in cardiac situations. They donated a lot of money for EKG machines in ambulances, we know it's working and saving lives; we have stroke ready hospitals, and a state trauma committee. This bill will allow the Health Department to accept dollars from non-profits to do Cardiac Ready Communities, who want to move up to that level. The money is coming from non-profits; they need the ability to accept it.

**Senator Heckaman:** What was the amendment in the House?

**Rep. Porter:** I don't know.

**Senator Heckaman:** I didn't know if its dramatic or not.

**Rep. Porter:** It wasn't anything that changed the program in any way. The main core of the program is still the same.

**June Herman, Regional Vice President, American Heart Association (7:45-10:45) testified in favor please see attachment #1.**

**Senator Kreun:** All we're doing is becoming a conduit for all of the activities that you're indicating? The grants will be would be worked through by this board or other individuals, they could work for grants and donations and matches will come?

**June Herman:** Yes, The American Heart Association, we've been a participant in the Giving Hearts Day, we have collected money for the last 3 years, about \$75,000. We believe in the partnership with the Division of EMS in the communities, we want to invest in Cardiac Ready Communities. We don't buy devices. If there was a group that had authority to take what we receive during Giving Hearts Dan and be able to support the communities and get a lower price. We could grant out money to individual communities, but they would end up paying hundreds more than they have to.

**Chair J. Lee:** On page 2, lines 1 and 2 of the first bill said "One survivor advocate and the department of emergency services medical director" and it was corrected to proper terminology, it now says "One survivor advocate and the state department of health emergency medical services and trauma medical director." That is what the amendment is.

**June Herman:** Passed out testimony for Kari Enget, Powers Lake Ambulance, **please see attachment #2**, gave some examples of rural cardiac events (13:30-16:45)

**Chair J. Lee:** It used to be in a trauma situation, people were told to stay on the interstate, today they can take any road they want to receive care.

**Dr. Jeffery Sather, Trinity Hospital physician; Medical Director, ND Emergency Medical Systems (17:45-22:05) testified in favor, please see attachment #3**

**Chair J. Lee:** Gave example of cardiac medical success.

**Dr. Sather:** The Cardiac Program has cut out time delays, that's how we save lives. This is putting that tool in the hands of citizens.

**Chair J. Lee:** You've been a part of training for the Emergency services ambulance crews who are upgraded in education they know what they're doing when they're in that ambulance.

**Dr. Sather:** I spend almost all my time doing that. I'm the Medical Director for 24 rural ambulance services in our region as well as Medical Director for the Division.

**Sheila Long, heart attack survivor (24:35-28:35) Testified in favor, please see attachment #4.**

**Karalee Harper, Vice Chair for North Dakota State Advocacy, American Heart Association (29:35-30:35) testified in favor, please see attachment #5.**

**Senator Heckaman:** Is that why I see in the bill on the second page, we usually see the wording 'the state department may accept any gifts grants or donations.' This says whether unconditional or conditional. Is that the reason you put the 'invest restricted donations from the Heart Association' in your testimony?



**Ms. Herman:** I borrowed language from a similar bill, that's how they approached it. If its conditional, that it's for AEDs, then you have that donor designation element.

**Senator Heckaman:** That's why in Karalee's testimony, she said 'invest restricted donations.'

**Ms. Herman:** The funds are restricted to use in North Dakota, by participating with the Giving Hearts Day, that's part of the criteria that it be used in North Dakota. It was restricted for us to make sure the money is used, not us restricting the state in that regard. Dakota Medical Foundation got an update; they are thrilled the Cardiac Ready Community project and they want to highlight it for next year with other health focus areas. We see that as an opportunity to further strengthen community support for this grant fund.

**V-Chair Larsen:** They have the red dress events, do they have a relay, does ND do that anywhere?

**June Herman:** Nebraska has focused on that, they do it annually, given it's done in February, its cold, they engage the legislators to raise awareness. I like the warmer venues, we support communities.

**Senator Clemens:** In the bill, it mentions the Department shall award grants on a competitive basis, based on criteria that will be established. So there will be some communities that won't benefit from this, how will they determine the awarding of grants?

**Ms. Harper:** With the committee that will be developed, they will take a look at having it as part of the Cardiac Ready Communities, so this would be a piece of that. It may be a community that isn't ready for that step; it would be more on the matching basis, so if there is an employer or business that would like to buy and AED at a lower price, they could buy it with them, and have a 100% match.

**Chair J. Lee:** Communities would apply for grants, so it would be a competitive grant process; you would have limited resources, the community could apply another year. I'm assuming you want this as comprehensive as possible between rural and urban and spread out geography wise.

