19.0894.04000

FISCAL NOTE STATEMENT

House Bill or Resolution No. HB 1268

This bill or resolution appears to affect revenues, expenditures, or fiscal liability of counties, cities, school districts, or townships. However, no state agency has primary responsibility for compiling and maintaining the information necessary for the proper preparation of a fiscal note regarding this bill or resolution. Pursuant to Joint Rule 502, this statement meets the fiscal note requirement.

Sheila Sandness
Senior Fiscal Analyst

19.0894.03000

FISCAL NOTE STATEMENT

House Bill or Resolution No. HB 1268

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Sheila Sandness
Senior Fiscal Analyst

19.0894.02000

FISCAL NOTE STATEMENT

House Bill or Resolution No. HB 1268

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Sheila Sandness
Senior Fiscal Analyst

2019 HOUSE HUMAN SERVICES COMMITTEE

HB 1268

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB1268
1/15/2019
30850

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme by Risa Bergquist

Explanation or reason for introduction of bill/resolution:
Relating to the authority of a quick response unit.

Minutes: Attachment 1-4

Vice Chairman Rohr Opened the Hearing on HB 1268

Open-4:00 Representative Fegley: (see attachment 1)

Representative Porter: In the bill on line 12, you are using the term "emergency medical responder", is that defined someplace inside this section of code or is this a new term for an untrained person in the back of an ambulance?

Representative Fegley: Through the national register they have the term EMR the guidelines of what they are trained, I'm not totally familiar with all the wordage but the state recognizes their EMR license. It is true that state doesn't allow them to transport at this time, that's why my suggestion is that they may need to have a little bit of training. When I started they called us first responders, we packaged the patient, knew how to do splints, took vital signs, we were able to put a little oxygen on them if required. We got the person ready for the ambulance service to show up. Then I went on to be trained to be an EMT, I would think the EMR would be close to the first responders. They'll need some training for when they are in the back of an ambulance but it would shorten the time if they can transport to another ambulance interception. Cody-Ryder area has to wait for an ambulance it'll be a hour, with good roads, we all know an hour is a long time during an emergency.

7:25 Representative Westlind: Why are they being downgraded to first responders? Is it because they don't have enough qualified people?

Representative Fegley: Mostly because they don't have the qualified people there all the time. One of the biggest issues is that daytime call.

Representative Tveit: How do we fix what you are talking about in rural North Dakota?

Representative Fegley: Most of these ambulance services where created in the 70's, they were created by the citizens seeing a need and filling it. I idea is to try to save what we've got and maybe we need to have a study on it to address the bigger problems.

12:00 Representative Skroch: I also serve on an ambulance board and we also experience shortages a lot of times. One thing that was suggested was that at times we will take someone from the fire department and through them into the driver's seat and it was also brought up the idea of sharing EMT's and drivers across district boundaries. Did any of these type of ideas come up?

Representative Fegley: You just hit the next topic of the next bill. Yes, we have talked about all these things.

Representative Vice Chair Rohr: We have a statewide emergency response system, are they involved with this dilemma and secondly how does this jeopardize our statewide trauma system?

Representative Fegley: I was blindsided when Makoti/Ryder was shut down and we had to widen our district. As the ambulances are being shut down the 911 coordinators are responsible to find someone to cover for them. Every time there is more time added to each of these calls.

Representative Vice Chair Rohr: Anymore testimony if favor? Anyone here to testify against HB 1268?

16:50-22:30 Chris Price Director of the Division of Emergency Medical Systems: (see attachment 2)

Representative D. Anderson: I also served on an ambulance service that has since left us, twice in the last 3 years I have driven a patient to the hospital. I know if I had waited for an ambulance it would have been an hour and a half, I know what I did may not have been right but what do you do? There's a problem out in our rural area.

Mr. Price: Certainly there are situations when there is there opportunity to act in that manner, other ever we believe that our system is designed that those sorts of incidents can be mitigated by creating a system we have proposed by transporting ambulances through ALS and Air Medical.

Representative D. Anderson: I don't know what the answer is but we need to work on it, there's a real problem in rural ND.

Representative Skroch: There's a huge difference between urban opportunities and rural opportunities when it comes to ambulance services, in most rural areas they are all volunteers. I'm wondering if there is any class in-between EMRs and the EMTs. We currently are experiencing a shortage of members on the squad and when we look at the time commitment, the cost, the travel that was a deterrent for people that wanted to get on the squad. The length of the course and the difficulty of the course in discouraging for new

members. I am wondering if there is something in between that would cover your concerns but not as extensive as EMT?

25:55 Mr. Price: There is no existing medical training between EMR and EMT, and it's a national standard level of education.

Representative Skroch: What recommendations would have then to help us with our shortages.

Mr. Price: Health division of EMS and its partners are working to address these issues.

Representative Rohr: In the last page of your testimony (page 3-page attachment 2) "the creation of an ambulance service" can you explain that a little more? How does that help with the care of a patient?

Mr. Price: It provides a level between an ambulance and a quick response unit, known as a substation, this permits an ambulance service to partner with another ambulance service becoming an umbrella agency and permitting that other ambulance serve to have the opportunity to have staff and response in cases when they aren't able to on their own.

Representative Vice Chairman Rohr: So where is that in the state? And do you have some data you can share with the committee on the locations, response areas times?

Mr. Price: We have 13 sub-stations and they are located in all areas throughout the state. They are in the northern part of the state, out in Beach. They are there to help these areas. Yes, I will get you that information.

Representative Fegley: An example when Makoti/Ryder decided to be a first response unit then later on tried to change to a sub-station after all the paperwork they weren't allowed. I am just wondering if that can be reconsidered?

31:25-35:30Tim Wiedrich North Dakota Department of Health: The main obstacle we found with places becoming a sub-station is the disagreement over the governance of the facility**,** it almost always settles on the reluctance on the unit that wants to become a sub-station to give up its assets, or have them controlled by another unity. These systems are more important than a 30-thousand-dollar ambulance and the truly believe that all the elements are there to make these systems work.

Representative D. Anderson: Have you visited with any of the critical access hospitals? I know a lot of them are losing money in the emergency room and are downgrading some of their personal to try to make ends meet. Have you been involved with any of that?

Mr. Weidrich: I am extremely involved, EMS can actually be folded into critical access hospital and get cost reimbursement as part of that process. That was the original vision, in ND however the issues are that we solvency issues in terms of critical access hospitals are. While we have direct participation supporting but not actually bringing it in as an entity that is operating within that hospital.

37:40 Brain Barrett, Lobbyist for the EMS association of North Dakota: Please allow me to introduce Adam Parker to testify in opposition to this bill.

38:15-40:40 Adam Parker, Chair of the ND Emergency Medical Services Association: (see attachment 3) Included with my testimony I included the official stance on this bill.

Representative D. Anderson: What's the idea service area of an ambulance?

Mr. Parker: There is response time requirements for ambulance services, I believe frontier is like 30 minutes, rural 20 minutes and urban areas 10 minutes. What you would do depending on the population you need to be there within that amount of time 90% of the time. So some areas that are really sparse may not be under that time frame but the ambulances are still within that guidelines.

45:00-54:00 Mona Thompson, EMS Director and paramedic with Kidder County Ambulance: (see attachment 4)

Representative Vice Chair Rohr: Any other testimony for or against? The hearing is closed for HB 1268.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1268
2/12/2019
32624

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to the authority of a quick response unit

Minutes:

Chairman Weisz: Explained Amendment. Representative Clayton Fegley was nice enough to let me hog house his bill.
There are 2 items in this bill; **First in Section 1, number 10**. A constituent came to me with this because his rural ambulance service is about to increase mill levies, but current law caps it at 10 Mills. This bill would allow them to go to 15 Mills, by vote, by the people in the service area.
Section 2 came about when the Health Dept. changed how they give out EMS Grants. Many people were unhappy, so a subcommittee was formed and they arrived at a formula on how our Rural Ambulances should be funded with the Grant received by appropriations. Base numbers used are from surveys issued by the Health Department and are for example.
Formula:
Each ambulance service has a base budget of $60,000.
Average cost to make an ambulance run, per survey, is $1100.00.
Your ambulance service did 100 runs in a year. $1100.00 X 100 runs = $110,000.
Cost to operate is $170,000 = $110,000 + $60,000 base budget
Subtract the revenue that service gets or can get. How much do you get for a run?
Per Health Department's survey, $850.00 charged per run. $850.00 X 100 runs = $85,000

Use the property tax valuation of the service area times 5 *mills.
**A mill levy is the tax rate that is applied to the assessed value of a property. One mill is one dollar per one thousand dollars of assessed value.*
Per the survey, One Mill is $10,000, Five Mills is $50,000
The property tax valuation amount is $10,000 X 5 Mills = $50,000
$85,000 + $50,000 = $135,000
Cost to operate $170,000 - $135,000 = $35,000
So now this is saying the service would be eligible for $35,000 in Grant money. However, it is based on how much legislature appropriates.
(0:05:33)

Chairman Weisz: This is for ambulance services, whom are registered as a legal entity, with 700 runs or less. Under this formula, property tax rich service districts aren't going to get funds. Also important, the formula would be looked at every biennium.

Representative Gretchen Dobervich: How many ambulance services are currently eligible for this? Is the 700 too high?

Representative Todd Porter: We hired a national company to do the study, they talked about sustainability of our ambulance services across the state, that was their cut off. If you are below seven hundred calls, you do not have enough to operate. If above you are typically located in an area with a critical access hospital, you have other sources of use for your individual EMTs or the ability to multi-use them.

Chairman Weisz: They had a formula which they arrived at 700 calls necessary to be sustainable.

Rep. Dobervich: Thank you

Rep. Fegley: One comment made that impacted everyone were the uncollectible accounts. They may have jumped from 600 to 700 calls, to absorb some of that lost revenue.

Chairman Weisz: Two points I want to make clear here; 1.) This does not mandate that any service has to levy 5 mills. All it says is that their qualifying grant will be based on the ability to levy 5 mills. They can get their money anywhere. If the county wants to fund it out of general fund to support the ambulance, they can. It's not addressing any of the operating issues that services come up against, uncollectible accounts, for example.

Chairman Weisz: This bill does not mandate any service area levy 5 mills. It says based on their ability. This formula is trying to find a relatively fair way to allocate the grant money more consistently than before.

Representative Mary Schneider: Move to adopt proposed amendments.

Rep. Dobervich: Second

Representative Kathy Skroch: What if you are in a multi county district? For instance, my area covers 3 different counties.

Chairman Weisz: Actually, I thought the language should have said service area, that's how you vote within the EMS service area not by specific county. A lot of services are covering multiple counties

Rep. Fegley: Ambulance services have a few different venues from which they can get funding, the State being one. They may also go to their county, city and/or township. All of which, can address and are allowed to have mill levies. Services may also call upon the votes of people in their service district to set up a test district and mill levies. They can also receive donations.

Chairman Weisz: That's why on the formal end, we aren't concerned about the source used, but more so you have the availability. So you could have a county levy service area, city or whichever. I believe that was the issue that raised this, they wanted it to not be the county but instead the service area.

Rep. Porter: I think you should leave it. I think part of the problem when they are in more than one county, they are typically a formed ambulance district and they are a taxing entity of their own outside of the county tax structure. If in 2 counties and not set up as an ambulance district, they would need each county to do the mill levy for the ambulance service. The important component is, the 5 mills goes off the geographical boundaries of their service area, not county lines. So if one county is 5 mills and the other is doing nothing, then they are deducted for that property value in that county that isn't doing anything. That lowers their grant.

Chairman Weisz: No, that part isn't correct.

Rep. Porter: The product of the property tax valuation of the operation service area.

Chairman Weisz: It doesn't matter if they levy anything or not.

