

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1282

2001 HOUSE HUMAN SERVICES

HB 1282

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1282

House Human Services Committee

☐ Conference Committee

Hearing Date January 22, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		4460 to end
Tape 1		X	0 to 400
Tape 1		X	3130 to 3830
Tape 2	X		1800 to 3460
Committee Clerk Signature <i>Connie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: We will open the hear on HB 1282.

Rep. Porter: Currently there is no provision in state law that allows an ambulance provider the ability to design their protocols to redirect a patient to another type of service whether that is a taxi cab or redirect them away from a hospital emergency room to a clinic or other health care providers. I have responded to a 911 call where the patient's chief complaint was loneliness. This patient did not need an ambulance transport nor did they need the emergency department. They needed a social worker to come over and visit with them. Under the current law we are required to transport to the hospital emergency department. Line 22 of page 1 on the bill deals directly with the ability with an ambulance to review the patient and recommend an alternative

course of action. Page 2, line 24 amends the good Samaritan law regarding physician's input into the refusal of care and redirection to adhere to the existing good Samaritan laws. Page 3 deals with Medicaid's reimbursement of ambulance services. As I see the system changing, the ambulance providers would become the gate keepers to the 911 system. We would redirect patients away from unnecessary and expensive emergency department to physician's offices or social services. This in turn would save the system money. (See written testimony.)

Rep. Metcalf: When you get a 911 call to respond to a very minor injury, are you still required to go and see the person rather than tell them to call a taxi?

Rep. Porter: We still have a duty to respond. What would change is the duty to transport.

Rep. Weisz: Will this save you a lot of money?

Rep. Porter: No, the resources are still going to be used up for the initial response which is probably the most expensive part of it, but in an urban setting we could potentially end up being with a patient for 10 to 15 minutes less. I think more importantly this is an education value to the patient that they can't just pick up and call 911. Next time you think in your head that maybe I should go to the doctor's office that I should use a taxi. When you're out in the rural communities, where you have longer transport time, they could take this same system and utilize it for a patient out in rural ND and save themselves 3 or 4 hours and alleviate the risk of taking their own ambulance out of a rural community to transport someone who really doesn't need to be transported.

Rep. Niemeier: What ambulance personnel would be making this decision?

Rep. Porter: The way that I would envision this is a protocol would be drawn up by their physician medical director stating that when you get on the scene and do an initial assessment, you've taken the vital signs, you've taken the blood pressure, that you make a determination at

that point and time whether or not that patient needs the transport to the hospital. At that point and time a phone call would be made to the hospital to talk to the physician and get a concurrence that they believe the EMT is making the right decision.

Rep. Niemeier: What are the qualifications of those people?

Rep. Porter: Depending on the community they're in, it would be either an EMT or a Paramedic.

Rep. Severson: Our problem in a rural setting is that the patient may be doctoring in Valley City, we would have to transport all the way from Cooperstown. This would allow us the opportunity to contact that doctor, explain the scenario, and a qualified judgment can be made by the doctor. Our goal is to eliminate some of the unnecessary transports that we are now required to do. I too support this bill.

Sheldon Wolf: Assistant Medical Services Director for the Department of Human Services. The department supports this bill. We expect to be able to absorb this cost within our budget due to savings that should be realized because the recipient is not transported to a facility. (See written testimony.)

Rep. Niemeier: Are there any similar statutes relating to private payers, people with insurance?

Sheldon Wolf: This bill specifically deals with Medicaid.

Derek Hanson: President of the ND EMS Association. There are two major problems that bring about concern. Time is very valuable for our volunteer ambulance personnel who find it difficult to leave their job, and loss of wages to transport patients that don't need this type of service. Also, ambulance services incur expenses by transporting this type of patient when almost always the insurance reimbursement would be denied for such a call. I would ask for support of this bill. (See written testimony.)

Tim Wiedrich: Director of the Division of Emergency Health Services for the North Dakota Department of Health. We believe that implementation of a system which does not result in transport must be comprised of appropriately trained emergency medical service providers, protocols and medical direction. (See written testimony.)

Rep. Cleary: I would assume that they would be able to take the patient to the hospital if there was any doubts at all.

