

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1409

2001 HOUSE POLITICAL SUBDIVISIONS

HB 1409

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1409

House Political Subdivisions Committee

☐ Conference Committee

Hearing Date 2-2-01

Tape Number	Side A	Side B	Meter #
1		xx	4735--end
2	xx		1--1455
Committee Clerk Signature <i>Kim Koppelman</i>			

Minutes: Vice-Chair Severson called the hearing on HB1409 on order. The bill deals with standards and guidelines for 911 telephone systems.

Rep. Kim Koppelman, Dist 13, W. Fargo : here as prime sponsor and support this bill. I have some amendments with me to pass out. This bill is introduced to bring some uniformity to standards to which the 911 system in ND operate. In the 1980's the 911 system started going forward. Some standards need updating. Not all 911 systems in the state are required to comply with the standards. We felt it was important that any person in ND who dials 911, should know that they will be responded to in a fashion that protects their health and life. This will put into law the standards and practices across the state. The amendments before you came about by talking with 911 people and EMS people. We want to help them. Please support HB1409.

(Vice-Chair gives gavel to Chair designee Rep. Herbel)

Vice-Chair Severson, Dist.23 : (5125) I am an EMT and appear here in support. The amendment I hand to you, is because we need to address some of the issues that we discussed

earlier in HB1397. We do not have the blessing of the 911 coordinators. They do not want confrontation. (SEE ATTACHED) I talked with Rep. Cleary and she agrees.

Rep. Ekstrom : (5425) You are saying there is no fiscal requirement?

Rep. Severson : Most of the things you see in this bill are already being done. The amendment I just introduced may create a burden on some 911 jurisdictions. In fairness to HB1397 and the 911 people, I need to introduce those amendments. The fiscal note may be local.

Rep. Niemeier : How do we determine an emergency?

Rep. Severson : Any time you call 911 you are saying this is beyond my control.

Rep. Koppelman : (5808) I think Rep. Severson's amendments are good.

Rick Hessinger, ND State Radio : Tape 2, Side A begin - I'm here in support of HB1409. (SEE ATTACHED TESTIMONY) We are a dispatch service and our plan is to have the closed ambulance sent out. In most cases this is happening.

Jerry Bergquist, ND 911 Stutsman Co : I am neutral on the bill. The members of the association could not be polled to see how they feel about the proposed amendments, because there was not enough time. We want to have a universal standard for the whole state. With HB1397 being implemented into this bill, I was talking with Tim Wiedrich and this is a positive solution. (Chair Froseth returned to chair hearing)

Derek Hanson, ND EMS Assoc. : (570) testified in support of HB1409. (SEE ATTACHED).

Wade Williams, ND Assoc. Of Counties : here to support the bill with the amendments by Rep. Severson.

Tim Wiedrich, Emergency Health Services-Health Dept. : neutral on bill. (SEE ATTACHED)

Vice Chair Severson : (900) We took out the 16 hours. You didn't get to see the amendments and I apologize for that.

Tim : As a licensing agent, we are the one who know all the location of the ambulance services though out the state, so we have that information. We are currently involved in the wars between ambulances services.. We get call right now about ambulances responding and different ones say they should have gotten the call. I would appreciate having legislative direction. It would make more sense to create a geographic situation that allows us to help 911 locations determine where the locations are. The tiered response would still be O.K. and needed.

Vice-Chair Severson : The 911 people said it may take up to a year, but some counties can get the changes done faster. Do we need a mandate or time frame in a bill?

Tim : Might help. If I had to pick a number off the top of my head, I say one to two years.

Gary Kostelecky, Stark/Dunn County 911 : neutral on bill. We want the closest ambulance sent, but we don't want a mandate. We may have double dispatching.

Chair Froseth : Any more testimony? Hearing none, we are closed.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1409 b

House Political Subdivisions Committee

☐ Conference Committee

Hearing Date 2-09-01

Tape Number	Side A	Side B	Meter #
2	xx		1--800
Committee Clerk Signature <i>Ben Severson</i>			

Minutes: Vice-Chair Severson passed out amendments to HB1409. Chair Froseth said we should take action on this even though he has to be absent. These include all the issues that were brought forward during the hearing. We need to pass both sets of amendments, .0202 and .0204.

Rep. Delmore : Is there still a liability issue in here?