Rep. Porter: So what are you using the 5 mills for?

Chairman Weisz: It's to determine their potential revenue. They do not have to levy a penny if they don't want to.

Rep. Fegley: I have an issue with the aspect in my district because we voted for our mills. Then the service south of us no longer in business so we have a larger area. Now we will be taxed for the additional area in our district but we don't have a taxing aspect to that district.

Chairman Weisz: That additional county needs to own up. But there isn't a law that makes them do that, so it's a real struggle.

Rep. Skroch: Can the ambulance service deny service?

Chairman Weisz: That's the problem, nobody is responsible but you can't not provide service.

Voice Vote - Motion to adopt amendment carries

Rep. Skroch: I move a do pass as amended

Rep. Schneider: Second

Roll Vote Yes 11 No 0 Absent 3
Do Pass as Amended motion carries

Rep. Fegley carrier

Chairman Weisz: closes meeting

CK

Prepared by the Legislative Council staff for
Representative Weisz
February 12, 2019

2/12/19

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1268

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 10 of section 57-15-06.7 of the North Dakota Century Code, relating to property tax levies for emergency medical service; to provide for the distribution of state financial assistance for emergency medical services; to provide an effective date; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 10 of section 57-15-06.7 of the North Dakota Century Code is amended and reenacted as follows:

10. A county levying a tax for county emergency medical service according to section 57-15-50 may levy a tax not exceeding ~~ten~~fifteen mills.

SECTION 2. EMERGENCY MEDICAL SERVICES FUNDING DISTRIBUTION. Notwithstanding section 23-46-04, during the biennium beginning July 1, 2019, and ending June 30, 2021, the state department of health shall provide state financial assistance annually to each eligible emergency medical services operation pursuant to the following formula calculation:

1. The budget for each operation must be determined by adding the amount of $60,000 to the product of the operation's average number of runs for the two most recent fiscal years multiplied by $1,100.

2. The operation's grant amount must be determined by deducting the following amounts from the operation's budget calculated under subsection 1 of this section:

   a. The product of the operation's average number of runs for the two most recent fiscal years multiplied by $850; and

   b. The product of the property tax valuation of the operations service area for the most recent taxable year multiplied by 5 mills.

3. The department shall distribute a prorated share of the operation's calculated grant amount if legislative appropriations for state financial assistance for emergency medical services is not sufficient to provide full grant funding calculated under this section.

4. An operation is not eligible to receive funding under this section if the operation's average number of runs for the two most recent fiscal years is more than 700 or if the operation is not registered with the secretary of state.

SECTION 3. EFFECTIVE DATE. Section 2 of this Act becomes effective July 1, 2019.

CK
2 of 2
2/12/19

SECTION 4. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

Date: 2-12-19
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1268

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0894.01001

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 Schneider Seconded By Rep. Dobervich

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

motion carries to add amendment

Date: 2-12-19
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1268

House 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 Rep. Skroch Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman			Mary Schneider	X	
Dick Anderson					
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert					
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 11 No 0

Absent 3

Floor Assignment Rep Fegley

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

Motion Carries - DPAA
Do Pass As Amended.

REPORT OF STANDING COMMITTEE

HB 1268: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1268 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 10 of section 57-15-06.7 of the North Dakota Century Code, relating to property tax levies for emergency medical service; to provide for the distribution of state financial assistance for emergency medical services; to provide an effective date; and to declare an emergency.

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3. The department shall distribute a prorated share of the operation's calculated grant amount if legislative appropriations for state financial assistance for emergency medical services is not sufficient to provide full grant funding calculated under this section.

4. An operation is not eligible to receive funding under this section if the operation's average number of runs for the two most recent fiscal years is more than 700 or if the operation is not registered with the secretary of state.

SECTION 3. EFFECTIVE DATE. Section 2 of this Act becomes effective July 1, 2019.

SECTION 4. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

2019 SENATE FINANCE AND TAXATION

HB 1268

2019 SENATE STANDING COMMITTEE MINUTES

Finance and Taxation Committee
Lewis and Clark Room, State Capitol

HB 1268
3/11/2019
Job #33505

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alicia Larsgaard

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 10 of section 57-15-06.7 of the North Dakota Century Code, relating to property tax levies for emergency medical service; to provide for the distribution of state financial assistance for emergency medical services; to provide an effective date; and to declare an emergency.

Minutes:

Attachments: 6

Chairman Cook: Called the hearing to order on HB 1268.

Representative Clayton Fegley: Introduced the bill. See attachment #1.

Representative Robin Weisz, District 14: My name isn't on the bill but it was hog house and these are my amendments. In section 1, where it says a county levying a tax to go from 10 to 15 mill, should have been the ambulance service district. I added that amendment on behalf of a fellow legislator. Currently, if you want to go over 5 mills, it takes a vote by the people within that service district. They would like to be able to provide a vote for the people to increase to a max of 15 mills. It gives flexibility for that service district. If, by a vote of the people, they could go up to max of 15 mills.

Chairman Cook: Is it majority vote or a 60% vote?

Representative Weisz: My understanding is that it is a majority vote. The main part of the bill is on section 2. This is in front of you for the purpose of trying to establish a formula through legislation for the grants that we currently provide for EMS services. Over the years, we used to do it in terms of a grant application. We used to get a lot of complaints depending on the service area because they felt they were short changed and they couldn't write the grant very well compared to another service area. We changed it to pay them based on the number of runs. It is being changed again on how it is being distributed. This formula offers some stability. There are three components. The first is under section 2 subsection b. We have struggled on the Human Service committee when it came to EMS funding. This component basis it on the standpoint of what you have the ability to levy. Currently, every service area can levy 5 mills without a vote. This says we will determine your funding based on your ability to levy 5 mills. The 5 mills are just there because that is what they could do

now. That number could be higher or lower. I do not care. To me, it is a critical component of saying, if you live in a taxing district where a mill generates $100,000 versus one that generates $1,500, your ability to maintain that ambulance service is a whole lot different. By plugging in a property tax component, it would say that if you have a very high taxable base, you are probably not going to get a grant. That comes into the other two components of one, we start with a base. In the bill it is $60,000. That was based on discussion in subcommittees. That says that with every service you start with a minimum cost of $60,000. You then take the cost of a run which is $1,100. You take that cost, multiply by the number of runs they have done, you then subtract what they get on average for each run. In this case, the number is $850. You take the property tax evaluation and the numbers they generate by the runs of $850. That is the total revenue that is available for them. You then subtract out the base cost plus the $1,100 times the number of runs they actually make for a cost. That difference is then what they would be eligible for a grant, based on the number appropriated. That is the concept of the formula. I am not married to the numbers. I know there are some questions on whether we are redefining service areas. Others can speak to that. I think it is important that we establish a formula.

Chairman Cook: Is there not a formula in place today?

Representative Weisz: The health department had a grant process where you applied. You had to give all the reasons why you needed the money then the health department looked at it and said they would give you a certain amount for whatever reasons. They then changed it to just paying it based on the number of runs. That is when I really started getting complaints. The whole point of the grants is to help those who struggle to maintain an ambulance service area. Most of those are the ones with low numbers of runs. Those that are attached to hospitals generally have high run volumes so it is easier for them to support them. The formula has been somewhat adjusted again. To me the point is that we need to put it in code. Everyone needs to know the rules we are playing by. If we need to tweak it in the future, then we need to do that. I think it should be in the hands of the legislature. It would make it easier for the health department because they get most of the complaints. To me, the important part is that it is based on the ability to generate the revenue within their service area whether it is a county ambulance or a service district, it is all based on the property tax evaluation of that area that they serve. If you can generate big bucks, why are we giving you any money on the state end? That was not the purpose of these grants. The purpose is to maintain EMS services through the whole state. This addresses that. Do the numbers need to be changed? Probably. I put them in based on an analysis that was done. I am not married to any of it except I think the component parts are important. It should be based on property tax ability and runs whether it needs to be broken up into categories or not. I think the concept and the idea needs to stay alive. I think that considering the history, I believe it is time to set criteria whereby these grants are distributed.

Chairman Cook: This is the tax committee, not the human services committee. I live in Mandan and I am served by a four profit ambulance. It has no effect on me whatsoever. There is an emergency clause on here and you have an effective date of July 31. That is just so it goes into effect one month earlier.

Senator Unruh: Has this been studied in the interim?

Representative Weisz: When the latest round of issues came up, there was a subcommittee that was formed by the department where this was extensively discussed. Some of these formula parts came from that subcommittee. That doesn't mean they were exactly approved but because of the issue raised, I had many complaints. I think it became known to everyone that we need to come up with something. Not everyone agrees. I am open to whatever in order to make this function. You are never going to make it perfect. It increases the equity in a better way than we have been doing it. We struggled in our committee many times when talking about giving them out. This helps with that but it also doesn't punish people who do not have the ability because their taxable evaluation is so low.

Chairman Cook: Senator Unruh, I remember when this was on Government Finance and this issue was studied very much.

Representative Vigesaa, District 23, Cooperstown: Testified in support of the bill. Representative Weiz mentioned that some of the small rural ambulances are formed as districts and their property evaluation is not very high. Right now, with being limited to 10 mills, they just cannot raise enough funding to keep their ambulance service alive. I have one community in my district that is located along a busy 4 lane highway. They really need to have their ambulance service. It is a small community and they cannot raise enough with the 10 mills. They simply want the option of going to the people and ask for the limit to be raised to 15 so they can raise more funds to keep their service alive. I just wanted to lend my support to section 1 on the bill.

Senator Joan Heckaman, District 23, New Rockford: Testified in favor of the bill. See attachment #2. If you look at this map, the 4.5 counties we serve, have pretty fair ambulance coverage. This map comes from the Upper Great Plains Transportation Institute Study that was completed on ambulance services in rural ND. This was studied in government administration this last interim. As a result, a task force was developed with a bunch of stakeholders on how we should fund when going forward. There was not a study that was passed in the last session but when legislative management, Representative Porter came forward and said all of us on legislative management need to know that the health department is changing the funding formula for rural ambulances. When we looked at what he was concerned about and when the grants went out, many ambulance service were tens of thousands of dollars short of what they had the year before. There was no way for them to pick up that funding because they couldn't go to their voters at that time. There was no way to raise any more mill levy because it was in the middle of a cycle of budgeting for counties.

After the phase 1 round, this group of stakeholders met and we proposed a proposal that was used for phase 2. I think the response form ambulance services across the state was much more positive of how that grant round went out. That formula is still in place right now. It is not in code in any place. That is one of the reasons I am opposing this bill. I do not think we should put that formula in Century Code. I think is better left where it is. The reason is that things in emergency services of ND are moving pieces right now. We have a number of services that are hanging on by a thread and if they close, we have to incorporate the service area into other areas and find ways to fund that. It will involve lots of changes with mill levies and taxing districts. As we go along, I would rather see this as moving parts rather than solidified into the Century Code.

I am in favor of section 1 and the amendment Representative Weisz brought in to change the tax to the areas rather than just the county. We have several ambulance services out there that serve parts of counties. It has to do with who is available and when. The task force that was developed did a lot of work on the 2018 funding plan. We focused on not just the funding, but also looking forward.

We think there are a lot of things the tax force should look at when going forward. One of those is how much funds are going to be available from the state. How much will the state be able to put forward to fund services? How much will be able to be raised from local sources? How are the service areas going to be defined in administrative code? We are not meeting some of those code areas right now. We want to develop a long range plan too. What does EMS across the state look like in the future? What is the availability of staff? How are we going to find access destinations to transport these patients?

We have several critical care access hospitals that are just that right now. They are critical to services for health care across rural ND. If one of those closes, that puts a whole different perspective as to how we are going to deliver services in the rural areas in EMS. Overall, I see the future of EMS looking at a 5 or 10-year plan. That is the reason I feel we should not put numbers into the Century Code. Once they are there, they cannot be adjusted until two years later. I think we are missing some points that you will hear from others.