**June Herman:** We can benefit all communities that are working on Cardiac Ready Community status just by getting that bulk pricing with a vendor, everybody can benefit from that. How much money we can raise, and what the demand will be remains unknown. The committee will probably be prioritizing the most crucial places where we need AEDs with a lower match requirement, other places might be a higher match. We'll try to facilitate as best we can. It sets up a case for support to look to particular foundations to show them the results of North Dakota, see if we can acquire more resources in support of the program.

**Senator Clemens:** What's the average price of an AED?

**Jeff Sather:** I've been involved in some of those purchases; to buy one right now, it's \$1300 and up from there, most of the ones in the mall are lower end AEDs. Through group buying that price can come down about 30% or so to about \$800-\$900.



**Chair J. Lee:** Yesterday, we heard from the fire department checking AEDs, we were finding out that the batteries last about 10 years.

**No opposition or neutral testimony**

**Chair J. Lee:** closed the public hearing.

**Senator Anderson: I move do pass.**

**V-Chair Larsen: Second.**

**Senator Clemens:** I don't know how much grants were involved with the Powers Lake situation, it's become a model for the state, they've really done a job over there; community based involvement. The problem I have is we're demanding that the state set up this program, I'm not convinced we need a program to handle the grants. The main thing I was hearing was a reduced price in AEDs, I'm wondering if all the requirements to initiate and maintain this grant program is really worth what the communities are going to get. A lot of communities aren't going to benefit from this, it's going to be on a competitive basis. I'm opposed to the bill.

**Senator Anderson:** The Health Department already has a robust group of people working on these issues all the time; they're always looking for methods for outreach, to communities and to get ambulances better prepared and trained. So in this case we already have that department in place and staff doing this work all the time. I see this as an opportunity for them to utilize the people and do this outreach. As far as the grants are concerned it makes it an easy place to direct their money; and then it can be handed out based on the criteria of this committee, we do have this in place already.

**Chair J. Lee:** Dr. Sather is the Medical Director for the Emergency Services Division, which includes the stroke and trauma, so this would be a part of that, making sure that people in an emergency situation, that the ambulance people are trained. It all goes together; they'll develop a template. There aren't any state tax dollars, so we're looking at the people Sen. Anderson said are already working on these kinds of things; but whole idea was to enhance the health of North Dakotans.

**Senator Clemens:** So everything is in place to do this, so this bill is authorizing the Department to accept donations? They can't do it without this bill?

**Senator Anderson:** They need authority to receive and spend the money.

**Chair J. Lee:** The Heart Association would be a working partner, public-private partnership.

**Senator Anderson:** One of the reason the language is in there that says restricted and so forth, a lot of times take money in, state agencies, they say it's restricted, then you can't do it, because you have to have unrestricted funds. That's why it's this way.

**Senator Heckaman:** Gave an example dealing with autism (45:30-46:20).

Senate Human Services Committee

HB 1210

3/8/17

Page 5

General committee discussion about staff and administration fees followed.

**Senator Anderson:** Could I suggest we table the vote?

**Chair J. Lee:** Adjourned the meeting.

# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1210  
3/8/2017  
Job Number 28927

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to a cardiac ready community grant program; and to provide a continuing appropriation.

## Minutes:

1 Attachment

**Chair J. Lee:** Brought the hearing to order, all members were present.

**Chair J. Lee:** Asked Mr. Nehring to come down and explain how the Cardiac Ready Community program might work.

**Mr. Tom Nehring, Division Director Division of Emergency Medical Systems, DoH:** Within the Division we have four systems: EMS, trauma, cardiac, and stroke systems. Underneath the cardiac system we have Cardiac Ready Communities Program, which is a grass roots approach to cardiac care; it starts with our division engaging in a community, education of symptoms and what to do in cardiac arrest. We want to improve survivability, and prevention. There are a number of components, CPR, early defibrillation; there are hypertension screenings. At this point we have only actually completed one Cardiac Ready Community, our pilot project in Powers Lake, very successful. We currently have a list of 13 letters of intent from communities who want to become Cardiac Ready Communities, from Fargo to Powers Lake. It is probably the #1 priority for our cardiac division, this bill allows for money to come into the Health Department, and to establish an advisory committee. There have been some questions as to whether this bill is necessary, there is relief for the Health Department by adopting this legislation. We would like to suggest an amendment. We would like to see any funds or gifts should be deposited into the DoH operations funds and appropriated on a continuous basis, this gives us the ability to accept monies. We are a grant rich division; one organization, the Helmsley Charitable Trust that has given millions to North Dakota. The other part is we believe the communities have skin in the game, purchasing AEDs and matching funds are appropriate, this would allow that to occur.

**Chair J. Lee:** Tell me where and what the amendment is? Please see attachment #1.

**Mr. Nehring:** We thought it could go after the continuing appropriations or after first sentence, that might be more appropriate.