Vice-Chair Severson : Actually, there is a bigger liability if we leave it the way it is now. This will help. There is no fiscal note. HB1397 is now in this bill. Rep. Cleary said O.K.

Rep. Delmore : I move a DO PASS of amendments.

Rep. Maragos : I second.

VOICE VOTE: ALL YES. AMENDMENTS PASSED.

Rep. Maragos : I move a DO PASS AS AMENDED.

Rep. Disrud : I second.

VOTE: 12 YES and 0 NO with 3 absent. PASSED. Vice-Chair Severson will carry.

FISCAL NOTE
Requested by Legislative Council
01/23/2001

Bill/Resolution No.: HB 1400

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	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

Fiscal impact to State, County, City and other special interest groups for the administrative costs related to the annual review and recommended amendments as described in this bill will be less than \$5,000. for the biennia. This bill will generate no revenue.

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.*

Please see item # 2.

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.*

Please see item # 2.

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.*

No additional appropriation has been identified relating to this bill. All expenses as related to this bill will be absorbed within the existing Agency budget.

Name:	Rick Hossinger	Agency:	State Radio Communications
Phone Number:	701-328-8153	Date Prepared:	01/30/2001

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1409

Page 1, line 1, after "enact" Insert "a new section to chapter 23-27 and"

Page 1, line 2, after "to" Insert "the dispatching of ambulances and"

Page 1, after line 3, Insert:

"SECTION 1. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Ambulance service dispatch in emergencies. If an ambulance service licensed under this chapter receives a request for emergency medical services, the ambulance service shall dispatch an available ambulance from the ambulance service that is closest to the site at which the emergency medical services are needed, regardless of city, county, or district boundaries."

Page 2, after line 10, Insert:

"k. Ensure that the closest available emergency medical service is dispatched to the scene of emergencies regardless of city, county, or district boundaries."

Renumber accordingly

Jerry Bergquist a Rep Samuel Koppleman came up with these guidelines and amendments.

*Public Answer
Closest. As determined by the Emergency Management Services*

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1409

Page 1, line 13, replace "and rural-addressing" with "addressing"

Page 1, line 15, after the period insert "A plan in use before this date does not have to conform with the modified burkel addressing plan." and replace "All" with "If implemented, all"

Page 1, line 16, replace "may" with "must"

Page 1, line 21, remove "printed"

Page 1, line 23, replace "Ensure" with "Encourage"

Page 2, line 30, remove "continually"

Page 3, line 6, after "Ensures" insert "an adequate" and remove "of no less than a grade that provides one busy"

Page 3, remove lines 7 through 10

Page 3, line 11, replace "be" with "that is"

Page 3, line 24, remove "forty hours of"

Page 3, line 28, replace "at least a sixteen-hour" with "an"

Renumber accordingly

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1409

Page 1, line 1, after "enact" insert "a new section to chapter 23-27 and"

Page 1, line 2, after "to" insert "the dispatching of ambulances and" and after "systems" insert ";
and to provide an effective date"

Page 1, after line 3, insert:

"SECTION 1. If House Bill No. 1202 of the fifty-seventh legislative assembly does not become effective, a new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Ambulance service dispatch in emergencies. If an ambulance service licensed under this chapter receives a request for emergency medical services, the closest ambulance service must be dispatched to the site at which the emergency medical services are needed, regardless of city, county, or district boundaries.

SECTION 2. If House Bill No. 1202 of the fifty-seventh legislative assembly becomes effective, a new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Ambulance service dispatch in emergencies. If an emergency medical service operation licensed under this chapter receives a request for emergency medical services, the closest emergency medical service operation must be dispatched to the site at which the emergency medical services are needed, regardless of city, county, or district boundaries."

Page 2, after line 10, insert:

"k. Beginning February 1, 2002, ensure that the closest available emergency medical service is dispatched to the scene of emergencies regardless of city, county, or district boundaries. The state department of health shall provide emergency 911 telephone systems with necessary geographical information to assist in the implementation of this subdivision."

Page 4, after line 4, insert:

"SECTION 4. EFFECTIVE DATE. Sections 1 and 2 of this Act are effective on February 1, 2002."