I am in favor of section 1. I am not in favor of section 2. I would like to see the health department continue the work of the tax force that has been out there working. We have taken some time off. During this session we have not been meeting. I think that is fine until we see what the legislature brings forward. Just like everything else, what the legislature passes, must be implemented. If you put this into Code, that will have to be how it goes for the next round whether it meets everyone's needs or not. There is a lot that goes into these decisions. It is not just a simple per run issue. It is not just the issue of the mill levies. I will leave that to others behind me. You have my support on section 1 and I would like to see section 2 amended out of the bill.

Senator Unruh: If we pass section 1 but not section 2, if there is another change in the distribution from the health department, the locals still wouldn't have the tool to have enough money for that year they fell short. I feel like that is the problem we are trying to solve. This could fix that for the long term. What if something changes again in between?

Senator Heckaman: I think you will hear from someone about opportunities to fix this. I do not think it will be fixed in this round because this grant round has to go out shortly. I think we are sitting on the deadline of when applications have to be coming in. We may have to change some dates on here. Mill levies cannot be changed right now. You are right, this is not something that is going to be done overnight. It has to be done in the next election that comes forward. We are going to have to look and see. Maybe there has to be a delayed implementation of that date. I am not sure. I think they can do a special election on this also. I am not sure, however.

Bill Kalanek, Lobbyist, ND Emergency Medical Services Association: Testified in support of the bill. See attachment #3.

Chairman Cook: You talked about a REMSA committee and an advisory committee.

Bill Kalanek: Those are the same thing. Rural EMS Assistance is what REMSA stands for. It is a subcommittee that worked on the formula during the interim. That is what I meant by the advisory committee.

Chairman Cook: Further testimony in support of this bill? Any opposed?

Chris Price, Director of Division of Emergency Medical Systems, ND Department of Health: Testified in opposition of the bill. See attachment #4.

(34:30) Senator Dotzenrod: Is there any part of the bill you would support?

Chris Price: We support the general framework of the bill. The technical factors and the specificity involved with the numbers, require some refinement.

Senator Dotzenrod: Some of the things you think ought to be done are in the process of being developed. You do not have an alternative you want to put in front of us. You are not at that stage yet.

Chris Price: That is correct. We have no alternatives. We are operating much like what Senator Heckaman introduced through a collaborative committee process to develop and refine the funding formula.

Chairman Cook: What is the makeup of these committees? Are they legislators?

Chris Price: It is the Emergency Medical Services Advisory Council. It is a council appointed by the state health officer. It has some defined member but there are other with discretion in appointing. It is a very broadly represented organization. There is one legislator on the committee. That is Representative Pollert. The REMSA committee is also a group of stakeholders. They are a subcommittee of the one I just spoke of. There are two legislators on the REMSA committee. Those are Representative Weisz and Senator Heckaman.

Senator Dotzenrod: If we do not pass this bill? For the next few years, the process is in place to distribute revenues to support local ambulances and emergency services. Do you feel comfortable with that to work well for two years until we get back together again?

Chris Price: I believe efforts made by the current process are adequate for continuing to distribute the funding to recognize those services that are in need of additional funding much like the intent of the funding in support of those that have volumes that do not permit them to be self-supporting. We recognize that some areas do not require the same amount of funding.

Senator Dotzenrod: I think I heard you say yes.

Chris Price: Yes.

Chairman Cook: In the last few years, we created a new rural ambulance service in Hebron. I am wondering if they formed that because they wanted better service and are willing to pay more taxes to have it or if they were chasing some potential grants.

Chris Price: The Hebron ambulance service did create a rural ambulance district in order to allow the community to provide additional support to the service.

Chairman Cook: Do you know what their mill levy was?

Chris Price: I do not.

Jeri Warrenburg, EMS Director, Paramedic for Grenora Ambulance Service: Testified in opposition of the bill. See attachment #5.

Patrick Tracy, NREMT, Maddock Ambulance Service: Testified in opposition of the bill. See attachment #6. (50:00) You asked some questions about advisory, stakeholder, and REMSA committees. I am the stakeholder. I testified in front of the government administration committee last summer. I chaired the stakeholder's committee. That committee was turned into the REMSA committee so we could give our findings to the MSEC committee, who could give them to the Department of Health and it turned into politics. (50:40) Continued reading testimony.

Chairman Cook: Further testimony opposed? Any other testimony? Hearing none, we will close the hearing on HB 1268.

2019 SENATE STANDING COMMITTEE MINUTES

Finance and Taxation Committee
Lewis and Clark Room, State Capitol

HB 1268
3/25/2019
Job #34190

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alicia Larsgaard

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 10 of section 57-15-06.7 of the North Dakota Century Code, relating to property tax levies for emergency medical service; to provide for the distribution of state financial assistance for emergency medical services; to provide an effective date; and to declare an emergency.

Minutes: Attachments: 1

Chairman Cook: Called the committee to order on HB 1268.

Representative Robin Weisz, District 14, Hurdsfield: Distributed proposed amendments. See attachment #1. There was some consternation over the original bill. There are two parts to this. The first thing, which is the longest part of the amendment, has to do with that mill levy. The amendment we adopted in the House did not reference the right section of code to allow an ambulance service area to, by a vote of the people, go from 10 to 15 mills. That is what you see under 11-28.309.

That takes us to the last part. The bill in front of you, had a very specific formula in place. It had a base rate and it talked about average cost per runs. These amendments take out the language that has to do with the dollar amounts. It says that the health department will have to use those three criteria; the property tax evaluation, the cost of doing a run, and calculate a base. It will leave them the flexibility to determine how to use those three criteria to come up with the formula for how the grants should be expended. That will give the department room to work with MSAC and the REMSA committee to decide what will best fit. It will also allow them to determine, based on the grant size, the numbers so the grant funds get used equitably across all of the ambulance services.

I would prefer to fix formula myself, but I understand the ability to leave some flexibility for the Department of Health to work with the parties to ensure the money gets out there is important. I think the property tax evaluation is critical to the formula because if an ambulance service area has the ability to raise a ton of money because they have such a high property tax evaluation, the intent of these funds were not to help fund service areas that could generate their own money. This was to help those that need help to maintain that ambulance.

Chairman Cook: Why do we leave the $60,000 in the bill if we are going to allow the Department of Health to set whatever number they think.

Representative Weisz: That was a discussion with Legislative Council. I thought they were going to take it out. They thought you can start with that as a base and the Health Department will have the ability to change it.

Chairman Cook: I assume with the way it is written, they can lower it also.

Representative Weisz: Yes. I did not have any problem with just leaving it out. They wanted to give them a ground work to start with. They can make it higher or lower.

Chairman Cook: It does not make a difference.

Representative Weisz: Correct. If you want to just eliminate the $60,000, I am fine.
I realize this may not be perfect but if you were to pass it, maybe we can tweak it in conference committee. I would hope you can be favorable of these amendments.

Chairman Cook: Senator Heckaman was in the workforce and she stopped by and put her blessing on these amendments.

Senator Unruh: Moved to adopt amendment 19.0894.02003.

Senator Meyer: Seconded.

Chairman Cook: Any Discussion?

A Voice Vote Was Taken

Motion Carried

Senator Unruh: Moved a do pass on HB 1268 as amended.

Senator Dotzenrod: Seconded.

Chairman Cook: Any Discussion?

Senator Dotzenrod: Right at the end of the amendment, it says to remove lines 8 and 9 on page 2. Those are the effective date and the emergency. Does this bill then have no effective date?

Chairman Cook: I would say the effective date is August 1. It looks like the emergency clause was to make it a month earlier.

A Roll Call Vote Was Taken: 6 yeas, 0 nays, 0 absent

Motion Carried

Senator Dotzenrod will carry the bill.

19.0894.02003
Title.03000

Prepared by the Legislative Council staff for
Representative Weisz
March 22, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1268

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and emergency medical services financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

2. The tax levied for a rural ambulance service district shall be:

~~1.~~ a. Collected as other taxes are collected in the county.

~~2.~~ b. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

~~1.~~ ~~The~~ the minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

~~2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.~~"

Page 1, line 12, after "health" insert ", in consultation with the emergency medical services advisory council,"

Page 1, line 15, after "$60,000" insert ", or other base amount established by the department,"

Page 1, line 17, replace "$1,100" with "the average cost of a run"

Page 1, line 21, replace "$850" with "the average amount of reimbursement for a run"

Page 2, remove lines 8 and 9

Renumber accordingly

Date: 3-25-19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1268

Senate Finance and Taxation Committee

☐ Subcommittee

Amendment LC# or Description: 19.0894.02003

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 Unruh Seconded By Meyer

Senators	Yes	No	Senators	Yes	No
Chairman Cook			Senator Dotzenrod		
Vice Chairman Kannianen					
Senator Meyer					
Senator Patten					
Senator Unruh					

Voice Vote
Motion Carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3-25-19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1268

Senate Finance and Taxation 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 Unruh Seconded By Dotzenrod

Senators	Yes	No	Senators	Yes	No
Chairman Cook	✓		Senator Dotzenrod	✓	
Vice Chairman Kannianen	✓				
Senator Meyer	✓				
Senator Patten	✓				
Senator Unruh	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Dotzenrod

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

REPORT OF STANDING COMMITTEE

HB 1268, as engrossed: Finance and Taxation Committee (Sen. Cook, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1268 was placed on the Sixth order on the calendar.

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and emergency medical services financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

2. The tax levied for a rural ambulance service district shall be:

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~~2.~~ b. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing

year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

~~1.~~ ~~The~~ the minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

~~2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.~~"

Page 1, line 12, after "health" insert ", in consultation with the emergency medical services advisory council,"

Page 1, line 15, after "$60,000" insert ", or other base amount established by the department,"

Page 1, line 17, replace "$1,100" with "the average cost of a run"

Page 1, line 21, replace "$850" with "the average amount of reimbursement for a run"

Page 2, remove lines 8 and 9

Renumber accordingly

2019 CONFERENCE COMMITTEE

HB 1268

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1268
4/17/2019
34805

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Jeanette Cook Typed by Carmen Hart

Explanation or reason for introduction of bill/resolution:

A BILL relating to property tax levies for emergency medical service and emergency medical services financial assistance; and to provide for the distribution of state financial assistance for emergency medical services.

Minutes: Attachment #1

Chairman Weisz opened the conference committee on HB 1268 and provided amendments. See Attachment #1.

Amendments were reviewed. (:54-3:09)

Senator Judy Lee: Could you clarify the 5 mills?

Chairman Weisz: Some had thought that the 5 mill language would be requiring an ambulance service to levy 5 mills, and that is not the case. Originally, we required a $10 local match, and we didn't care where it was. Under this new formula, that is gone. There is no requirement for any match whatsoever. When the health department determines who qualifies for the grants and how much, they will take into account how much 5 mills generate within their service area.

Senator Dotzenrod: They do not have to locally match anything in the bill?

Chairman Weisz: That is gone. They could get money to fund their service any way they want, or if they somehow can survive on what they qualify for a grant and no other funding, I guess they could do that also. It is totally in the hands of that ambulance service. For example, the lowest I saw on the sheet was around $2,500 a mill, so 5 mills would generate $12,500. That is then going to come off when the health department looks at what they may qualify for. They would subtract $12,500 off and say this is what you would qualify for. If you have a service area that is $50,000 value per mill, 5 mills is a quarter million dollars. They would use that number in determining and would say the cost to running the service is $250,000, and therefore do not qualify. It is a benefit to those who have low property tax valuations within that service area.

Senator Dotzenrod: I don't think there is any of that in this bill.