**Chair J. Lee:** “Any funds should be deposited in the DoH operations fund and are appropriated on a continuous basis.”

**Senator Heckaman:** Part of that’s already in that section, on line 22 that’s already there,

**Chair J. Lee:** Line 22 says ‘all moneys received by the DoH as gifts, grants or donations are appropriated on a continuing basis to the Department.’ The only thing it doesn’t say is for the operating. we could just put that phrase in there, on line 23 after sections. Would you withdraw your motions gentlemen?

**Senator Anderson: withdrawn**

**V-Chair Larsen: withdrawn**

**Senator Anderson: I move to adopt amendment.**

**V-Chair Larsen: Second.**

**A roll call vote was taken.**

**Motion passes 7-0-0.**

**V-Chair Larsen: I move do pass as amended.**

**Senator Piepkorn: Second.**

**A roll call vote was taken.**

**Motion passes 7-0-0.**

**Senator Piepkorn:** How many of these are purchased by private individuals and how many are purchased by public entities?

**Tom Nehring:** It used to be they were quite expensive \$4000-\$5000, they are now \$1000, it’s been our experience that they are typically purchased by those organizations, school churches etc., I don’t know what the ratio is, in Powers Lake, population 400, they have 32 AEDs, that’s part of what we’re doing, be able to purchase more AEDs. Early defibrillation is what makes the difference.

**Chair J. Lee:** Who would like to carry it

**Senator Clemens:** I know I raised lots of questions, now I’m enthused, I’ll carry it.

**Chair J. Lee: Closed the meeting.**

17.0686.02001  
Title.03000

Adopted by the Senate Human Services  
Committee

March 8, 2017

CV  
3/8-2017  
1 of 1

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1210

Page 2, line 23, replace "department" with "department's operations fund"

Renumber accordingly

Date: 3/8 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 1210

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: replace 'department' with 'department's operating fund'

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar

Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

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

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

Date: 3/8 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 1210

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

- Recommendation:  Adopt Amendment
- Do Pass     Do Not Pass     Without Committee Recommendation
- As Amended     Rerefer to Appropriations
- Place on Consent Calendar
- Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Sen. Larsen Seconded By Sen Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Clemens

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

**REPORT OF STANDING COMMITTEE**

**HB 1210, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1210 was placed on the Sixth order on the calendar.

Page 2, line 23, replace "department" with "department's operations fund"

Renumber accordingly



**2017 TESTIMONY**

**HB 1210**

AH. 1-17-17  
N.B. 1210



**HB 1210  
Cardiac Ready Community Grant Program  
Testimony – June Herman, Regional Vice President of Advocacy, AHA**

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am June Herman, Regional Vice President for the American Heart Association. Additional testimony highlighting the Cardiac Ready Community initiative will be provided later. My testimony is to explain the purpose of this bill authorization.

The American Heart Association partnered with this initiative as a natural extension of improvement capacity to respond to cardiac and stroke emergencies. While our state is leading in emergency medical system care design for cardiac and stroke events in a rural state, we know improvements can be made in our larger communities and also our rural communities through tying efforts into stronger by-stander response capacity. We saw the effort essential especially for our rural areas, where capacity to support volunteer EMS services is under great strain. The Cardiac Ready Community initiative engages a cross-section of community leaders who work with their EMS partners in how to best provide response.

In 2013 and again in 2015, we supported successful appropriations of \$450,000 through schools to begin building a generation of lifesavers able to provide by-stander CPR. Challenges existed with that delivery system, and we testified in House Appropriation Education Resources last week that we would not seek a renewal of the grant program through the education funding budget.

We certainly looked to 2017 on how to better support both schools and communities with training our youth and in preparing our communities. Given that the Cardiac Ready Community initiative shows great potential, our focus is to support establishing a grant program through the Division of Emergency Medical Systems, through which grants and donations could be received, the power of vendor bidding could be leveraged, and match funds be accepted to extend the value of initial grants and donations. For example, automated external defibrillator (AED) pricing could be reduced as much as 30% through such a model. As Cardiac Ready Communities further develop and evolves, other reduced pricing benefits could occur on other essential tools for communities. Communities would match some of the price. In turn, the DEMS can support more communities based on available resources.

North Dakota has been successful in acquiring medical systems grants in the past, and the American Heart Association has some grant resources to help support this program.

For bill clarity, one amendment is needed on page 2, line 2:

After "of", delete "emergency services" and insert "health, division of emergency medical systems' "

Att. 2 1-17-17  
HB 1210

## Cardiac Ready Community Grant Authorization Bill

In rural North Dakota, there can be time delays before first responders can arrive at the scene in time to help cardiac arrest patients. Cardiac Ready Community designation works to improve several of the elements of cardiac care.