Renumber accordingly

Date: 2-9-01
Roll Call Vote #:

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1409

House POLITICAL SUBDIVISIONS Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass As Amended

Motion Made By Rep Maragos Seconded By Rep Disrud

Representatives	Yes	No	Representatives	Yes	No
Chairman Glen Froseth	A B		Rep. Wayne W. Tieman	A B	
Vice-Chair Dale C. Severson	/				
Rep. Lois Delmore	/				
Rep. Rachael Disrud	/				
Rep. Bruce Eckre	A B				
Rep. Mary Ekstrom	/				
Rep. April Fairfield	/				
Rep. Michael Grosz	/				
Rep. Jane Gunter	/				
Rep. Gil Herbel	/				
Rep. Nancy Johnson	/				
Rep. William E. Kretschmar	/				
Rep. Carol A. Niemeier	/				
Rep. Andrew G. Maragos	/				

Total (Yes) 12 No 0

Absent 3

Floor Assignment Vice-Chair Severson

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

REPORT OF STANDING COMMITTEE

HB 1409: Political Subdivisions Committee (Rep. Froseth, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1409 was placed on the Sixth order on the calendar.

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Page 3, line 11, replace "be" with "that is"

Page 3, line 24, remove "forty hours of"

Page 3, line 28, replace "at least a sixteen-hour" with "an"

Page 4, after line 4, Insert:

"SECTION 4. EFFECTIVE DATE. Sections 1 and 2 of this Act become effective on February 1, 2002."

Renumber accordingly

2001 SENATE POLITICAL SUBDIVISIONS

HB 1409

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1409

Senate Political Subdivisions Committee

☐ Conference Committee

Hearing Date March 9, 2001

Tape Number	Side A	Side B	Meter #
1		X	28.0-End
2	X		0.0-45.7
March 16, 2001	X		37.8-48.0
Committee Clerk Signature <i>Mary Jo Wooten</i>			

Minutes:

The hearing was opened on HB1409 which relates to standards and guidelines for 911 telephone systems. All senators were present except for Senator Lee, who was absent.

REPRESENTATIVE KOPPLEMAN: District 13. House Bill 1409 is a bill that I sponsored out of concern to simply put the finishing touches on what we worked for a long time in this state, the 911 system and what a lot of people in your local districts and around the state have labored hard over in terms of providing public safety for the constituents we serve. I don't think any of us would want to go back to the days of the fire department phone number and the police department phone number, with the sticker on the telephone. I think the fact that we can call 911 and know that help is going to be there is very important to us. In the past 911, has sort of evolved through a process. We had a committee that developed standards in the state that committee was sunsetted and no longer exists and as a result of that one of things that occurred is that only state radio was mandated basically to work under the 911 standards that were in place.

Now we realize that those standards have changed and we've had, since this bill was introduced a number of discussions with the EMS people, the 911 folks, and that has resulted in some of the amendments you see before you from the House side and also I think Rep. Severson has some additional amendments, he'll ask you today to adopt and I've seen those and certainly support those as well. The upshot of the bill is the fact that we've had a lot of input since this bill was introduced with the people that are out there in the trenches actually doing this work. And I think while some of Ernie's concerns and we've had issues we've had to deal with, and as a result is we've got a good comprehensive bill before you particularly with the amendments that will simple put 911 standards in state law so that we as the policy makers of the state will be basically setting forth policy doing what we're supposed to do. Along the local control to be involved in terms of carrying out those duties. One of the major amendments that was amended out of the bill on the House side deals with ambulance service dispatch and I won't go into that in detail although I will remain in the room to try to answer any questions. SENATOR WATNE: It says in section two that House bill 1202 becomes active, effective, then so on and so forth, what is all contained in HB1202? REP. KOPPLEMAN: I don't have that bill in front of me. However, I believe, that the amendment that is going to be offered today, will delete section one and two so I think that will be. REPRESENTATIVE SEVERSON: HB1409 deals with rules and regulations that were in effect that were sunsetted in 1996. On the House side Rep. Cleary and I introduced HB1397 that was actually amended into this bill. But HB1397 did was provide the opportunity for the closest ambulance to be dispatched to the scene of an emergency rather than without regard to jurisdiction. Unfortunately, 1397 could only deal with the licensure aspect and so the language was very vague and didn't really do what it wanted to do. We didn't really have any dispatch language to say the closed ambulance should be dispatched. In visiting with the

EMS community and the Health Department 1409 was an absolute good fit for that kind of language. Because of that, we've changed the original bill 1397 into this one and its letter F in the first and second sections of the bill, its actually K on page 2. Since that time we've had some interesting conversations with a 911 people, we've had some problems that we had to work out, we spent some time in the original bill since the 911 coordinator were not included in the original bill we met with them and amended it as Rep. Koppleman said in the House to give what you have. Since that time we've also met with those people again and had those people present to use some additional amendments. Since the Engrossed bill was passed we had an opportunity to visit with 911 coordinators as well as the EMS community. We are going to offer some amendments again today that I would just like to walk you through so you can understand them. Rep.