Chairman Weisz: Yes, there is. He read the part that was overstruck. (8:24-8:38)

Senator Dotzenrod: Where is that 5 mills in the bill?

Chairman Weisz: Page 3, Lines 25-26.

Senator Judy Lee: I think another part of that is that those low volume services in rural areas where there aren't a lot of people, they are not going to have enough calls to be reimbursed by providers for the whole cost of the service.

Chairman Weisz: This does take into account the fewer runs you have, the more you will qualify for.

Senator Dotzenrod: There was something about ambulances had to be registered or something? We took that out in these amendments? Where is that change where we removed that?

Senator Judy Lee: You mentioned at the beginning there would no longer be a requirement to register with the secretary of state. I think that is what Senator Dotzenrod was asking.

Chairman Weisz: (14:23) An operation is not eligible to receive funding unless if it is more than 700 runs or if the operation is not registered with the secretary of state. Page 2, Lines 17-18 is where we are eliminating registering with the secretary of state.

Rep. Dobervich: On Page 3, Lines 18, 19, and 23, the dollar amounts of an average run have been taken out and just says the average cost of a run. What is going to be an average rate?

Chairman Weisz: I took that out because there was concern by some of the EMSAC committee that putting hard numbers in might box in. I took them out so that the health department can sit down with EMSAC and the _ subcommittee and decide what numbers make sense that will distribute the grants properly.

Rep. Dobervich: My concern is assuring that there is consistency in how the average cost per run is determined.

Chairman Weisz: They will be looking at a statewide number. It is not the intent of the legislature to reward mismanaged services. The intent isn't to look at each individual service to determine cost. They need to look at if those 0-100 runs on an average are costing $1,100 a run, that is the number they would use. For the basis of distributing the grant, they have to pick some kind of a number and calculate it.

Rep. Dobervich: Whose average?

Chairman Weisz: They will come up with the average number in consultation with EMSAC for across the state.

Rep. Dobervich: The average cost of a run is going to be different in every grant application?

Chairman Weisz: No, it will be uniform across the state. It allows the department with EMSAC to come up with a number that everybody gets paid based on, so they are all treated equal.

Rep. Dobervich: The way that I read this, it is arbitrary. If I were a provider, I could argue it says the average cost of a run. The average cost of my run is… I feel like we are not designating whose average cost or who will be determining.

Chairman Weisz: We are not on purpose. It isn't just up to the department. You are going to have the buy in from the actual providers of the service that say these are the numbers. The health department will then distribute them. EMSAC will weigh in and say these are the numbers that should be used. They will come to an agreement. I wanted hard numbers, but concerns from the community said they didn't want it. This was put in place because the EMS community had issues with hard numbers. They wanted the flexibility, and they wanted to be able to fine tune this going forward sitting down with the health department.

Senator Judy Lee: Another advantage of having this in the hands of the local community and the health department is we, hopefully, don't have to come back every two years and reset the numbers. Would you be willing to ask Tim to comment on the amendments?

Tim Wiedrich, EMS Division, appeared. We have had the opportunity to review the amendments and will be __. We look forward to the resolution.

Senator Judy Lee moved that the senate recede from its amendments and we further amend as shown in 19.0894.02004.

Senator Dotzenrod seconded the motion.

A roll call vote was taken. 5-0, 1 absent.

Chairman Weisz and Senator Dotzenrod will be the carriers.

The meeting was adjourned.

DO 4/17/19
1 of 3

19.0894.02004
Title.04000

Prepared by the Legislative Council staff for
Representative Weisz
April 11, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1268

That the Senate recede from its amendments as printed on pages 1342 and 1343 of the House Journal and pages 1071 and 1072 of the Senate Journal and that Engrossed House Bill No. 1268 be amended as follows:

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and ambulance service operations financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

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~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

DE 1/17/19
2 of 3

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

~~1.~~ ~~The~~ the minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

~~2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.~~"

Page 1, line 10, replace "**EMERGENCY MEDICAL SERVICES**" with "**AMBULANCE SERVICE OPERATION**"

Page 1, line 12, after "health" insert ", in consultation with the emergency medical services advisory council,"

Page 1, line 13, replace "emergency medical services" with "ambulance service"

Page 1, line 15, after "$60,000" insert ", or other base amount established by the department,"

Page 1, line 17, replace "$1,100" with "the average cost of a run"

Page 1, line 21, replace "$850" with "the average amount of reimbursement for a run"

Page 2, line 6, remove "or if the"

Page 2, line 7, remove "operation is not registered with the secretary of state"

DE 9/17/19
3 of 3

Page 2, remove lines 8 and 9

Renumber accordingly

Date: 4-17-19
Roll Call Vote #: 1

2017 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1268 as (re) engrossed

House Human Services Committee

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**

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

Motion Made by: Sen. J. Lee Seconded by: Sen. Dotzenrod

Representatives	4/17			Yes	No	Senators	4/17			Yes	No
Chairman Weisz	X			X		Senator Kannianen	A			A	
Rep. Devlin	X			X		Senator J. Lee	X			X	
Rep. Dobervich	X			X		Senator Dotzenrod	X			X	
Total Rep. Vote						Total Senate Vote					

Vote Count Yes: 5 No: 0 Absent: 1

House Carrier Rep. Weisz Senate Carrier Sen. Dotzenrod

LC Number 19.0894 . 02004 of amendment

LC Number 19.0894 . 04000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 19.0894.02004
House Carrier: Weisz
Senate Carrier: Dotzenrod

REPORT OF CONFERENCE COMMITTEE

HB 1268, as engrossed: Your conference committee (Sens. Kannianen, J. Lee, Dotzenrod and Reps. Weisz, Devlin, Dobervich) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1342-1343, adopt amendments as follows, and place HB 1268 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1342 and 1343 of the House Journal and pages 1071 and 1072 of the Senate Journal and that Engrossed House Bill No. 1268 be amended as follows:

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and ambulance service operations financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

2. The tax levied for a rural ambulance service district shall be:

~~1.~~ a. Collected as other taxes are collected in the county.

~~2.~~ b. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

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Insert LC: 19.0894.02004
House Carrier: Weisz
Senate Carrier: Dotzenrod

Page 2, remove lines 8 and 9

Renumber accordingly

Engrossed HB 1268 was placed on the Seventh order of business on the calendar.

2019 TESTIMONY

HB 1268

HB 1268 A#1
1/15/19 pg. 1

Chairman Weisz and members of the committee I am Representative Fegley presenting HB1268. I have been on the Berthold Ambulance Service over 15 years and I am the current squad leader.

HB1268 is a bill that, I wish we did not have to address. It represents moving from what is ideal to what maybe something functional. It brings the reality that rural ambulance services are in a crisis. There are several rural ambulances that have either been downgraded to first response unit or closed altogether. That leaves the rest with longer response times and the loss of mutual aid, when we have multiple patients to transport. The bill would allow first response units to transport with the intent to have an intercept and then they would follow what is currently allowed. It will shorten response time which could be critical.

The second line leaves open to how the rules will be done. One suggestion is taking EMRs and training them enough, so they can start the transport and maybe even call them EMTbs or Emergency medical technicians basics.

I urge your consideration knowing opposition will be opposed based on it lowers level of care. May have some liability issues and may be others. I just could not stand by, knowing what was going on, that we may be the last ambulance standing and not at least have a conversation about this critical issue.

Makoti/Ryder has been downgraded to first response unit and we have had conversations with the service to the north. They are struggling and when some staff retire they will be making decisions on what to do Both those ambulance services have filled a need on mutual aim many times over the years I have been involved. We have never had to ever make two trips to an accident, but I see that coming.

Thank you for your consideration

HB 1268 AH2
1/15/19

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House Bill 1268
Human Services Committee
January 15, 2019, 2:00 p.m.

Good afternoon Chairman Weisz and members of the Committee. My name is Chris Price and I am the Director of the Division of Emergency Medical Systems for the North Dakota Department of Health. I am here to provide testimony in opposition to House Bill 1268.

When many of us envision emergency medical services, commonly referred to as EMS, we think of an ambulance quickly responding to someone in need; however, an EMS system involves more than ambulance services. It is the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of perceived or actual acute injury or illness. In North Dakota, this system includes everything from a bystander recognizing a medical emergency and calling 911 through comprehensive care provided by one of our trauma or stroke centers. Quick Response Units are an integral part of this system.

Quick Response Units are intended as a mechanism to deliver one or more trained emergency medical personnel to the scene of a trauma or medical emergency to provide lifesaving care. These personnel may arrive on a fire engine, as is common in our urban areas, some other vehicle type, typically a SUV, or in a personally-owned vehicle. There are no vehicle requirements in statute or rule for Quick Response Units, the intent being to permit flexibility in how a community structures its response program. With no vehicle requirement, there will be no way to ensure the safe transportation of a patient to the rendezvous point with an ambulance. Even if a Quick Response Unit is using a retired ambulance as a response vehicle, modern stretcher loading and fastening systems in the intercepting vehicle may be incompatible with legacy stretchers commonly found in retired ambulances.

Severely injured or ill patients may need to be moved using special devices, such as orthopedic stretchers or stair chairs, and then transferred to the main ambulance stretcher for safe transport. The equipment required for Quick Response Units does not include any devices for moving patients, as is consistent with their role in providing care for patients with time-sensitive

emergencies rather than transportation. In fact, all of the required equipment can fit in a large "suitcase."

As with any system of care, the people providing the care are the most vital component. Quick Response Units are required to be staffed with one responder who must be certified to at least the Emergency Medical Responder level. This is a typical deployment and is used by successful programs, such as that in the Rugby area, where 14 responders are located throughout Pierce County, each responding only to nearby incidents.

Emergency Medical Responders are not trained to lift or move patients. The training provided to those individuals in North Dakota seeking to become Emergency Medical Responders is consistent with the National EMS Education Standards, which are driven by the National EMS Scope of Practice Model. These consensus-based standards are recognized as the standard of care throughout the United States. The Emergency Medical Technician level of training is the minimum level of training necessary to lift, move, and safely transport patients. The training differences between an Emergency Medical Responder and Emergency Medical Technician are profound and are summarized in the attachment to this testimony. Having at least one Emergency Medical Technician on a transporting ambulance is the minimum standard in the clear majority of states and is the standard in our three surrounding states.

EMS is changing. The days of "swooping and scooping," swooping in and scooping the patient up then speeding off to the hospital are fading fast. The preponderance of evidence shows that those interventions that are lifesaving must be done within the first few minutes after a life-threatening injury or illness occurs. Quick Responders are trained to provide lifesaving interventions such as opening the airway, providing CPR, controlling bleeding with a tourniquet, and administering Narcan in an overdose. Rapid transportation rarely is the determinant between life and death. For example, it has been found that initiating high-performance CPR and defibrillation at the incident location rather than immediately transporting the patient with CPR in progress is resulting in better outcomes.

HB 1268
#2
1/15/19

The North Dakota Department of Health, its public safety and healthcare partners, and community stakeholders have been working diligently to develop an effective, efficient, and responsive EMS system in North Dakota. House Bill 1268 is not consistent with the vision for EMS system development. It provides a solution in search of a problem. In fact, existing statute and rule provides an alternative, the creation of an ambulance service substation, that would accomplish the same goal.

Quick Response Units do not have the vehicle, equipment, training, or personnel requirements to safely transport patients nor does the evidence suggest the need for them to do so. I must respectfully request that the Committee oppose House Bill 1268. Thank you for the opportunity to testify. I am happy to answer any questions you may have.

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HB1268
#2
1/15/19

The Emergency Medical Responder scope of practice includes skills focused on lifesaving interventions for critical patients. The Emergency Medical Technician scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients.