The North Dakota Division of EMS & Trauma has partnered with the American Heart Association to provide this program through the North Dakota Cardiac System of Care. The North Dakota Cardiac Ready Community program is designed to promote survival from a cardiac event, such as sudden cardiac arrest (SCA) which occurs outside of the hospital setting. The goal is to have a community prepared to respond and assist if an individual has a cardiac event. The Cardiac Ready Community program promotes the American Heart Association Chain of Survival, which can improve the chances of survival and recovery for victims of heart attack, stroke, and other emergencies. It is important for individuals to be able to recognize a cardiac emergency, know how to dial 9-1-1 to access first responders immediately, begin cardiopulmonary resuscitation (CPR), and have public access to Automated External Defibrillators (AEDs)

The North Dakota Cardiac Ready Community Designation has a set of minimum criteria a community must achieve in order to receive the status. The criteria support the chain of survival, such as CPR instruction, public access to AEDs, hypertension screenings, and resuscitation protocols and transport plans for first responders and area hospitals. Communities which meet the established criteria can apply to become designated as a North Dakota Cardiac Ready Community. If a community does not meet the established criteria, it can take steps to work towards designation.

### What this bill does

Establishes a mechanism to leverage the power of statewide device pricing, and to receive grants and match funds in support of community-led efforts. For example, Automated External Defibrillators can be more affordable, and based on available grant funding, communities can access the devices through meeting a match requirement, TBD by the advisory committee. The match in turn can enable the department can extend the resources available to support other community needs.



AH. 3  
HB1210  
1-17-17

## HB 1210

### Cardiac Ready Community Grant Program

#### Testimony – Karalee Harper, Vice Chairperson, AHA Advocacy Committee

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Karalee Harper, speaking to you as the Vice Chair for the North Dakota State Advocacy for the American Heart Association.

Our state committee strongly supports the Cardiac Ready Community initiative launched in partnership with the Division of Emergency Medical Systems, Department of Health and the American Heart Association. The model is based on several initiatives – one in Montana that set up a community designation system, and also the Seattle Washington efforts. As someone personally impacted by cardiovascular disease, this project is very near and dear to my heart.

Someone who has a cardiac arrest in Seattle and any of the other 38 cities in Washington's King County might have a greater chance of survival than anywhere else in the world. In 2013, the county's survival rate reached an all-time high of 62 percent for bystander-witnessed cardiac arrest caused by ventricular fibrillation.

Cardiac arrest is the abrupt loss of heart function, and the most common cause is ventricular fibrillation, or VF. In this rhythm the heart's electrical impulses suddenly become chaotic and ineffective, like an orchestra out of sync, and the heart can't pump blood to the brain and other organs.

By comparison, the VF cardiac arrest survival rates in many other urban areas are in the single digits. Nationally the VF survival rate for bystander-witnessed cardiac arrest is 31 percent. When you look at all forms of cardiac arrest, the outcomes are more dismal: only 10 percent survive

Many health experts say that Seattle and King County laid the foundation for how EMS should operate. It didn't happen overnight. Back in 1970, Seattle's sudden cardiac arrest survival rate was less than 20 percent. Although higher than many other communities, the city wanted to do better. Officials started pouring over its cardiac arrest outcomes — the good and the bad.

More than 326,000 Americans have a cardiac arrest outside the hospital each year. Although bystander CPR can increase the chance of survival by two- to three-fold, fewer than half receive it, according to the American Heart Association.

Experts agree that cardiac arrest is an urgent public health need, given the wide disparities in how it's treated and the lack of trained bystanders in many communities, yet many cities are woefully behind.

In Seattle, emergency dispatchers give CPR instructions over the phone to bystanders who call 911. Most Seattle and King County residents — about 75 percent — are already CPR-trained.

Bystander CPR slows the dying process. It buys a few critical minutes of time for other interventions to kick in.

In King County, there are more than 3,000 automated external defibrillators, or AEDs, registered with EMS and dispatch centers, and most law enforcement vehicles have them as well. Plus, King County paramedics get 2,500 hours of training — twice the national average.

Seattle also uses a registry to track and improve its response to sudden cardiac arrests. You've got to keep score. That takes some bravery, and you might find out you're not doing as well as you thought.

Some communities think that if they had a new drug or a better CPR method they'd have better survival rates. But that's not the case. Rather, many communities would be better off taking a fire truck off the road and reallocating the money for quality measurement and more training according to Seattle leaders.

Northern Arizona got serious about sudden cardiac arrest in 2004, when its VF survival rate was 7 percent. That is very consistent with other areas of the country, but really, really dismal.

Today, Arizona's overall VF survival rate is 35 percent thanks to a statewide response network. Some areas, like Flagstaff and Mesa, have achieved survival rates of well over 50 percent. More than 2,500 Arizonans have survived cardiac arrest over the past decade.