Tim Wiedrich: In order for this to function correctly, if there was any doubt, the patient would be transported to the hospital.

Rep. Niemeier: I see the liability is removed in these statutes as well. What about private pay patients who call 911?

Tim Wiedrich: This bill is directed solely to Medicaid patients.

David Peske: Works for the ND Medical Association. We are in a neutral position on this bill, not in opposition. On page 1, line 22 to 24, it contains two words that we are particularly sensitive to and that is "medically necessary". Just wanted to get on the record that the assurance is there that the determination of "medically necessary" is made with the physician director under protocols that are established. So it is not up to the EMT to make that determination.

Chairman Price: Close the hearing on HB 1282.

COMMITTEE WORK:

Chairman Price: Let's look at 1282.

Rep. Porter: During the course of the testimony on 1282 there was an area that I overlooked from a presumptuous standpoint that the Medical Association brought up. I drafted an amendment to 1282 that would take care of their concerns and my assumption that someone

would always want to be in consultation with the medical doctors before they would try to implement this. On line 22 after the word "may" it would insert "develop protocols that include direct medical control to" and then continue with the sentence "refuse to transport an individual which transport is not medically necessary".

Rep. Weisz: Just a suggestion on line 23 that instead of "refuse transport" to read "refuse transport to an individual".

Chairman Price: Do you think we should require the protocol?

Rep. Porter: Yes, so there is no confusion of our intent, and that an ambulance service would be foolish to do this without a physician involvement.

Chairman Price: Council is going to have to sign off on our wordage.

COMMITTEE WORK:

Chairman Price: Let's go to HB 1282.

Rep. Porter: The concern that was brought up by the Medical Association, and being part of an ambulance service, I think it would be foolish to ever do it without having medical direction. I certainly didn't have a problem including it. (Explained amendments.) If they want to do this, they need to develop a protocol in conjunction with the medical director in order to do it.

Chairman Price: Who is going to enforce this?

Rep. Porter: There would be a couple of things that would turn a light on - if an ambulance service decided to go against what the medical director and the protocol states, they would no longer be covered under the, and part of this would be breaking the law then because an ambulance service cannot refuse transportation to a patient unless they adhere to what we are

creating. If they got by with it once or twice, I would imagine that either Human Services or the Health Department would find out about it.

Rep. Sandvig: What happened to the prudent lay person definition?

Chairman Price: That has to do with reimbursement. If the prudent lay person has called an ambulance, they are required to reimburse if a prudent lay person would have deemed it a medical necessity. You would assume that the medical assistant wouldn't even consider that reimbursement unless they had the protocol.

Rep. Porter: They do reimburse for this. They have not created any payer code right now to say this is for not medically transport - they pay at a reduced for what normal ambulance response is.

Chairman Price: Do we have a motion to amend?

Rep. Weisz: I move the amendment.

Rep. Pollert: Second.

Chairman Price: All in favor, no one opposed. Any other amendments? Other discussion on the bill.

Rep. Niemeier: I realize that there are those nuisance calls that come in to 911, and that it does create a problem. However, I feel that this whole bill is somewhat discriminatory for people that are on assistance in that not all people in poverty are out to defraud the system, and are those people who are genuinely trying to do the right thing who fall through the cracks when we pass legislation like this. We already have trouble with Medicaid reimbursement and receiving Medicaid services. We talked earlier that a lot of dentists won't take Medicaid patients. Eliminating transport is taking that one step farther in my mind. They pay some, but they pay reluctantly. There is no liability for the providers that may involve some tragedy in leaving this

person at home when indeed they should have been transported to a hospital. For those reasons I would resist the whole bill.

Rep. Sandvig: I too will have to resist this bill, although I do see there are abuses in the system I feel I wouldn't be representing the people in my district, the elderly, the disabled, and also the low income population. I just feel that if somebody is not feeling well they may not be capable of knowing the right thing to do. I think they should be educated in some other means other than a law to let them know they shouldn't really be calling an ambulance when they don't have an emergency.

Rep. Cleary: I feel this bill allows them to find another means for them to get to the doctor. Medicaid will pay for a taxi.