Emergency Medical Responder		**Emergency Medical Technician**
Airway/Ventilation/Oxygenation		Airway/Ventilation/Oxygenation
Skill		Skill
Airway - Nasal		Airway - Nasal
Airway - Oral		Airway - Oral
Head-tilt/chin-lift		Head-tilt/chin-lift
Modified chin lift		Modified chin lift
Jaw-thrust		Jaw-thrust
Cricoid Pressure (Sellick)		Cricoid Pressure (Sellick)
Bag-Valve-Mask (BVM)		Bag-Valve-Mask (BVM)
Mouth-to-Barrier		Mouth-to-Barrier
Mouth-to-Mask		Mouth-to-Mask
Mouth-to-Mouth		Mouth-to-Mouth
Mouth-to-Nose		Mouth-to-Nose
Mouth-to-Stoma		Mouth-to-Stoma
Obstruction Removal- Manual		Obstruction Removal- Manual
Oxygen Therapy - Nasal Cannula		Oxygen Therapy - Nasal Cannula
Oxygen Therapy - Non-Rebreather Mask		Oxygen Therapy - Non-Rebreather Mask
Oxygen Therapy - Partial Rebreather Mask		Oxygen Therapy - Partial Rebreather Mask
Oxygen Therapy - Simple Face Mask		Oxygen Therapy - Simple Face Mask
Oxygen Therapy - Regulators		Oxygen Therapy - Regulators
Suctioning - Upper Airway		Suctioning - Upper Airway
		Oxygen Therapy - Venturi Mask
		Oxygen Therapy - Humidifiers

Emergency Medical Responder		Emergency Medical Technician
		Manually Triggered Ventilator
		Automatic Transport Ventilator
		CPAP/BIPAP
		Supraglottic Airway Insertion/Use
Trauma Care		Trauma Care
Skill		Skill
Manual Spinal Motion Restriction		Manual Spinal Motion Restriction
Cervical Collar		Cervical Collar
Splinting – Manual		Splinting – Manual
Splinting - Rigid		Splinting - Rigid
Splinting – Soft		Splinting – Soft
Splinting - Vacuum		Splinting - Vacuum
Hemorrhage Control - Direct Pressure/Bandage		Hemorrhage Control - Direct Pressure/Bandage
Hemorrhage Control - Tourniquet		Hemorrhage Control - Tourniquet
Eye Irrigation		Eye Irrigation
Emergency movement of endangered patient		Emergency movement of endangered patient
		Splinting - Traction
		Rapid extrication
		MAST/PASG
		Mechanical patient restraint
Cardiovascular/Circulation		Cardiovascular/Circulation
Skill		Skill
Cardiopulmonary Resuscitation (CPR) - Manual		Cardiopulmonary Resuscitation (CPR) - Manual
Defibrillation - Automated/Semi-Automated (AED)		Defibrillation - Automated/Semi-Automated (AED)
Mechanical CPR		Mechanical CPR
Miscellaneous		Miscellaneous
Skill		Skill
Assisted normal delivery (Childbirth)		Assisted normal delivery (Childbirth)
		Assisted complicated delivery (Childbirth)

Emergency Medical Responder		Emergency Medical Technician
		IV Maintenance-Non-Medicated Fluids
		Specialized Lifting and Moving Devices
Assessment		Assessment
Skill		Skill
Pulse		Pulse
Pulse Oximetry		Pulse Oximetry
Blood Pressure-Manual/Automatic		Blood Pressure-Manual/Automatic
Respirations		Respirations
12-lead ECG acquisition/transmission		12-lead ECG acquisition/transmission
Primary & Secondary Assessment		Primary & Secondary Assessment
History taking		History taking
		Single-lead ECG monitoring (non-interpretive)
		Multi-lead ECG acquisition/transmission
		Blood Glucose Monitoring
Pharmacological Interventions		Pharmacological Interventions
Oxygen		Oxygen
Epinephrine Administration (Injectable)		Epinephrine Administration (Injectable)
Naloxone (Auto-Injector or Intranasal)		Naloxone (Auto-Injector or Intranasal)
		Oral glucose
		Aspirin-oral
		Activated Charcoal-oral
		Nitroglycerin-sublingual
		Meter-dosed-inhaler (albuterol)
		Nebulized medication administration-albuterol
Medication Administration - Routes		Medication Administration - Routes
Skill		Skill
Inhalation		Inhalation

HB 1268
#7
1/15/19

Emergency Medical Responder		Emergency Medical Technician
Intramuscular		Intramuscular
Intranasal		Intranasal
		Aerosolized/Nebulized
		Oral
		Sublingual
		Buccal

Emergency Medical Responder training hours may range from 40 – 60 while Emergency Medical Technician training hours may range from 140 -160.

HB 1268 AH3
1/15/19

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Testimony
House Bill 1268
House Human Service Committee
Tuesday, January 15 2019; 2 p.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Weisz and members of the committee. My name is Adam Parker, and I am the Chair of the North Dakota Emergency Medical Services Association's (NDEMSA) Advocacy Committee and a member of their Board of Directors representing the southwest region of our state. I am here today in opposition of HB 1268.

Attached to my written testimony you will find the official position paper that the Association has published in regards to quick response units transporting patients.

The purpose of quick response units is to provide trained emergency medical personnel to the scene of a medical emergency or accident as quickly as possible, in supplement to ambulance service response. The most efficient way to provide this response is to provide the emergency responders with medical equipment to keep with them and have them respond in their personal vehicle. This is not, however, how all QRU's operate and vehicles used range from personal vehicles to former ambulances chassis.

Since there is no vehicle requirements for Quick Response Units, many do not have vehicles sufficient for safe transport.

Furthermore, the proposed bill states that transport is allowed if the "quick response unit is staffed with a driver and two emergency medical responders." As a national standard, only certification levels above Emergency Medical Technician are allowed to transport. This is because the training for EMR's is limited to basic life saving care. There training is insufficient for stabilization for transport, they are not trained in basic cot operation or lifting and moving patients, and they are not trained in providing care in the back of an ambulance by themselves.

The changes that would be required to century code and administrative rule to allow quick response units to transport patients safely would be essentially the same language as an ambulance substation, which is already allowed under 33-11-01.2 of the North Dakota Administrative Code.

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

HB 1268 Att #3
1/15/19

Approved: 12.12.18

North Dakota EMS Association
Position Paper

Quick Response Units Transporting Patients

Introduction

The North Dakota EMS Association (NDEMSA) recognizes that licensed ambulance services in North Dakota have faced numerous struggles to continue operating in a sustainable manner. These challenges have resulted in some ambulance services decreasing their licensure level to Quick Response Units (QRU) or ceasing operation altogether. Given the geographical challenges that face responders in North Dakota, to include extended transport times to local and tertiary centers, as well as limited availability of advanced life support resources, there has been a focus on innovative solutions to maintain emergency care to rural North Dakota. One question that has been presented at a variety of venues is– "why can't QRU's transport patients to the point of intercept."

Background

The intent of the Quick Response Unit licensure was to provide, within the local response system, a unit capable of delivering emergency response personnel to the scene of a traumatic or medical emergency to provide initial assessment and treatment of life-threatening emergencies. QRU's are typically placed in areas where providing a fully equipped ambulance is not feasible or sustainable.

North Dakota Century Code governing ambulance services explicitly limits QRU's from routinely transporting patients. Specific criteria must be met as defined in 33-11-1.1-11 of the North Dakota Administrative Code for a QRU to initiate transport of a patient. Within that criteria, the primary care attendant must be an Emergency Medical Technician.

There are no vehicle requirements set forth within the Administration Rules governing Quick Response Unit vehicles, therefore the vehicles can range from personal automobiles to marked SUVs to ambulance chassis' that have been retained after the service changed licensure level. The rules also set requirements for minimal equipment which must be present on the vehicle and there is no requirement for patient care documentation.[1]

Discussion

It would not be appropriate to allow QRU's to transport patients to the point of intercept with a licensed ambulance service within the governance currently in place for the following reasons:

1. Only one person is required to respond and that individual must be

trained at the EMR level. As a national standard, EMT's are required to transport patients.

2. There are no vehicle requirements set forth in the statue. Therefore, there is no way to ensure that a QRU has a vehicle capable of safely transporting patients. In addition, no initial or ongoing inspection requirements exist to assure the public that the vehicle is maintained properly.
3. The minimal equipment list set forth for QRU's does not contain a stretcher, or other equipment necessary for safely securing and transporting patients.
4. QRU's are not required to complete patient care reports.

For the reasons listed above, there would need to be multiple changes made to current Century Code and/or Administrative Rules to allow QRU's to safely transport patients. The rules that would be required would closely resemble the existing sub-station model currently defined in 33-11-01.2 of the North Dakota Administrative Code.

Quick Response Units are not able to obtain reimbursement for transports because they are not a licensed ambulance service.[2] Furthermore, QRU's are often not qualified for grant funding or funding from the local tax base as they are not a licensed ambulance. The reimbursement, grant, and tax monies are all directed to the associated ambulance service of the QRU. Therefore, given the added costs needed for the operation and maintenance of a vehicle that is capable of safely transporting patients, and the limited funding sources available for the QRU, the associated ambulance service would have to bear the increased operating costs. This would likely further erode the sustainability of the EMS System.

The majority of life-saving interventions occur in the first minutes of arrival to a patient. This includes opening the airway, defibrillation, high-quality CPR, bleeding control, narcan or epinephrine administration, etc. Transportation of the patient rarely makes the difference between life and death. The "Golden Hour" is often cited as the reason for rapid transport, however, this is not evidence-based and, in fact, saving minutes of time in the trauma victim in the prehospital setting rarely improves survival for a patient that needs several hours of surgery once they reach the hospital.[3] Another scenario is a patient in cardiac arrest. These patients are critical and require high-quality CPR and defibrillation. If the focus is on getting the patient loaded for transport, rather than on high-quality CPR, the patient will not survive.

Getting trained first responders to the scene of an emergency is the highest importance, and especially for the QRUs. Although transport is a vital component of the EMS

system, it is of secondary importance to the initial response.

Summary

The North Dakota EMS Association supports the development of a strong EMS system that is capable of delivering the highest quality care to the citizens we serve. Creating a system that is not stable, reliable, and sustainable is not in the best interest of the profession, citizens, or providers. The framework already exists for transporting patients through ambulance licensure and substations. Creating a separate licensure level of QRU's capable of transporting does not support a sustainable and reliable EMS system.

Furthermore, the North Dakota EMS Association supports a model of emergency response personnel responding directly to the scene of an emergency, rather than responding to a designated emergency vehicle prior to initiating response to the emergency. This is especially true in a QRU model, and we recommend ambulance services respond with a fragmented crew when appropriate for ambulance response, as outlined in 33-11-01.2-16 of the North Dakota Administrative Code.

References

1. http://www.legis.nd.gov/information/acdata/pdf/33-11-01.1.pdf
2. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf
3. Newgard, et al. Revisiting the "Golden Hour": An evaluation of out-of-hospital Time in Shock and Traumatic Brain Injury. *Ann Emerg Med*, 2015 Jan.

HB 1268 Att 4
1/15/19 Pg 1

Kidder County Ambulance

Mona Thompson, NR-Paramedic
EMS Director

Testimony in Opposition to HB No. 1268

Good afternoon Chairman Weisz and members of the Human Services Committee. My name is Mona Thompson, and I am the EMS Director and Paramedic with Kidder County Ambulance in Steele. I am testifying in opposition to HB 1268.

Kidder County Ambulance (KCA) is a volunteer service with 32 team members that serve a majority of Kidder County as well as portions of Burleigh and Emmons County, covering an approximate response area of 1400 square miles. KCA oversees 27 volunteers who are part of our 5 Quick Response Teams in the communities of Sterling/Driscoll, Dawson, Tappen, Pettibone, and Robinson. We provide the medical oversight as well as all training, supplies and equipment for all of our responders. Because of the proximity of our QRU's to neighboring ambulance service districts (Wing, Bowdon, Medina and Napoleon), KCA has developed a strong collaboration with these agencies, and we often share our resources with them. This collaboration has developed into a very efficient system of care that delivers prompt, high quality care to patients in emergency situations until an ambulance can arrive for transport.