Severson gave a lengthy explanation of the engrossed bill and the amendments proposed. (34.3-38.6, 39.8- 48.0). These questions were asked pertaining to the explanation of the Engrossed HB1409 and the amendments that followed. SENATOR COOK: Rep. Severson, where is HB1202 now? REP. SEVERSON: 1202 is heard on Tuesday of next week at 8:30 in the morning. SENATOR COOK: These procedures that were setting up for 911, these are the same procedures that sunsetted back in 1997, did you say? REP. SEVERSON: That is correct. With the exception of the amendments that we put on in the House, we, when Rep. Koppleman came forward with it, it was exactly what sunsetted in 1996, and we had not contacted the 911 community at all at that point to let them know what was actually going on, so when we had an opportunity before the hearing to meet with them for a couple of hours and then we amended it to be up to date with today's standards. SENATOR COOK: So again, so were all, so as this bill comes to us, in its Engrossed form, what changes have been made to the procedures of 911? Do you know? REP. SEVERSON: Basically nothing as far as the basis goes. Just an updated

language because of the difference telephone lines and so on and so forth, those are really the only changes that were in there. We changed some language on the training because the training standards have changed a little bit and we made that generalized a little bit more, so just to bring it up to date to 2001. SENATOR COOK: We could still end up with a recording phones that will not allow free 911 calling though. REP. SEVERSON: It could happen, yes. SENATOR COOK: Okay. SENATOR COOK: Just help me out here a little bit, Rep. Severson, we've got 23 of these public service answering points, 911 answering points in the state correct? REP. SEVERSON: Yes Sir. SENATOR COOK: And each one of them has a jurisdiction? REP. SEVERSON: That's correct. SENATOR COOK: And the largest jurisdiction of course is the State Radio, and they handle how many counties? REP. SEVERSON: 22. SENATOR COOK: 22 counties go to state radio so lets just use that as an example of how this might effect state radio. In those 22 counties, we also have many different ambulance services. REP. SEVERSON: Correct. SENATOR COOK: And I am assuming then as I am understand you that they each have a jurisdiction? REP. SEVERSON: That's correct. SENATOR COOK: So if there is somebody that needs medical emergency and there in one ambulance service's jurisdiction, but there closer to another ambulance, then this bill would allow as it is right now, it would allow the ambulance from that's the closest to come into the other jurisdiction? REP. SEVERSON: Senator Cook that is correct. And that is in the best interest of the patient. (Ex.cited 49.6-50.2) When 911 was originally set up it was rather piece meal and I don't mean that as a negative, but many of the cities and counties would figure out what they needed and the services that they had and just add to it, and many times they didn't know it was right across the jurisdictional line as far as what is in the next county or the next city in those services available. This will help us address that scenario. SENATOR COOK: Right now the dispatcher that takes this emergency telephone call is required

to dispatch the ambulance that has jurisdiction over that area? REP. SEVERSON: That is correct. Most of our districts will not be affected because they work it out with the 911 coordinators and the ambulance services, our EMS first responders or whatever the case may be, have in fact said well were closest or we have this area and there may be two to five mile override and shortfalls but it is usually worked out within the region. SENATOR COOK: Okay. REP. SEVERSON: We have some areas in the state that really don't have coverage. Part of that is close to me between Carrington and Cooperstown. SENATOR COOK: Don't have what? The ambulance coverage? REP. SEVERSON: Yes, it is a long ways away. And this will help eliminate some of those areas too so that 911 dispatchers will know who to dispatch and who is closer. SENATOR FLAKOLL: The cellular phone situations and I have two different scenarios, coming from the eastern part of the state, if I was to have a situation where I needed to use my cell phone, say if I was in Steele, ND they would bounce it to Fargo, and then it would be rerouted back to the appropriate people in Steele is that correct in that scenario? REP. SEVERSON: I don't think so. In fact the 911 people would probably can answer that better than I can. That is the ultimate we want. You understand that you had a bill in the Senate that dealt with the wireless 911 dispatch or wireless 911 feed. We passed a bill out of the House and Senate in 1999 that would have addressed some of those issues by charging a fee to make sure that those things are happening. Unfortunately, Governor Schaefer vetoed it. So we're back with that again right now, and I can't answer that, that is one of the issues that is a problem with the wireless at this time. We want it to be the most appropriate. SENATOR COOK: Senator Flakoll, I see Mr. Helsing is here, we can ask him to come before were done. REP. KOPPLEMAN: May I address this committee just briefly on the issue of dispatch. When Rep. Severson came to me and was kind enough to do that and say we've looking at your bill, we have another bill, but we feel it would flow best to put this