Chairman Price: My comment is that, especially with the declining ambulance coverage, I would hate to have someone be involved in a transport and then there would be a true medical emergency and someone dies because the ambulance is on a nuisance call. Do you want to take action on the bill now?

Vice Chairman Devlin: I would move a DO PASS.

Rep. Dosch: Second.

Chairman Price: Any further discussion? Clerk will call the roll.

11 YES 2 NO 1 ABSENT CARRIED BY REP. WEISZ

FISCAL NOTE
 Requested by Legislative Council
 01/17/2001

Bill/Resolution No.: HB 1282

Amendment to:

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

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$20,683		\$21,602
Expenditures			\$8,919	\$20,683	\$9,316	\$21,602
Appropriations						

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

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department of Human Services, Medicaid Program, to pay for ambulance services when responding to calls to assist covered individuals, which do not result in transport. The Department of Human Services would be required to negotiate payment rates with the ambulance services for these services.

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

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

These costs are federally allowable and therefore federal revenue would be available in the amounts reflected above.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditures are based on the estimated costs for providing the services proposed in the bill under the grants line item.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and*

appropriations.

The Department will attempt to absorb the additional cost in the budget request for the 2001 - 2003 biennium.

Name:	Brenda M. Welsz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	01/19/2001

PROPOSED AMENDMENT TO HB 1282

Page 1, line 22, after "individual" insert "if the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual for which transport is not medically necessary"

Renumber accordingly

10536.0101
Title.0200

Adopted by the Human Services Committee
January 22, 2001

VR
1/23/01

HOUSE AMENDMENTS TO HB 1282

HOUSE HS

1-23-01

Page 1, line 24, after "individual" Insert "If the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual"

Renumber accordingly

Date: 1-22-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1282

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number 10536.0101

Action Taken Do Pass as amended

Motion Made By Rep. Devlin Seconded By Rep. Dosch

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		✓
Rep. Pat Galvin			Rep. Sally Sandvig		✓
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Rep. Weisz

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

REPORT OF STANDING COMMITTEE (410)
January 23, 2001 12:59 p.m.

Module No: HR-11-1428
Carrier: Weisz
Insert LC: 10536.0101 Title: .0200

REPORT OF STANDING COMMITTEE

HB 1282, as amended, Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). placed on the Sixth order on the calendar.

Page 1, line 24, after "individual" insert "if the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual"

Renumber accordingly

2001 SENATE HUMAN SERVICES

HB 1282

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1282

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 6, 2001

Tape Number	Side A	Side B	Meter #
1		X	11.6
Committee Clerk Signature <i>Paul Kuladychuk</i>			

Minutes:

The hearing was opened on HB 1282.

REPRESENTATIVE PORTER, sponsor of the bill, introduced it. (Written testimony)

SENATOR KILZER: Is there any problem with liability coverage if this passed? REP.

PORTER: Currently patients can refuse service. SENATOR MATHERN: Explain the fiscal

note. REP. PORTER: Money will be saved with redirect - patient who does not need

transportation would save that and emergency room charges. It is workable within the existing

budget. SENATOR KILZER: Is it more costly? REP. PORTER: The calls would be screened

for medical necessity. Multiple abuse of 911 and system of transportation. SENATOR

POLOVITZ: You had to make call for stubbed toe? REP. PORTER: Yes, there is no

provision for ambulance service to respond and not transport to emergency room.

REPRESENTATIVE DALE SEVERSON, cosponsor, supports bill. Any 911 call is deemed an ambulance call. No reimbursement, no mechanism to allow us to redirect to another department.

medical direction or social service. SENATOR MATHERN: Would general exception be better to deny a transport instead of Medicaid? REP. SEVERSON: Private pay has been no problem. They have the coverage to pay, or realize they must pay. SENATOR KILZER: Do you respond because of liability or state law? REP. SEVERSON: State law. REP. PORTER: In part 2 of section 1 it would cover ambulance to direct or not transfer to anyone.

SHELDON WOLF, Dept. Of Human Services, provided information and support of this bill. (Written testimony) SENATOR KILZER: Do you ask case managers to be involved? MR. WOLF: If someone is abusing services we place them on a lock in program. If 911 is dialed, they must go. Case managers are called and do deal with clients.