I am very aware of the continued challenge of recruiting new staff from a dwindling population and the difficulties we all face in keeping an ambulance operating and the doors open. However, I disagree with allowing QRU's to transport patients for the following reasons:

- **Stabilization**
  The QRU's purpose is to provide stabilizing care until an ambulance can arrive and they have never been intended for the purpose of transporting patients. In the event a patient is critically ill or injured, they are best served by providing immediate basic life support interventions and stabilization until additional resources arrive. Rapid removal of a patient in a critical situation without proper stabilization can contribute to deterioration in their condition and potentially death. A transfer of a patient in an unstable environment, i.e. roadway, is not only unsafe, but causes an unnecessary stress for them. A patient in cardiac arrest has the best chances of survival with treatment on scene by trained responders performing high-quality CPR and not in a moving vehicle. With the implementation of aeromedical resources statewide, prompt advanced life support can intercept in a very short period of time.
- **Standard of Care**
  The minimum skill set required for QRU personnel is an Emergency Medical Responder (EMR). The minimum skill set required for ambulance personnel is an Emergency Medical Technician (EMT). There are considerable differences in the amount of training and skills an EMT has over an EMR to include medication administration, advanced airway management and patient assessment (see attachment). EMR's are not legally qualified to transport patients without an EMT present.

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- **Transport Safety**
  Ambulance services must comply with federal and state standards to operate and meet strict criteria for vehicle requirements to transport patients. Specific equipment, supplies and medications (see attachment) are necessary to be compliant. QRU's have no regulations in place for the transport of patients to assure safety and quality.

- **Quality Assurance**
  Patient reporting is not a requirement of QRU's, therefore quality assurance and accountability have no means of measurement by medical direction. Funding, education and skill set are an integral part in the EMS system of care, and can be most efficiently obtained through data collection.

I believe that HB 1268 is a condition of quantity over quality, and has no provisions for improving the quality of patient care. I further believe it could potentially lead to the decline in EMS statewide. Instead, we need to focus on building an efficient system of care to sustain ambulance services in North Dakota. By having the elements of effective strong leadership present in the organization, a supporting local funding structure or enough service revenue to support financial obligations, a collaborative partnership with neighboring EMS agencies and strong community support, we can build a great EMS system.

I would be happy to answer any questions you may have at this time.

Thank you!
Mona Thompson
EMS Director
Kidder County Ambulance

HB 1268 AH4
1/15/19 p93

STATE OR NATIONALLY REGISTERED
EMERGENCY MEDICAL RESPONDER (EMR) SKILLS
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
08/2017

The Emergency Medical Responder's (EMR) skill set includes simple skills focused on lifesaving interventions for critical patients. Individuals providing public service at this level must have current licensure with the Division of Emergency Medical Systems (DEMS).

The skills described in this document are defined by the ND Department of Health. Local medical directors may limit the specific skills that an EMR may provide, however, they may not exceed the specific skills defined by the Department. All skills must be approved by service's Medical Director.

AIRWAY/VENTILATION/OXYGENATION
Skill
Airway - Nasal
Airway - Oral
Head-tilt/chin-lift
Modified chin lift
Jaw-thrust
Cricoid Pressure (Sellick)
Bag-Valve-Mask (BVM)
Mouth-to-Barrier
Mouth-to-Mask
Mouth-to-Mouth
Mouth-to-Nose
Mouth-to-Stoma
Obstruction Removal- Manual
Oxygen Therapy - Nasal Cannula
Oxygen Therapy - Non-rebreather Mask
Oxygen Therapy - Partial Rebreather Mask
Oxygen Therapy - Simple Face Mask
Oxygen Therapy - Regulators
Suctioning - Upper Airway

TRAUMA CARE
Skill
Manual Cervical Stabilization
Cervical Collar
Spinal Immobilization-Supine/Seated Stabilization
Splinting-Manual
Splinting-Rigid
Splinting-Soft
Splinting-Vacuum
Hemorrhage Control - Direct Pressure/Bandage
Hemorrhage Control - Tourniquet
Eye Irrigation
Emergency movement of endagered patients

CARDIOVASCULAR/CIRCULATION
Skill
Cardiopulmonary Resuscitation (CPR) - Manual
Defibrillation - Automated/Semi-Automated (AED)
Mechanical CPR

MISCELLANEOUS
Skill
Assisted normal delivery (Childbirth)

ASSESSMENT
Skill
Pulse
Pulse Oximetry
Blood Pressure-Manual/Automatic
Respirations
12-lead ECG acquisition/transmission
Initial & Secondary Assessment
History taking

PHARMACOLOGICAL INTERVENTIONS
Oxygen
Epinephrine Administration (Auto-Injector)
Naloxone (Auto-Injector or Intranasal)

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PG 4

STATE OR NATIONALLY REGISTERED
EMERGENCY MEDICAL TECHNICIAN (EMT) SKILLS
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
08/2017

The Emergency Medical Technician's (EMT) skill set includes basic skills focused on the acute management of critical and emergent patients. Individuals providing public service at this level must have current licensure with the Division of Emergency Medical Systems (DEMS).

The skills described in this document are defined by the ND Department of Health. Local medical directors may limit the specific skills that an EMT may provide, however, they may not exceed the specific skills defined by the Department. All skills must be approved by service's Medical Director.

AIRWAY/VENTILATION/OXYGENATION
Skill
Airway - Nasal
Airway - Oral
Head-tilt/chin-lift
Modified chin lift
Jaw-thrust
Cricoid Pressure (Sellick)
Bag-Valve-Mask (BVM)
Mouth-to-Barrier
Mouth-to-Mask
Mouth-to-Mouth
Mouth-to-Nose
Mouth-to-Stoma
Obstruction Removal- Manual
ygen Therapy - Nasal Cannula
ygen Therapy - Non-rebreather Mask
Oxygen Therapy - Partial Rebreather Mask
Oxygen Therapy - Ventury Mask
Oxygen Therapy - Humidifiers
Oxygen Therapy - Simple Face Mask
Oxygen Therapy - Regulators
Suctioning - Upper Airway
Manually Triggered Ventilator
Automatic Transport Ventilator
CPAP/BIPAP
Supraglottice Airway Insertion/Use**

TRAUMA CARE
Skill
Manual Cervical Stabilization
Cervical Collar
Spinal Immobilization-Supine/Seated Stabilization
Extremity Splinting
Traction Splinting
Hemorrhage Control - Direct Pressure/Bandage
Hemorrhage Control - Tourniquet
Eye Irrigation
Rapid extrication
MAST/PASG
Mechanical patient restraint

CARDIOVASCULAR/CIRCULATION
Skill
Cardiopulmonary Resuscitation (CPR)-Manual
Defibrillation - Automated/Semi-Automated (AED)
Mechanical CPR

MISCELLANEOUS
Skill
Assisted complicated delivery (Childbirth)
IV Maintenance-Non-Medicated Fluids**

ASSESSMENT
Skill
Pulse
Pulse Oximetry
Blood Pressure-Manual/Automatic
Respirations
Single-lead ECG monitoring (non-interpretive)
Multi-lead ECG acquisition/transmission
Primary and Secondary Assessment
History taking
Blood Glucose Monitoring

PHARMACALOGICAL INTERVENTIONS
Oxygen
Epinephrine Administration (Auto-Injector)
Naloxone (Auto-Injector or Intranasal)
Oral glucose
Aspirin-oral
Activated Charcoal-oral
Nitroglycerin-sublingual
Meter-dosed-inhaler (albuterol)
Nebulized medication adminstration-albuterol**

MEDICATION ADMINISTRATION - ROUTES
Skill
Aerosolized/Nebulized
Oral
Sub-lingual
Auto-Injector
Intranasal
Buccal

** = Requires separate course training approved by DEMS

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Name of QRU	License Number
[redacted]	

MINIMUM EQUIPMENT REQUIRED: QUICK RESPONSE UNIT

- ☐ 1 - Automatic External Defibrillator (AED)
- ☐ 1- Blood pressure manometer cuff in child, adult, and large adult sizes; and stethoscope
- ☐ 4 each - Disposable gloves - In size small, medium and large
- ☐ 1- Blunt shears
- ☐ 1 - Portable suction device with catheter
- ☐ 1 - Portable oxygen unit size "D" with variable flowmeter
- ☐ 2 each - Nasal cannula, non-rebreather mask, and supply tubing
- ☐ 1 each size - Nasopharyngeal airways (adult and child sizes)
- ☐ 1 each size - Oropharyngeal airways (adult, child and infant sizes)
- ☐ 2 - Cold packs
- ☐ [redacted]- Hot packs
- ☐ 2 - Space blankets
- ☐ 12 - 4 inch X 4 inch sterile gauze pads
- ☐ 3 - Sterile soft roller self adhering bandages
- ☐ 4 - Rolls of medical tape
- ☐ 2 - Sterile occlusive dressings
- ☐ 1 - Sterile multi-trauma dressing approximately 10 x 36 inches
- ☐ 1 - Sterile burn sheet or its equivalent
- ☐ Equipment case
- ☐ Equipment storage - readily accessible and safe from the elements
- ☐ Radio - capable of transmitting and receiving voice communications with the local PSAP and other responders on various frequencies.

[redacted]

Name of BLS Ground Ambulance Service	License Number
[redacted]	

CHECKLIST OF REQUIRED EQUIPMENT: BLS GROUND AMBULANCE

Total Number of Vehicles in Service

Please make copies if additional pages are needed.

Please place an "X" in boxes if stocked.

Item	Unit Number(s) UNIT #	UNIT #	UNIT #	UNIT #
Mounted ambulance cot with retaining straps				
Stretchers with retaining straps. Vehicle design dictates quantity.				
Piped oxygen system - with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flow meter				
Portable oxygen unit with carrying case. To include one "D" size bottle with another "D" bottle in reserve				
Three nasal cannula, three non-rebreather oxygen masks in adult and pediatric sizes, and three sets of oxygen supply tubing				
Suction wall mounted and portable capable of achieving 400 mm/hg 4 seconds or less, w/catheters in adult sizes, rigid and soft				
Bag valve mask resuscitation units in infant, child and adult sizes with appropriate sized face masks or pocket masks with oxygen inlet in infant, child and adult sizes				
Spine boards - one full size and one half size - with retaining straps				
[redacted] to board immobilization device				
[redacted]ercial fracture splints usable for open and closed fractures or padded b[redacted]ds usable for pediatric and adult patients				
Hot packs - four minimum				
Cold packs - four minimum				
Activated Charcoal				
Obstetrical Kit - disposable or sterile				
Soft roller self adhering bandages - five yards (4.75 meters) long - twelve minimum				
Sterile burn sheets - two minimum				
Triangular bandages - three minimum				
Sterile gauze pads - four inches (10.16 centimeters) by four inches - twenty five minimum				
Trauma dressing - approximately 10 inches by thirty six inches - two minimum				
Nasopharyngeal airways in adult and child sizes - one set minimum				
Oral airways in adult, child and infant sizes - one set minimum				
Sterile occlusive dressings - approximately three inches by nine inches - 2 min				
Tape - assorted sizes - four rolls minimum				
Blunt Shears - two minimum				
[redacted] extremity traction splint				
[redacted]able gloves - small, medium and large - one box each min.				
Bedpan, emesis basin and urinal - single use or sterilizable; one each minimum				
Distilled water or saline solution - one gallon minimum				