provision in your bill, and there was a mention of the original bill basically was just updating the standards and making them statewide. Do I have any problem with this provision that would dispatch the closest available ambulance? And I said no due to a personal experience. Example. Cited. (54.8- 55.8) I understand the concerns with turf and regions and zones and all that sort of thing. But I am confident that with the Health Departments help and they are going to testify in terms of what they are willing to do in this whole effort, that can coordinated. I really think we need to look out for the citizens of the state in their best interests. SENATOR POLOVITZ: What happens when. Do our dispatchers know where every ambulance is at the time? I mean when you have more than one ambulance, in the city of Grand Forks I think there are four of them, do they know where every ambulance is at that particular time because in the smaller community you might have a ambulance that is where out somewhere else, in between there could be another ambulance that couldn't respond. REP. KOPPLEMAN: I think that is an excellent question. I think that I will leave that to some of the EMS and 911 folks to answer, maybe state radio and the Health Department to answer too. I think that my understanding is, because the same question has been asked in terms of some of these gray areas or overlap of coastal border areas of the various of responsibilities of the local ambulance services, and I think one of the things to help coordinate which service is closer is going to be handled by the Health Department. In terms of deciding or determine where an ambulance is at any particular moment I don't know that. Guess I would have to defer that question. SENATOR POLOVITZ: Have you figured out how you pay these things? If you have an ambulance under one jurisdiction and you send out an ambulance from another jurisdiction, how do they work paying for that cost? REP. KOPPLEMAN: I'm sorry I don't know the answer to that, I know that is obviously a concern and that is where some of the "turf" concerns come in I think, frankly. But I believe maybe Rep.

Severson could step forward and can address that better than I can. REP. SEVERSON: The jurisdiction of dollars for the 911 jurisdictions have nothing to with ambulance reimbursement. An ambulance reimbursement we charge by the call. Either its the third party or Medicare, Medicaid or something like that pays for it. It has nothing to do with the 911 jurisdiction. So that wouldn't change in that regard, however, if an ambulance service is outside of the 911 jurisdiction, they don't necessarily support the 911 dispatch center because they are out of that jurisdiction. But again its in the focus of what is best for the patient and those who are the closest. DORENE BOUTILIER: Riverdale: See written attached testimony. She spoke in support of HB1409. FRANK BOUTILIER: Reside in Riverdale, ND and I am a member of the Riverdale Ambulance there. I have experienced the need for services and understand the essence of time when a emergency is called. But anyway we have contacted a number of people in the community in Riverdale, and I would like to enter into the record here one letter that we received from the Corp of Engineers. See written attached letter from Mr. George Wolf. ARNOLD THOMAS: President of the North Dakota Health Care Association, speaking in support of HB1409. Our reason for supporting HB1409 is in the context and this is something that you basically encouraged us to initiate back around 1991 and that was to put into place a statewide emergency medical service program. So that as health care has evolved across the state of North Dakota people that found themselves in need of emergency medicine would not be found abandoned because of other changes that were going on within our state due to a number of different factors, not the least is demographics. Since the 1991 session, we have taken many initiatives to allow that statewide system to evolve. 911 is one key element of that system. The technology and the discussions, many of which have had to be jurisdictionally settled have reached that point where we are in a position to take this next step with respect to implementing a