Sudden cardiac arrest victims are taken to the closest Arizona Cardiac Receiving Center. The state also tracks 6,000 AEDs that are registered with the Department of Health to increase their use when a cardiac arrest happens. But just as important are CPR television ads and PSAs that have helped people understand they are not helpless when they see someone in cardiac arrest.

None of it is a quick fix. But experts say the communities with systems of care are saving more lives. CPR — good, solid care and measurement — is what saves the most lives at the end of the day. If systems are really implemented, survival will go up.

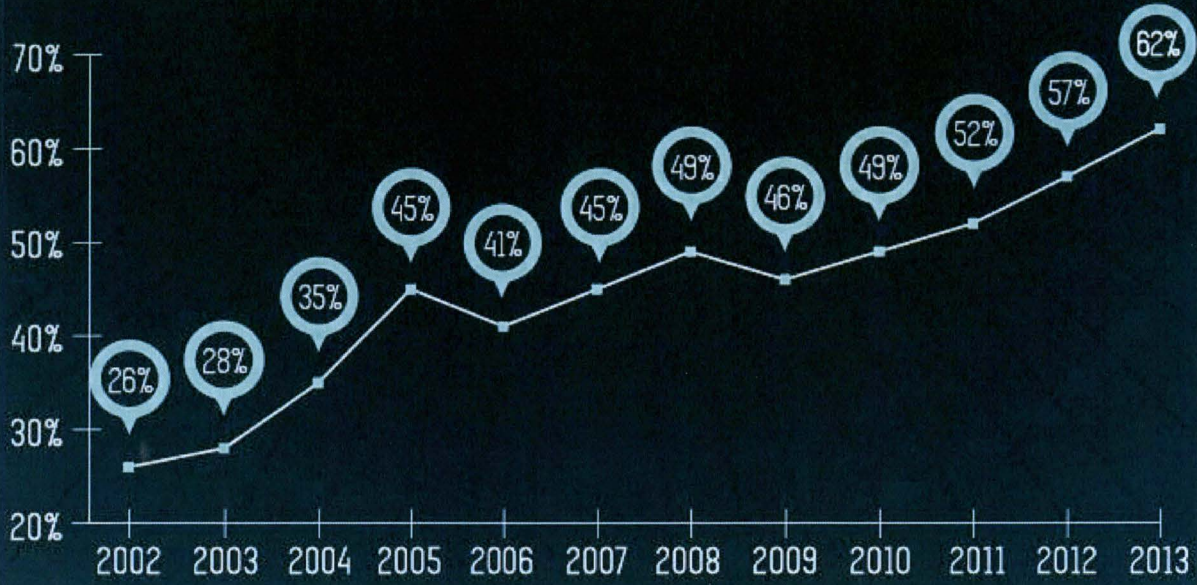
North Dakota has a great opportunity ahead with the Cardiac Ready Community initiative. I encourage your Do Pass support.

2



# CARDIAC ARREST SURVIVAL

Seattle and King County in recent years have more than doubled their survival rates for bystander-witnessed cardiac arrests caused by ventricular fibrillation.



Source: King County



AH. 4  
HB1210  
1-17-17

**HB 1210**  
**Cardiac Ready Community Grant Program**  
**Testimony – Kari Enget, Powers Lake Ambulance**

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Kari Enget, from Powers Lake. My testimony is to share with you about our work on the initial Cardiac Ready Community effort.

**Powers Lake Cardiac Ready Community**

The journey to being the pilot project for Cardiac Ready Community began at a January 2015 squad meeting. Is there any new business, is there any new business? Jake Douts spoke up and talked about the King County Washington CPR survival rates and challenged our service to train more people to be ready to do CPR.

The squad voted to offer free CPR to community members. Signup sheets were passed around our churches, and 35 people participated in two free classes in March of 2015. The ambulance provided a free supper and a CPR shield keychain. Monies to pay for the books and cards and meals were paid for through a gaming fund grant and ambulance monies.

We were excited and wanted to share what was going on in our community. At the 2015 EMS Rendezvous, we visited with Tom Nehring and June Herman and told them the results we had. Before the conference was over, we were asked if we thought Powers Lake would be interested in being the pilot project for Cardiac Ready Community. We both said yes.

The Cardiac Ready Steering Committee was formed. The strength of our effort has been engaging people from a cross-section of the community – worksite, faith-based, city leadership, farming, fire and EMS, to name a few.



Several meetings were held to prepare for a community kickoff. The city council gave a \$5000.00 donation to support initial efforts. We met with our Powers Lake Ambulance District Board and they also allocated \$5000.00 for the project.

The morning of the Kickoff, Pastor Cole Bentley led a group on a prayer walk around Powers Lake. We prayed for our churches, school faculty and students, businesses and the Ambulance and Fire Department and the Kickoff.

We had the Northstar Criticair helicopter fly in and Trinity Health took care of notifying the television stations and Trinity Health had displays. We had four stations taking blood pressures all evening.