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Name of BLS Ground Ambulance Service	License Number
[redacted]	

CHECKLIST OF REQUIRED EQUIPMENT: BLS GROUND AMBULANCE

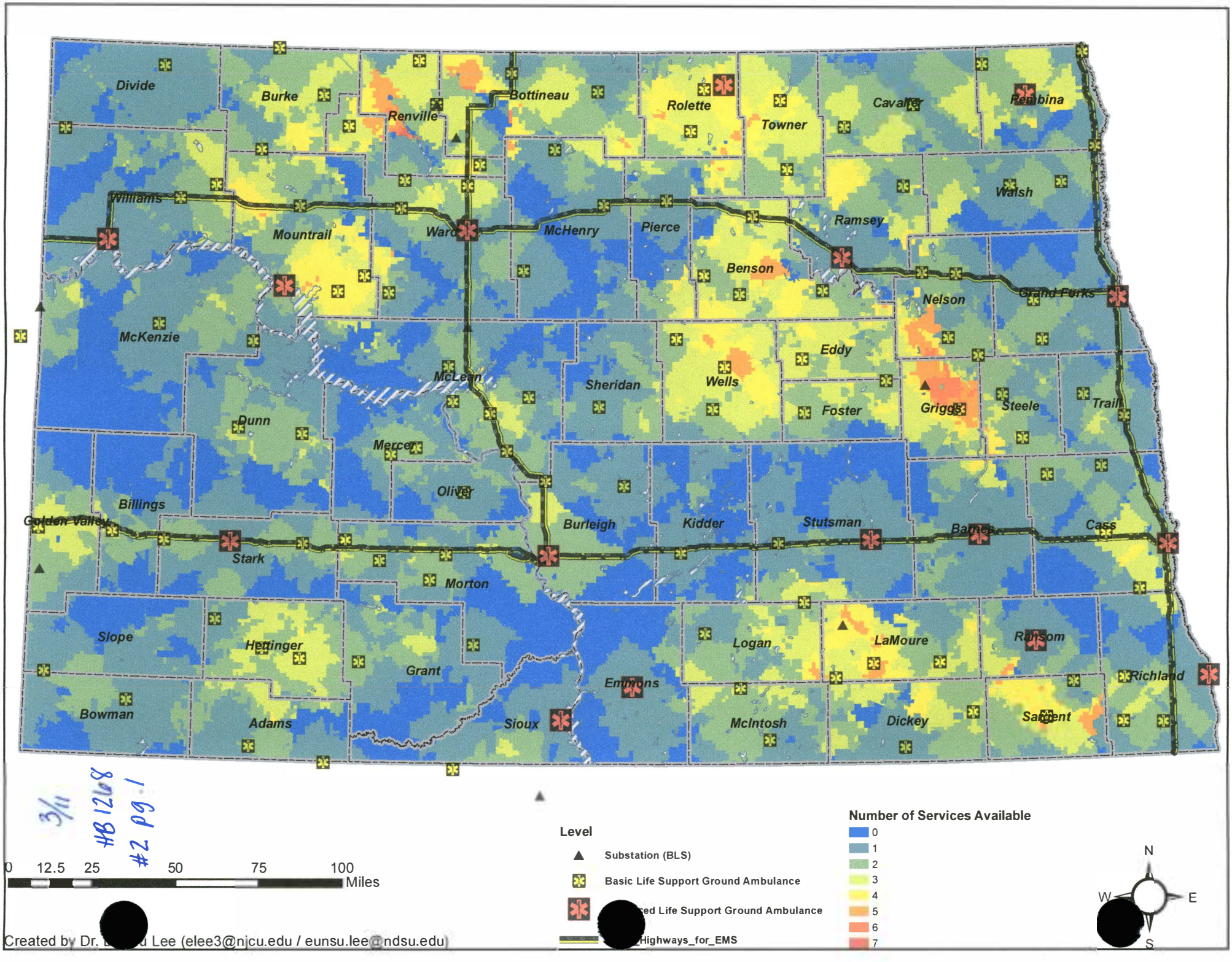
Item *Please make copies if additional pages are needed.* **Please place an "X" in boxes if stocked.**	Unit Number(s)			
	UNIT #	UNIT #	UNIT #	UNIT #
Flashlights - two minimum				
Reflectorized flares for securing scene - three sets minimum				
Red biohazard bags - three minimum				
Cervical collars - adult, child, and infant sizes				
Two blankets, two pillows, four sheets and four towels.				
Tubiculcidal disinfectant product				
Fire extinguisher - dry chemical, mounted, five pound (2.27 Kg) minimum				
Automatic Defibrillator				
Stethoscope with adult and pediatric capabilities				
Blood pressure manometer with cuff size in large adult, adult, child and infant				
Glutose or glucose - one oral dose minimum				
IV fluid holder				
[redacted]-five triage tags				
[redacted]dio with capabilities of meeting EMS standards as determined by the department				
Portable radio capable of reaching law enforcement & hospitals				
Personal protection equipment, such as mask, non-absorbant gown, protective eyewear - four each minimum				
Biological fluid cleanup kit				
Reflective vest - minimum of two				
1 - Sharps container less than half full				
Pediatric traction splint				
Appropriate pediatric reference material				
Pulse oximeter				
Written treatment protocols				
Pediatric backboard				

Additional Equipment (not required by DEMS)

Infant / child car seat				

[redacted]

Chairman Senator Cook and members of the Finance and Taxation committee hb 1268 as amended got a do pass out of Human services 12-1-1 recommendation. The bill changed the limit of the option of what a county may levy from 10 mill to a limit of 15 mill to support EMS and in section 2 set the formula for how the health department through emergency services to distribute the funds to support the operations of rural ambulance services and to provide an effective date and declare an emergency. The committee on human services recommends a do pass on 1268 as amended 12-1-1 vote and the house voted 72-16 in favor the emergency clause passed.



3/11 HB 1268 #2 pg 1

Created by Dr. [redacted] Lee (elee3@njcu.edu / eunsu.lee@ndsu.edu)

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3/11 #HB 1268
#3 pg. 1

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Testimony
House Bill 1268
Senate Finance & Tax Committee
Monday, March 11, 2019
North Dakota Emergency Medical Services Association

Good morning Chairman Cook and members of the committee. My name is Bill Kalanek, I am the Lobbyist for the North Dakota Emergency Medical Services Association. I am here today in support of HB 1268.

In the association's view the bill before you represents a framework for what needs to be a much better bill before the Senate considers passage. The bill as it currently reads did not receive a hearing in the House and as you will hear from others, there are some things that need to be considered.

The Rural EMS Assistance Grant is state funding used to ensure that ambulance services that are otherwise unsustainable can generate the minimum adequate funding to sustain operations. This funding is a state subsidy that is continually allocated by the legislature to subsidize ambulance services across the state. The distribution of this subsidy is determined based on the formula developed by the REMSA Committee and it is important to maintaining a high level of service across the state. The EMS Association is proud of the work done with the committee to develop a quality process for distribution of funds.

As this committee discusses the bill the EMS Association would like you to consider maintaining some of the flexibility that the current structure allows. Additionally, some items for the committee to consider:

1. Reductions in funding created by the new formula be limited during the next grant cycle.
2. Remove call volume limits from the bill.

The Association recognizes the work that the advisory committee put into developing the current version of the distribution formula but is not certain something of this complexity can be codified without creating difficulties in administration of the program. If this committee is committed to furthering the proposal, we are committed to working with the committee and other interested parties to put the bill in the best possible form.

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

NORTH Dakota | Health
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House Bill 1268
Finance and Taxation Committee
March 11, 2019, 10:00 a.m.

Good morning Chairman Cook and members of the Committee. My name is Chris Price and I am the Director of the Division of Emergency Medical Systems for the North Dakota Department of Health (NDDoH). I am here to provide testimony in opposition to House Bill 1268.

Beginning in 2007, the legislature provided funding to the Department of Health to support rural ambulance services. This funding has been used to provide grants to individual ambulance services in funding areas for staffing, equipment, utilities, and other expenses related to operations. The way the funding has been distributed has varied from year-to-year to address identified needs and encourage cooperation among ambulance services. During the most recent interim session, the Government Administration Committee heard testimony from some members of the EMS community who were concerned with the 2017 funding distribution formula. In response, a sub-committee of the Emergency Medical Services Advisory Council (EMSAC) was formed to make recommendations regarding the distribution of rural EMS grant funds for the 2018–2019 fiscal year.

This sub-committee, known as the Rural EMS Assistance (REMSA) Committee, met two times prior to the beginning of the fiscal year and developed a funding distribution formula that included the establishment of revenue and expense models based on run volumes and then compared that amount to the actual revenue and expenses of each applicant for funding. Grant funding was then allocated to cover a percentage of the difference. This distribution formula was reviewed by the EMSAC and implemented by the Department of Health.

The REMSA and EMSAC committees continued to meet to further refine the distribution formula for the 2019-2021 biennium. The committees developed and approved a revised formula in principle but anticipated making further refinements before implementation on July 1, 2019. It was not anticipated that the work completed by the committees would be codified into law at this

time. If House Bill 1268 is passed into law without amendment, the REMSA and EMSAC committee work could not continue to make the critical refinements and adjustments needed before implementation. We have identified the following areas of concern with the bill as it currently exists:

- The bill permits counties to increase funding for ambulance services up to 15 mills from the current mill limit of 10. The bill does not provide that same ability for rural ambulance districts. We recommend extending the 15 mill limit to rural ambulance districts.

- The bill requires the use of ambulance run data from specific dates to calculate the fund distribution. Due to the implementation of a new statewide EMS data collection system, data does not exist for a portion of the specified time. We recommend the most recent two years of available run report data be used as gathered by the NDDoH rather than indicating the specific data identified in the bill.

- There is no ability to adjust the funding distribution to correct for unintended consequences. We recommend the NDDoH be permitted to make discretionary adjustments in the funding distribution.

- Registration with the ND Secretary of State is required for funding eligibility. The North Dakota Secretary of State has multiple forms of registration. It is not clear in the language which registration is required. Also, we are not aware of a registration type that can be obtained for ambulance services owned and operated by governmental entities such as cities, counties or any of their departments. There are approximately 20 ambulance services out of 120 that currently are not registered. We recommend defining the required registration in the bill and exempting governmentally owned and operated services or eliminating the registration requirement.

- Funding cannot be reallocated to other services in need when services that were awarded grants either decline the award or fail to follow through with reimbursement requests. We recommend the NDDoH be

permitted flexibility to reallocate funds to other ambulance services in need when these or similar circumstances exist.

- The bill is unclear regarding what types of entities are eligible. The bill provides funding to "eligible emergency medical services operations" but does not define who is "eligible." As the bill does not repeal any existing language that defines "emergency medical services operations," we believe the bill increases eligible services to include the existing ground ambulance services but expands eligibility to include air ambulance services, quick response units and industrial services. We do not believe it is necessary or appropriate to include the expanded services. We recommend that the bill clearly define who is eligible or permit the NDDoH flexibility to define eligibility.

- The bill does not provide a buffer in the level of reductions. Applying the funding formula using current data would result in the reduction of funds for 69 ambulance services. Fifty-two services would have reductions of 30 percent or more. Twenty-five services currently receiving funding would receive no funding. We recommend that NDDoH be permitted flexibility to offset sudden and substantial funding reductions. The NDDoH would continue to rely on input from the REMSA and EMSAC committees in making these adjustments.

- Applying the formula using current data appears to reduce the amount distributed by approximately $1 million per year. We recommend the NDDoH be permitted to adjust the dollar amounts contained in the formula to fit the amount of funds appropriated.

In closing, we all share a common goal of stabilizing rural EMS. This bill in its current form may not accomplish that. Thank you for the opportunity to testify. I am happy to answer any questions you may have.