No further testimony. The hearing on HB 1282 was closed.

Discussion ensued on the bill. SENATOR MATHERN moved a DO PASS. SENATOR FISCHER seconded the motion. Roll call vote carried 5-0 and will be held open for SENATOR LEE'S vote. SENATOR POLOVITZ will carry the bill.

Date: 3/02/01

Senate HUMAN SERVICES Committee

☐ or
☐ Conference Committee

Action Taken Do Pass & referred to App.

Motion Made By Sen Mathews Seconded By Sen Fischer

[illegible]

Total (Yes) 6 No 0

Absent d

Floor Assignment Sen. Belmont

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

REPORT OF STANDING COMMITTEE (410)
March 15, 2001 3:26 p.m.

Module No: SR-45-5759
Carrier: Polovitz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1282, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1282 was rereferred to the Appropriations Committee.

2001 SENATE APPROPRIATIONS

HB 1282

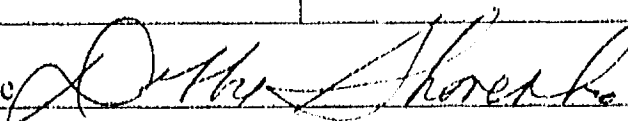
2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1282

Senate Appropriations Committee

☐ Conference Committee

Hearing Date March 26, 2001

Tape Number	Side A	Side B	Meter #
1	X		14.6-30.1
Committee Clerk Signature 			

Minutes:

Senator Nething opened the hearing on HB 1282.

Representative Todd Porter, District #34, testified in support of the bill (testimony attached).

Senator Bowman: Whose liable and who is to decide the liability?

Representative Porter: World of medicine is always liable. Gave example of situation where a person had called 911 only to get a ride to a different town and not medically necessary. This could be a joint decision for referral, there is always liability.

Senator Thane: Is the 911 system over taxed?

Representative Porter: Resources on the emergency which could cost lives, and respondent's are in jeopardy.

Senator Schobinger: Looking at the bill, page 2, Subsection 4, refers liability stating person not liable?

Page 2

Senate Appropriations Committee

Bill/Resolution Number HB 1282

Hearing Date March 26, 2001

Representative Porter: This is existing language, good samaritan in the past unless negligence, not liable.

Representative Dale Severson, District 23, testified in support of the bill. With urban areas, this service is a duty. We need to regulate ambulance service and this bill will change that. With proper medical control for transporting individuals.

Sheldon Wolf, Assistant Medical Services Director for the Department of Human Services, testified (testimony attached). Asked support of the committee on this bill.

Senator Schobinger: Are they now required to pay if called?

Sheldon Wolf: That is correct.

Representative Sally Sandvig, District #21, Fargo, testified in opposition of the bill. The problem with the bill is that it is setting a double standard. Insurance companies can pay for the service but are not required. There is need for more education.

Senator Tomae: Did you testify when the bill was in front of the Human Services Department?

Representative Sandvig: No.

With no further testimony, the hearing was closed on HB 1282.

Senator Thane moved a "Do Pass"; Seconded by Senator Holmberg.

Discussion followed on when payment for the ambulance service is required, by whom and when, and when a person is not required.

Committee voted on motion. 13 yes, 0 no, 1 absent. Senator Polovitz will carry the bill.

Tape #1, Side A, 30.1.

Date: 3-26-01

Roll Call Vote #: _____

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1282

Senate Appropriations Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken

Do Pass

Motion Made By

Senator

Thane

Seconded

By

Senator

Holmberg

Senators	Yes	No	Senators	Yes	No
Dave Nothing, Chairman	✓				
Ken Solberg, Vice-Chairman	✓				
Randy A. Schobinger	✓				
Elroy N. Lindaas	✓				
Harvey Tallackson	✓				
Larry J. Robinson	✓				
Steven W. Tomac	✓				
Joel C. Heitkamp	✓				
Tony Grindberg	✓				
Russell T. Thane	✓				
Ed Kringstad					
Ray Holmberg	✓				
Bill Bowman	✓				
John M. Andrist	✓				

Total Yes 13 No 0

Absent 1

Floor Assignment Senator Polovitz

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

REPORT OF STANDING COMMITTEE (410)
March 26, 2001 12:08 p.m.