Powers Lake Ambulance's CPR instructors had a booth and signup sheet for CPR classes over 150 people signed up. Our county nurse signed people up to get their cholesterol and blood glucose checked, and arrangements with Mountrail Medical Center to do these checks at a reduced cost. Each patient filled out their address on an envelope, the results and recommendations were mailed to them the same day. The SIM Truck came and did a demonstration of cardiac arrest. Free blood pressure screening was held.

#### Community Activities:

Our leadership group evaluated the draft criteria developed based on the Montana model, and adapted it further to benefit North Dakota. We then developed plans and strategies to strengthen areas where we felt more could be done. We continue to use the criteria as guidance as to how our community can strengthen being ready to respond to cardiac and stroke events.

In November of 2015, 67 of 70 students grades 7-12 were trained in CPR.

February 5, 2016 we supported the "Go Red Day". Heart healthy treats and recipes were given out. Lake Veterinary Clinic handed out the Red dress pins, The Floor Store-fruit kabobs, Jorgenson Lumber-halo oranges, Country Fresh Foods-vegetable tray and humus, The Country Store-heart health granola, Farmers Union Oil-chips and heart healthy bean dip, The Food Barn-apple dessert.



We challenged the school students to wear red. The class with the highest percentage of students wearing red would be served heart healthy smoothies. The rest of the students got halo oranges.

All Powers Lake area churches(6) have purchased AED's, AED's in two fire trucks, The Country Store, Country Fresh Foods, Food Barn, Cenex (2), Powers Lake City Hall, Powers Lake Fitness Center , Powers Lake School (2) and 2 police vehicles. All AED's have been checked and pads updated.

Five AED's have been placed with Powers Lake Ambulance squad members that live in the rural areas. All rural squad members have jump bags with oxygen. This allows members to respond from their homes directly to the scene.

- Community CPR training : over 200 people have been trained in CPR. We now have 5 CPR instructors.
- AED's in the community: 5 with ambulance squad members living in rural area, all Powers Lake area churches (6), fire trucks(2), police(2), Powers Lake School (2), and 7 in Powers Lake businesses and city hall.

We will be meeting in the near future to plan Cardiac Ready Events for the next 6 months.

What has been accomplished: an educated public, lives saved. Early access to care, early CPR, early defibrillation, early advanced care, post care. Two examples: stroke and heart attack.

I'm happy to answer any questions you may have for me.

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#1  
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## HB 1210

### Cardiac Ready Community Grant Program

#### Testimony – June Herman, Regional Vice President of Advocacy, AHA

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am June Herman, Regional Vice President for the American Heart Association. Additional testimony highlighting the Cardiac Ready Community initiative will be provided later. My testimony is to explain the purpose of this bill authorization.

The Cardiac Ready Community initiative engages a cross-section of community leaders who work with their EMS partners in helping their community to become cardiac and stroke ready. Given that the Cardiac Ready Community initiative shows great potential and common barriers to affordable essential tools, our focus is to support establishing a grant program within the Division of Emergency Medical Systems. Grants and donations could be received through this mechanism, and the state's power of vendor bidding could be leveraged. For example, automated external defibrillator (AED) pricing could be reduced as much as 30% through such a group purchasing model, vs each local community making smaller purchases.

The advisory committee this bill establishes would be able to make essential tools available to communities working on Cardiac Ready designation, plus set a match level requirement. As Cardiac Ready Communities further develops and evolves, other reduced pricing benefits could occur on other essential tools for communities. Communities would match some of the price. In turn, the DEMS can support even more communities based on available resources.

There is no fiscal note on this bill. The advisory committee would be organized in conjunction with a cardiac or stroke task force meeting, and the Division of EMS would manage the process as part of their existing funded role. We hope to develop a model through use of available grants and donations that perhaps in the future, could be augmented through additional strategic state investments as needed or available.

This ability to leverage resources directed towards community readiness can significantly benefit public/private, state and local partnerships working to save lives.

I'm happy to answer any question you may have about HB 1210.

**HB 1210**  
**Cardiac Ready Community Grant Program**  
**Testimony – Kari Enget, Powers Lake Ambulance**

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#2  
3/8  
Pg. 3

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**HB 1210**  
**Cardiac Ready Community Grant Bill**

**Senate Human Services**  
**Testimony: Jeffrey Sather, MD**

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Jeff Sather, a Trinity Hospital physician, and serve as medical director for the North Dakota Emergency Medical Systems. I'm here to highlight a few key elements of the Cardiac Ready Community initiative.