Testimony – Finance and Taxation Committee
Jeri Warrenburg, NR-P,
EMS Director/Paramedic Grenora Ambulance

Good morning Chairman Cook and members of the committee. My name is Jeri Warrenburg, I am the EMS Director and a Paramedic for Grenora Ambulance Service. Thank you for the opportunity to testify to this committee.

Grenora is located 45 miles northwest of Williston, 53 miles from Crosby. We cover 820 square miles and have 756 people in our service area.

I am testifying in opposition of this bill. At one time Grenora ambulance service had 22 volunteer providers on its roster, over time that number has decreased to two volunteer EMT's. In the late 1990's we could see there was going to be a problem keeping volunteer providers and pushed for decreasing the level of training required for primary care providers to First Responder level. The ND EMS Association and the ND DOH pushed back on that idea and the level of provider stayed the same (must be an EMT primary care provider). As time went on, we continued loosing providers. In the mid 2000's the ND EMS Association started pushing the concept of needing to pay EMS providers to help fill in the call schedule when there were no volunteers.

In 2007 the ND EMS Association developed legislation to help provide funding assistance to struggling rural ambulance services. Because Grenora was identified as meeting the criteria for being a critical ambulance service we were eligible for the funding. In 2008 we used the funding assistance (staffing grant) to hire a staffing company to provide EMS providers to cover our weekend schedule during the summer months. This helped so our EMS providers did not have to cover the weekends. As the economy started to change, we continued to lose our volunteers. In 2011 we decided to hire a fulltime EMS provider to manage our ambulance service. In 2013 one of our main volunteers who covered most of our day call (80%) moved away from our community for a better job, we needed to hire another fulltime EMS provider. Later that same year another of our providers moved, they covered 60%+ of our night call so we hired a third full time provider. The funding assistance helps us fund one of our positions.

One of the draw backs of the funding assistance has been we cannot count on the same (or similar) dollar amount, the guidelines keep changing. We have received up to $56,000 down to $ 12,000, it is difficult to budget when there is that much change. We are in favor of some type of formula or calculation that is fair and helps sustain critical EMS in ND. However, when we looked at the calculations in this bill, we would receive $0. Using the calculation in this proposed formal our base budget ($60,000) plus the additional per call revenue of $1,100/call would be $ 126,577. We currently have three fulltime providers, a few part time paid staff and two volunteer EMT's. We have a heated ambulance station with a training room and office, we maintain crew quarters for the staff and maintain two fully stocked ambulances. Although the $126,577 budget would have covered our budget in the early 2000's when we had an all-volunteer staff, it doesn't come close to what is actually needed. Our current budget is $400,000+

I don't believe the intent of this funding was to provide financial assistance to services who generate enough revenue, through call volume to support themselves and underfund the critical services who cannot generate enough revenue to support themselves. In the proposed formula services like Rolla and New Town who run 600-1,000+ calls per year would receive and $167,000 (Rolla) and$153,000 (New Town) while critical services like Mohall and Grenora would receive nothing. We believe a better solution should be developed.

Mr. Chairman, thank you for the opportunity to testify and I would be happy to help in any way to make this fairer to all services involved.

Finance and Taxation Committee
Monday, March 11, 2019 - 10:00am
Lewis and Clark Room, State Capitol, Bismarck, ND

Good morning Chairman Cook and members of the Finance and Taxation Committee. My name is Patrick Tracy; I am a NREMT with the Maddock Ambulance Service (MAS). I sincerely thank you for the opportunity to address this committee today.

I am here today testifying in opposition of HB 1268. I understand the intent HB 1268. I believe there are many legislators disgusted with grant funding distribution over many years and, that Representative Weisz hoghoused and amended HB 1268 in order that legislative law would dictate funding in a way that is fair, reasonable, and equitable to all services, and service areas in ND.

Unfortunately, there are far too many issues regarding HB 1268 that it simply cannot function as a funding plan, or formula for funding, without incredible amounts of work, time, and testing. Should HB 1268 be amended into a workable distribution formula the legislative control over the distribution of funding that I believe Representative Weisz is looking for, will be removed from the bill.

What are the Issues?

Section 2

Notwithstanding section 23-46-04,

This bill does not identify funding areas or identify funding areas that need assistance as directed in current statute. This bill does not support establishing and updating a plan for integrated emergency medical services in the state as directed in current statute. The bill is drafted without regard to 23-46-03 which is a primary purpose for the funding grant.

Current legislation directs the NO DOH to;

> 23-46-03. Emergency medical services funding areas. The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code
>
> 23-46-01. Definitions. For purposes of this chapter: 1. "Emergency medical services funding area" means a geographic area eligible for state assistance and includes one or more licensed ambulance operations. 2. "Minimum reasonable cost" means the cost of operating one transporting ambulance service or the sum of the cost to operate one

transporting ambulance service and any combination of one substation and one quick response unit. 3. "Required local matching funds" means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services.

There are specific dollar amounts/numbers included, such as base budget, per run cost, etc.

This bill puts hard numbers into legislation that are not backed by any evidence that they are correct or appropriate.

According to this formula and using the numbers in place; an ambulance service in ND simply cannot be profitable no matter what the run volume… If we do the math:

$ 1100.00	per call budget
$ 850.00	Revenue
$ -250.00	Per call Loss

An ambulance service doing 10 runs year would lose	$ 2500.00
An ambulance service doing 1,000 runs year would lose	$ 250,000.00
An ambulance service doing 10,000 runs year would lose	$ 2,500,000.00
An ambulance service doing 30,000 runs year would lose	$ 7,500,000.00

The cost per call decreases as run volume increases.

What are the correct numbers or formula? Where is the research and data to substantiate the formula numbers and calculations?

Remove the hard numbers and you remove the ability to legislate law that would dictate funding to services, and service areas in ND.

Tax valuation of the operations service area for the most recent taxable year multiplied by 5 mills

Where did 5 mills come from? Is 5 mills the right number or should it be 2, or 3, or 6, or 8? Who tested it and was it tested under several different scenarios? What research determined the use of 5 mills and is the research defendable?

Will the funding formula in HB 1268 work?

This proposed formula and calculation numbers have not been used to distribute state funds and are not proven.

In the proposed formula some services that run 600-1,000+ calls per year would receive $153,000 and $167,000 in grant funding while critical services like Mohall and Grenora would receive nothing.

I believe there are multiple improvements that could and should be made before legislation is considered.

I was one of the lead developers in the 2018 assistance grant funding. The 2018 grant funding distribution model has been the most widely accepted and most defendable grant distribution to date. Senator Heckaman, along with the Government Administration Committee (GA), asked that I form a stakeholder committee to develop a 2018 funding plan and forward it to the DoH and report back to the GA Committee. We had several meetings and many discussions. We presented many, many corrected versions to our team as we developed this funding plan. It was studied, picked apart, pre-tested, and completely analyzed from top to bottom before sending the funding plan to the DoH. This process needs to take place regarding HB 1268, or any other plan or formula considered for grant funding distribution.

I vigorously oppose HB 1268. This bill is not ready for legislation with or without amendments.

Chairman Cook and members of the committee, thank you for the opportunity to testify today. I sincerely appreciate your time. Should any of you have questions, please ask them.

Patrick Tracy, NREMT

3/25 #1 pg.1
HB 1268

19.0894.02003
Title.

Prepared by the Legislative Council staff for
Representative Weisz
March 22, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1268

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and emergency medical services financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

2. The tax levied for a rural ambulance service district shall be:

~~1.~~ a. Collected as other taxes are collected in the county.

~~2.~~ b. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

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HB 1268

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

~~1.~~ ~~The~~ the minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

~~2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.~~"

Page 1, line 12, after "health" insert ", in consultation with the emergency medical services advisory council,"

Page 1, line 15, after "$60,000" insert ", or other base amount established by the department,"

Page 1, line 17, replace "$1,100" with "the average cost of a run"

Page 1, line 21, replace "$850" with "the average amount of reimbursement for a run"

Page 2, remove lines 8 and 9

Renumber accordingly

SB 1268
4-17-19
#1
P. 1

19.0894.02004
Title.

Prepared by the Legislative Council staff for
Representative Weisz
April 11, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1268

That the Senate recede from its amendments as printed on pages 1342 and 1343 of the House Journal and pages 1071 and 1072 of the Senate Journal and that Engrossed House Bill No. 1268 be amended as follows:

Page 1, line 1, after "reenact" insert "sections 11-28.3-09 and 23-46-04 and"

Page 1, line 2, after "service" insert "and ambulance service operations financial assistance"

Page 1, line 2, after the semicolon insert "and"

Page 1, line 3, remove "; to provide an"

Page 1, line 4, remove "effective date; and to declare an emergency"

Page 1, after line 5, insert:

"**SECTION 1. AMENDMENT.** Section 11-28.3-09 of the North Dakota Century Code is amended and reenacted as follows:

11-28.3-09. Emergency medical service policy - Levy - Financial report.

1. The board of directors shall establish a general emergency medical service policy for the district and shall annually estimate the probable expense for carrying out that policy. The estimate shall be certified by the president and secretary to the proper county auditor or county auditors, on or before June thirtieth of each year. In the year for which the levy is sought, a board of directors of a rural ambulance service district seeking approval of a property tax levy under this chapter must file with the county auditor of the counties within the rural ambulance service district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the rural ambulance service district during that year. The board or boards of county commissioners may levy a tax not to exceed the mill rate approved by the electors of the district under section 11-28.3-04, and in no event exceeding a mill rate of ~~ten~~fifteen mills upon the taxable property within the district for the maintenance of the rural ambulance service district for the fiscal year as provided by law. A rural ambulance service district may be dissolved by approval of electors of the district as provided in section 11-28.3-13.

2. The tax levied for a rural ambulance service district shall be:

~~1.~~ a. Collected as other taxes are collected in the county.

~~2.~~ b. Turned over to the secretary-treasurer of the rural ambulance service district, who shall be bonded in the amount of at least five thousand dollars.

~~3.~~ c. Deposited by the secretary-treasurer in a state or national bank in a district account.

~~4.~~ d. Paid out upon warrants drawn upon the district account by authority of the board of directors of the district, bearing the signature of the secretary-treasurer and the countersignature of the president.

3. In no case shall the amount of the tax levy exceed the amount of funds required to defray the expenses of the district for a period of one year as embraced in the annual estimate of expense, including the amount of principal and interest upon the indebtedness of the district for the ensuing year. The district may include in its operating budget no more than ten percent of its annual operating budget as a depreciation expense to be set aside in a dedicated emergency medical services sinking fund deposited with the treasurer for the replacement of equipment and ambulances. The ten percent emergency medical services sinking fund may be in addition to the actual annual operating budget, but the total of the annual operating budget and the annual ten percent emergency medical services sinking fund shall not exceed the amount of revenue that would be generated by application of the maximum mill levy approved by the electors.

SECTION 2. AMENDMENT. Section 23-46-04 of the North Dakota Century Code is amended and reenacted as follows:

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of~~:~~

~~1.~~ ~~The~~ the minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

~~2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.~~"

Page 1, line 10, replace "**EMERGENCY MEDICAL SERVICES**" with "**AMBULANCE SERVICE OPERATION**"

Page 1, line 12, after "health" insert ", in consultation with the emergency medical services advisory council,"

Page 1, line 13, replace "emergency medical services" with "ambulance service"

Page 1, line 15, after "$60,000" insert ", or other base amount established by the department,"

Page 1, line 17, replace "$1,100" with "the average cost of a run"

Page 1, line 21, replace "$850" with "the average amount of reimbursement for a run"

Page 2, line 6, remove "or if the"

Page 2, line 7, remove "operation is not registered with the secretary of state"

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Page 2, remove lines 8 and 9

Renumber accordingly