Module No: SR-52-6722
Carrier: Polovitz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1282, as engrossed: Appropriations Committee (Sen. Nething, Chairman)
recommends DO PASS (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed HB 1282 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

HB 1282

TESTIMONY ON HB 1282

TODD PORTER, STATE REPRESENTATIVE

DISTRICT 34 MANDAN

Good morning, Madam Chair and members of the House Human Services Committee.

For the record, my name is Todd Porter, State Representative from Mandan.

¹²⁸²
HB ~~1202~~ is a bill that has been worked on and discussed between the Department of Human Services and ambulances providers over the past several years.

Currently there is no provision in state law that allows an ambulance provider the ability to design protocols to redirect a patient to another type of service whether that is a taxicab, or away from the emergency department to a doctor's office.

I responded one time to a 9-1-1 call where the caller was complaining of a stubbed toe. We had no choice in the matter other than transport the patient to the emergency department. Medicaid rightfully denied this transport based upon medical necessity. I have also responded to 9-1-1 calls where the patient's chief complaint is loneliness. These patients did not need an ambulance transport, nor did they need an emergency department. They need a social worker or their caseworker to come over and visit with them. Under current law we were required to transport these patients to the hospital emergency department.

Some of the changes required to accomplish this new and innovated concept is found on line 22 of page 1. This portion directly deals with the ability of an ambulance service to refuse a patient and recommend an alternate course of action. You may think this is a risky venture for a paramedic to undertake, however we are constantly in contact with the emergency physicians and would not make such a determination without a rigid set of protocols established in conjunction with physician medical directors.

Page 2 line 24 amends the Good Samaritan law regarding physician input into the refusal of care and redirection to adhere to the existing Good Samaritan laws.

Page 3 deals with Medicaid. Currently Medicaid does pay for non-medically necessary transports at a rate of \$80.00. These transports are paid under good faith and a reimbursement code does not exist in the system that authorizes such payment. This would allow Medicaid to continue to reimburse ambulance services for these calls and would in fact save Medicaid money in the long run.

The way I see the system changing is the ambulance providers would become the gatekeepers to the 9-1-1 systems. We would redirect patients away from unnecessary and expensive care in emergency departments to physician's offices, taxicabs and social services. This in turn would save the system money.

I would be happy to answer any questions the committee may have.

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
CONCERNING HOUSE BILL 1282
JANUARY 22, 2001**

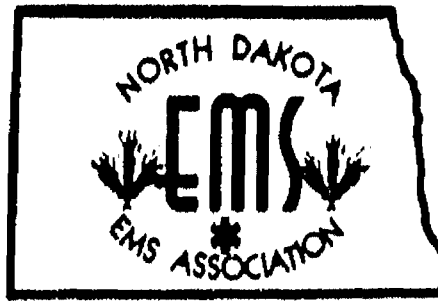
Chairperson Price, members of the committee, I am Sheldon Wolf, Assistant Medical Services Director for the Department of Human Services. I appear before you today to provide information and support this bill.

Section 3 is a result of on-going discussions with the ambulance service providers regarding the providing of transportation of Medicaid recipients that are considered not medically necessary by the Medicaid Program. Currently, we do a retrospective review of ambulance claims, and if the transport is not medically necessary, Medicaid denies the claim. The industry is then only left with one avenue of obtaining reimbursement, which is the recipient of the service, or the caller. The industry has indicated that they rarely receive any type of reimbursement for these calls from the recipient or the caller of the service.

The Department does realize that there is a cost of responding to the calls by the industry and the recipient will receive education on the proper use of the service including the appropriate means of obtaining those services.

We have estimated that the cost of this service will be approximately \$29,000 per biennium. We expect to be able to absorb this cost within our budget due to savings that should be realized because the recipient is not transported to a medical facility.