coordinated communication system across the state to permit dispatching of ambulances closest to the site of the medical situation required immediate response. The reason this is important is because the other elements are already in place and I would like to just talk to those for a moment if I may. We have worked out within the medical community a on-site assessment program, it allows us to match up the condition of the individual with resources that are available appropriate to respond to the condition of that person finds themselves in. In some instances, this requires passing institutions. And there are those of you that are very familiar with what giving up jurisdiction means. The hospitals have understood that being bypassed is not an issue in terms of what the greater good is, and that is matching up what the medical needs are of that individual with the most appropriate services. 911 will allow that to be facilitated. How well does it work? The last five we've had two major national new stories regarding accidents in rural ND. In both of those instances, not once was any mention given to how long it took, any jurisdictional conflicts, the absence of coordination, basically it was that happened and those individuals were put in the right place at the right time with dispatch. What you have before you is going to insure that we can continue down that path. There will be bumps in the road, don't misunderstand me. But we have a mechanism in place that has been in place now for almost eight years, and includes department, the private sector, and the public sector in which you issue jurisdiction, turf, coordination, are being worked through always from the premise of what is best for the individual who is out there. And as long as all the parties are willing to focus in on that, other issues just seem to take a secondary position in terms of difficulties to be addressed. On behalf of the hospitals that are actively involved in emergency medicine both direct provide and also those who backup our voluntary system we'd ask you to seriously entertain the passage of 1409 as amended. JERRY BERQUIST: Stutsman County 911 Coordinator, President of the North Dakota 911 Association.

My purpose here today is to express support for Engrossed HB1409 and the proposed amendments to that bill. See written attached testimony. SENATOR FLAKOLL: Is anybody doing any global positioning with any of these ambulances in different communities or crossover committees or has there been any discussion about that because one of the questions was related to do we know where there at always, and I am sure they call in some of those things, but I don't if were, just curious if were using any global positioning in any of these markets? JERRY BERQUIST: In general, the direction that 911 is going in the state of North Dakota is to digital mapping. GPS and latitude and longitude are going to be a part of that. There are areas in the state right now and were pretty much looking at county by county, as this gets put together. That have that type of mapping in place. But what your talking about is whether or not there are devices in those ambulances or maybe police cars that are telling the dispatch center exactly where they are located. As far as I know, at this point in time, that has not occurred yet in ND but that would be the next stepping stone as soon as all the digital mapping is put into place. In general right now, on a regular daily basis, cause your asking questions about if we would know, has the dispatch center where are resources such as ambulances are located. The answer is generally yes, because the dispatch centers around the state of ND are responsible for dispatching those resources in keeping track of them after they have been dispatched. Then it is also the responsibility of those resources whether it be ambulance, fire or law enforcement to notify the dispatch centers when their done with whatever particular call they are on. And then we know they are freed up and are available again. SENATOR POLOVITZ: In your change using the word medical, I was just thinking, what if you had a major fire that could have for instance a fireman be overcome by smoke but at the time of call of the fire, there is no medical reason. I am just curious about the possibility that could happen. JERRY BERQUIST: There are always

possibilities and in those types of situations if there was truly a real large fire, and it was known there was a lot of people involved, ambulance service, emergency medical services would be dispatched to at least be part of standby. And to get them at the scene so if their needed they would be there. But if we don't look seriously at this one last additional amendment, we're going to be dispatching those types of services to many types of situations that they would have no reason at all to be there and then my concern is the 911 coordinator is, are we burning out the, in many cases, volunteer staff around the state that deal and make our emergency medical services operating. Are we going to burn those people out and then they are going to want to be on those types of services anymore. Our situation in ND can extremely take a turn for the worst. TIM WIEDRICH: Director of the Division of Emergency Health Services for the North Dakota Dept. of Health. Spoke neutral on this bill. See attached written testimony.(Meter#14.4-18.0)

SENATOR COOK: I am a tax paying law abiding citizen in Mandan and I know what the medical services are available in Mandan. I know where the ambulances is going to come from and if I do think it was adequate, I would be voicing my concerns with Mandan to have better service available. I am satisfied with the service. Is it safe to say that I take that satisfaction no matter where I am at in ND and expect that same level of service but when in fact I may not be getting it somewhere else? TIM WIEDRICH: That satisfaction needs to come from establishing minimum acceptable standards from a medical perspective as opposed to where your taxes are being paid because again the flaw in that is that your in Minot, you may be totally, if we didn't have standards in place assuring that level of medical coverage. you could argue I'll be dissatisfied with the services of Minot, therefore, I need to have Metro from Bismarek, respond. But choosing emergency medical services is not like shopping like a refrigerator. At the time if the need arises in an emergency, your really not going to have an opportunity to do comparative