- My involvement in the development of the cardiac system
- Developing a system of care from initial point of contact through hospital care and transfer to the tertiary centers.
- How this system development through data tracking is showing improved times to treatment and now showing outcomes improvement around mortality and morbidity.
- Cardiac Ready Communities are continuation in improving that system through not only placing AED's in the community but also community training in how to use them, CPR training, early recognition of symptoms, and also prevention measure to prevent disease.
- Fills a critical, time sensitive gap in emergency response based on specific community needs

I'm happy to answer any questions you may have of me about this project.

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Pg.2

**The Cardiac Ready Community initiative -**

The project is in partnership with the Division of Emergency Medical Systems, Department of Health and the American Heart Association. The model is based on several initiatives – one in Montana that set up a community designation system, and the Seattle Washington efforts.

Someone who has a cardiac arrest in Seattle and any of the other 38 cities in Washington’s King County might have a greater chance of survival than anywhere else in the world. In 2013, the county’s survival rate reached an all-time high of 62 percent for bystander-witnessed cardiac arrest caused by ventricular fibrillation.

Cardiac arrest is the abrupt loss of heart function, and the most common cause is ventricular fibrillation, or VF. In this rhythm the heart’s electrical impulses suddenly become chaotic and ineffective, like an orchestra out of sync, and the heart can’t pump blood to the brain and other organs.

By comparison, the VF cardiac arrest survival rates in many other urban areas are in the single digits. Nationally the VF survival rate for bystander-witnessed cardiac arrest is 31 percent. When you look at all forms of cardiac arrest, the outcomes are more dismal: only 10 percent survive

Many health experts say that Seattle and King County laid the foundation for how EMS should operate. It didn’t happen overnight. Back in 1970, Seattle’s sudden cardiac arrest survival rate was less than 20 percent. Although higher than many other communities, the city wanted to do better. Officials started pouring over its cardiac arrest outcomes — the good and the bad.

More than 326,000 Americans have a cardiac arrest outside the hospital each year. Although bystander CPR can increase the chance of survival by two- to three-fold, fewer than half receive it, according to the American Heart Association.

Experts agree that cardiac arrest is an urgent public health need, given the wide disparities in how it’s treated and the lack of trained bystanders in many communities, yet many cities are woefully behind.

In Seattle, emergency dispatchers give CPR instructions over the phone to bystanders who call 911. Most Seattle and King County residents — about 75 percent — are already CPR-trained.

Bystander CPR slows the dying process. It buys a few critical minutes of time for other interventions to kick in.



In King County, there are more than 3,000 automated external defibrillators, or AEDs, registered with EMS and dispatch centers, and most law enforcement vehicles have them as well. Plus, King County paramedics get 2,500 hours of training — twice the national average.

Seattle also uses a registry to track and improve its response to sudden cardiac arrests. You've got to keep score. That takes some bravery, and you might find out you're not doing as well as you thought.

Some communities think that if they had a new drug or a better CPR method they'd have better survival rates. But that's not the case. Rather, many communities would be better off taking a fire truck off the road and reallocating the money for quality measurement and more training according to Seattle leaders.

Northern Arizona got serious about sudden cardiac arrest in 2004, when its VF survival rate was 7 percent. That is very consistent with other areas of the country, but really, really dismal.

Today, Arizona's overall VF survival rate is 35 percent thanks to a statewide response network. Some areas, like Flagstaff and Mesa, have achieved survival rates of well over 50 percent. More than 2,500 Arizonans have survived cardiac arrest over the past decade.

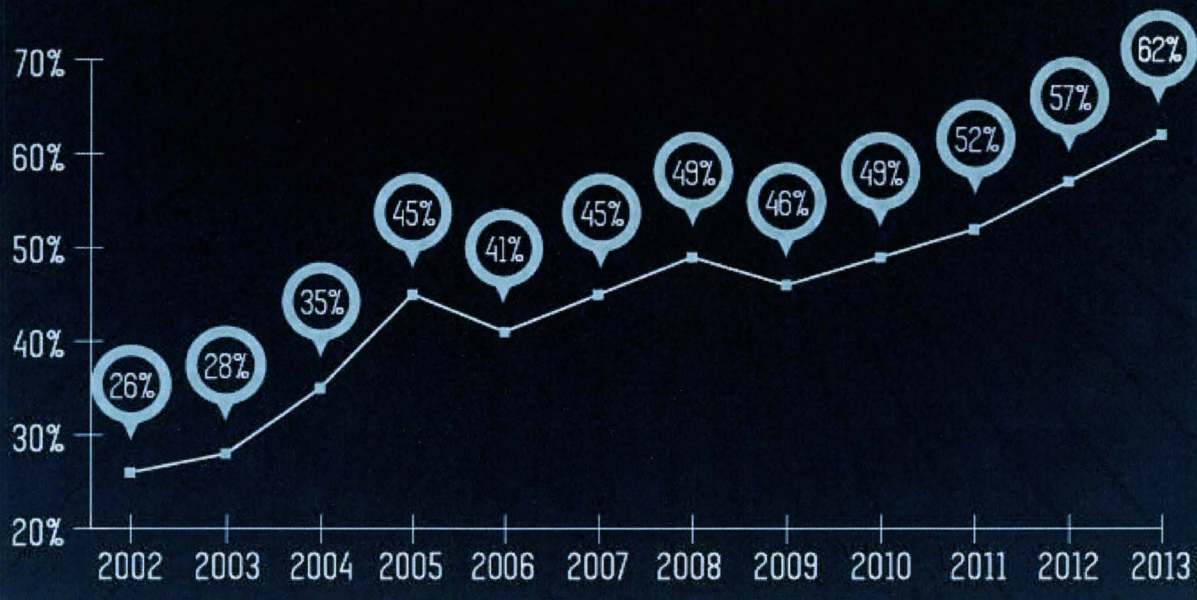
Sudden cardiac arrest victims are taken to the closest Arizona Cardiac Receiving Center. The state also tracks 6,000 AEDs that are registered with the Department of Health to increase their use when a cardiac arrest happens. But just as important are CPR television ads and PSAs that have helped people understand they are not helpless when they see someone in cardiac arrest.