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



524 Weatherby Way • Bismarck, ND 58501 • 701-258-9147

HUMAN SERVICES COMMITTEE
Testimony in Support of HB 1282

Monday, January 22, 2001
Fort Union Room

By: Derek Hanson, President
ND EMS Association

The need for this type of legislation is growing around our state. It is thought that an individual would only call for an ambulance when medically necessary, but that's not always the case. Currently, EMS personnel feel obligated both legally and morally to accept and transport all of the calls they receive from the public. In some rare cases, ambulance transportation may not be medically necessary for an individual.

For instance, if a patient calls the ambulance service because they're lonely, alternative means of transportation are usually available within many communities. This might include; transportation by a family member, a county transportation system, or a taxi service.

There are two major problems that bring about concern. Time is very valuable for our volunteer ambulance personnel who find it difficult to leave their job and loss of wages to transport such a patient. And, ambulance services incur expenses by transporting this type of patient when almost always the insurance reimbursement would be denied for such a call. Since there are costs associated with responding to these types of calls, the last section of the bill would allow for some level of reimbursement to ambulance services if they can assist in arranging other means of transportation by a less costly system.

And finally, Section 2, would not hold a physician liable who serves as a medical director for an EMS organization who assists in good faith. Most of the physicians who serve in North Dakota as an EMS Medical Director provide such a service at no cost.

I urge you to support and vote a "do pass" on HB 1282. I thank you for your time and assistance.

**Background Testimony for House Bill No. 1282
Human Service Committee
Monday, January 22, 2001
8:30 a.m.
Fort Union Room
By
Tim Wiedrich**

Chairman Price, members of the committee. My name is Tim Wiedrich. I am the Director of the Division of Emergency Health Services for the North Dakota Department of Health. I am here today to provide background testimony on behalf of the Department regarding HB 1282.

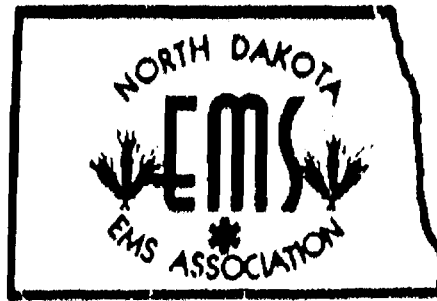
The bill allows emergency medical services to refuse transportation of an individual if transportation is not medically necessary and provides liability protection unless damages resulted from intoxication, willful misconduct, or gross negligence.

Since its inception in the mid 1970s, the emergency medical services system has provided assessment, treatment and transportation of sick or injured patients. As originally conceived, a call for an ambulance always resulted in transportation to a hospital unless the patient refused. The health care delivery system has changed substantially since the mid 1970s. It is important that the emergency medical services system evolve in ways that do not compromise patient care but do not drive up health care costs by unnecessarily transporting patients to hospitals when it is not medically necessary to do so. Emergency medical services systems have, in large part, continued to transport patients when no medical necessity exists because of a fear of medical legal liability.

We believe that implementation of a system which does not result in transport must be comprised of appropriately trained emergency medical service providers, protocols and medical direction.

Thank you for your attention. I would be happy to attempt to answer your questions.

HB 1282



524 Weatherby Way • Bismarck, ND 58501 • 701-258-9147

TESTIMONY IN SUPPORT OF HB 1282

Monday, March 26, 2001

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports HB 1282. This has been a long over due problem for many EMS calls over the years. It is common to have an ambulance dispatched to a home only to find a patient who is conscious, alert, and does not appear to have any serious signs of injury or of a medical problem. In some cases, the patient requests to be taken to a clinic for an appointment. According to NDCC, all licensed ambulance services must be available to respond twenty four hours a day, to all types of calls. But in the case as listed above, the ambulance service would not receive any reimbursement for accepting this patient.

This bill would change that and if it is not medically necessary for the patient to go by ambulance, then protocols can be followed which would allow the ambulance service to assist with other means of transportation for the patient. And that some amount of reimbursement would be received by the ambulance service even when the patient is not transported.

The bill would allow EMS personnel to refuse transportation of an individual if transportation is not medically necessary. It also provides for liability protection unless damages result from intoxication, willful misconduct, or gross negligence. With adequate protocols in place, we feel patient care will not be compromised.

We ask for your support on HB 1282.

Thank you.

Handled in After Hearing