shopping to explore and research those services. That is why the standards are set in terms of what minimum acceptable standards are, and then the resources used that are most efficient for your care. From a medical perspective, let me also say this, because I think this point is being lost, if we were talking about non-emergency calls, all of this goes away. If you're deciding that you need to be transferred from Mandan to Minot you can shop around and you can do whatever you want because you're not accessing the 911 system at that point and you can do comparison shopping at that point. SENATOR COOK: Tim, as policy makers for this bill is responsible for that, how many different types of ambulance companies do we have in ND and how many of them, can you enlighten me on that? We've got three different degrees of ambulance. TIM WIEDRICH: There are two levels of ambulance service. There is one we call as basic life support service and those services are primarily provided ambulances in our state but not exclusively. Basic life support ambulance services provide what we call non invasive types of treatment so they will not do things like pharmacology for example, they won't administer drugs. There are advanced life support services and those tend to be services that have paid person and those services will do invasive techniques like giving you drugs. So those are the two levels of ambulance service that exist. SENATOR COOK: And then we also have 1st. Respondents. TIM WIEDRICH: That is correct. We have first responder units and those folks are trained to provide care while an ambulance is enroute to the scene. So they are going to be trained to do things like opening airways, providing rescue breathing, doing resuscitation in some situations if those are the things that are necessary. But they are not trained in doing the packaging and the transportation of patients. SENATOR COOK: Tim, do we have any policy whatsoever to make sure that no matter where you are in the state of ND, an advanced ambulance or basic ambulance service can reach you in a certain amount of time? TIM WIEDRICH: No. Basically, we, some states have

taken that approach in terms of how they establish licensure. North Dakota has not. Basically what we said is that, here is what the minimum standards are, those are based on nationally recognized medical standards in terms of training levels, equipment, availability. And then we basically said anybody that wants to, can be licensed but we don't do that in regards to response.

SENATOR COOK: Do you have a map of North Dakota that shows no matter where your at, or do you anybody in how long that would take to have an advanced. If I am in the middle of the Badlands hunting, how long is going to take an ambulance to get to me. Do we know where we

have void areas? TIM WIEDRICH: Our department is actually begun to undertake that very issue. We've asked ambulance services to start to draw out what they consider their areas of coverage. We're now plotting that on to a GSA mapping system. What I think that we're going to find is that we have some substantial areas that there is overlap, we'll have other areas, that ambulance services tend not to think of as their coverage area, but I would argue that we don't have any areas that have no coverage because basically we require as part of the licensure requirement that ambulance services respond 24 hrs a day, 7 days a week. So from a licensure standpoint, if there the closest available call in an emergency situation I would argue they actually have a responsibility based on the licensure to respond to that call. SENATOR

FLAKOLL: Is there some collaborative effort already going on across jurisdictions in that..

(ex.23.2- 23.5) Do they do a collaborative effort with the adjoining communities so if needed in an emergency someone may get me to the hospital? Is there something that happens already that

kind of parallels this a little? TIM WIEDRICH: Those are what we call mutual aid agreements.

That really isn't what this bill is about to be very blunt, because what you just described, is a situation where an existing ambulance service. (Ex.23.8- 24.6) Some services through formal written agreement where we call mutual aid, and others have happened just as a result of the

dispatch activity. SENATOR POLOVITZ: I am still curious about medical services. You mentioned it, if I heard right, that your training your dispatchers on how to utilize the interpretation of medical emergencies. If your doing that, does that give the dispatcher the right to ask or ask whoever is calling if this is a medical and making the decision, yes or not to make that call. TIM WIEDRICH: I understand your question now. The answer is no. The dispatcher was not, would not have a authority to not to send. But what is contained in training is, our nationally proven protocol which we have the dispatcher receive information, ask specific questions on what this is consisting to be very descriptive by a card system. (Ex.25.9- 26.2)

SENATOR POLOVITZ: The reason I am asking this I have to go up there and ask for to carry that bill, on the "stub toe bill". Ref ex.(26.6-27.1) SENATOR COOK: I am sure that's because

the person says I want an ambulance, that's what generated that. SENATOR POLOVITZ: That is what that is. SENATOR COOK: That is what that difference from here, I would assume.