None of it is a quick fix. But experts say the communities with systems of care are saving more lives. CPR — good, solid care and measurement — is what saves the most lives at the end of the day. If systems are really implemented, survival will go up.



# CARDIAC ARREST SURVIVAL

Seattle and King County in recent years have more than doubled their survival rates for bystander-witnessed cardiac arrests caused by ventricular fibrillation.



Source: King County



**HB 1210**

**Cardiac Ready Community Grant Bill**

**Senate Human Services**

**Testimony: Sheila Long**

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Sheila Long, and I'm a heart attack survivor and advocate for the American Heart Association.

Saturday, August 1st started off like a normal morning for me, but just a few moments after getting out of bed, I knew something was wrong. Overcome by nausea, light-headedness, and chest pain that hit me in waves, my husband and I agreed that I should go to the emergency room. When the symptoms worsened (cramping and numbness in hands and feet and severe chest pain and not being able to move), which was more than I could bear, he instead called 911. When the EMTs arrived, I was initially diagnosed with hyperventilation and unexplained chest pain, but after additional testing at the ER, doctors discovered that I had suffered a heart attack.

In the Cath-lab on Sunday, doctors inserted a stent to clear an 80 percent blockage in one of the key arteries of my heart. As a fitness instructor and active walker, I never thought a heart attack was possible. Looking back, I now realize that the warning signs were there...I just didn't listen to them.

I support the Cardiac Ready Community initiative as it helps to further public awareness as to the signs and symptoms of a heart attack or stroke, and supports a stronger chain of survival. HB 1210 is a great model as to how local, state, public and private partnerships can make a difference to so many lives in North Dakota.

I'm happy to answer any questions you may have.

HB 1210  
#5  
3/8

## HB 1210

### Cardiac Ready Community Grant Program

#### Testimony – Karalee Harper, Vice Chairperson, AHA Advocacy Committee

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Karalee Harper, speaking to you as the Vice Chair for the North Dakota State Advocacy for the American Heart Association.

Our state committee strongly supports the Cardiac Ready Community initiative launched in partnership with the Division of Emergency Medical Systems, Department of Health and the American Heart Association. As someone personally impacted by cardiovascular disease, this project is very near and dear to my heart.

Cardiac Ready Communities is a key focus of our state committee, and is why we are willing to invest restricted donations received through the Giving Hearts Day “Day of Giving” towards this project. Originally we looked to providing grants to communities given that AHA policy only allows the organization to grant, not purchase devices. As the project developed, we recognized the donor dollars restricted to use in North Dakota could be leveraged for greater impact if the Division of EMS was able to facilitate bulk purchase of one of the most in-demand items – Automated External Defibrillators (AEDs). Hence HB 1210 was developed in consultation with the department.

With authority granted to the Division, we hope that a model could be developed for the future that supports public/private, state and local partnerships with significant impact to save lives. Over the past several years, AHA has built its restricted funds to \$75,000, averaging about \$25,000 a year through the Giving Hearts Day campaign. Recently we met with one of the key foundation leads of the Giving Hearts Day, explained the Cardiac Ready Community initiative, HB 1210, and our goal to support the work through AHA participation in the Day. We shared the stories from Powers Lake of key saves, and of a story from Wishek related to a blood pressure screening that led to a heart valve replacement the same week. The foundation is excited about highlighting the project as a key focus next year.

So your support of HB 1210 will make it possible for growing investments in a model that makes so much sense for North Dakota – state and local collaboration and ownership in saving lives.

I’m happy to answer any questions you may have of me.

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Any funds or gifts should be deposited in the Department of Health's operations fund and are appropriated on a continuous basis.