SENATOR POLOVITZ: I was wondering if we were taking that decision from and saying that the dispatcher has the right to make that decision knowing that its a.. TIM WIEDRICH: In the system the training that would happen is the stub toe policy, and basically the dispatcher has an appropriate set of response to move to and asks the questions necessary to see that its in fact what is called in or something more serious. So it would still be a response though because that person is requesting an ambulance when making that call. The ambulance still would go, they likely would not be going with lights and sirens, or endanger the public as a respondent and with that bill they would do to create a mechanism that the ambulance would not have to transport that patient but that is where the consultation with the physician starts to come in to reach other resources. DEREK HANSON: President of the ND EMS Association and am here today to also inform you that we are in support of HB1409 with amendments that have been offered today. See

written attached testimony. We would also be very supportive of the training standards of emergency medical dispatchers as that makes for a much more viable patient for EMS crews when they do arrive. RICK HESSINGER: I am here also to testify in support of HB1409. As you know this bill will provide operational training standards and guidelines on a statewide basis. Since 1996, state radio has been the only PSAP in the state that has actually had to live by standards and guidelines. However, once again based on century code, we have no mechanism in law to legally change those standards and guidelines. And so to speak, these standards and guidelines have been frozen in time. The standards as amended, I believe, are what I would call minimal and in my opinion have been crafted to be user friendly and a mechanism for change does exist by the annual review and report to the legislative council regarding the recommended amendments which would ultimately be approved or denied based on legislative review. As far as the ambulance issue goes, we are as I say, in favor of this bill, based on the amendments. When the 22 counties came to State Radio and asked for guidance and setting up their systems, these issues were always left up to local decision making process when they put together their plans. But our guidance was always that they should dispatch the closed ambulance unless there was a very valid reason not to do so. I believe this bill moves in that direction with the involvement of the Health Department. It further formalizes the procedure. One of the other side issues that have come here is the questions about GPS and GIS and the cellular issue. Many of our calls now days are coming in are in the cellular side of the issue. We are getting fewer wire line calls and more cellular 911 calls. So, we have what's called Phase I and Phase II, of FCC docket 9412. We in ND, are attempting to employ Phase I, which says that we will receive 911 calls from a cellular carrier, and the cellular carrier will deliver to us the call back number and the location of the tower site, which gives us more information that we presently have from a

cellular call. Right now if a person is incapacitated, he cannot talk to us, we don't know who is calling, we don't know they are at. (Ex.32.1- 32.6) This is what this bill is about, training standards. A new protocol that is coming about is the protocol for how to handle person in difficult situations. Phase II will give us even more information from a cellular call. That says that within at least a minimum of 125 degrees a cellular carrier will have to provide the GPD location, latitude and longitude of where that call is coming from. The FCC mandates that the service must be available from the carrier as of Oct. 1, 2001. If PSAP has made finally request for that service. We in ND are hopefully moving in that direction. This bill kind of dovetails in SB2067, which has to do with cellular pads. Some of that money will be used for this type of training, for this type of deployment GPD mapping, GIS interfacing the location of the cellular calls. SENATOR COOK: If we had State Radio as the only PSAP in the state of ND, we wouldn't even need this bill would we? RICK HESSINGER: Well, I think we need the bill. We're one of the few states that does not legislate the standards and guidelines for 911. SENATOR COOK: But, your following standards and guidelines? RICK HESSINGER: Yes. SENATOR COOK: You already are. RICK HESSINGER: And we need a way to update those standards and guidelines with the advent of the new technology and the cellular telephone calls. Pretty soon we're going to be taking 911 calls over the Internet, voice over Ip, that's coming. That's the next issue. SENATOR COOK: Does the technology exist right now, where one PSAP could handle all dispatching and emergency 911 calls in the state? Does the technology exist? RICK HESSINGER: Yes, the technology is there that all 911 calls in the state could be routed to one PAP? SENATOR COOK: Okay. SENATOR WATNE: Both you and Derek Chanson ,you both mentioned training by this bill. I see no part of this bill that deals with training? How does this bill relate to training? RICK MESSENGER: It does set down standards for training in, Page

4, number 9, emergency 911 telephone calls will be answered by a dispatcher who has completed training through an association of public safety communications officials course or equivalent course. An emergency 911 dispatch center is required to offer emergency medical dispatch instructions on all emergency medical calls. Pre-arrival instructions must be offered by a dispatcher who has completed an emergency medical dispatch approved by the Division of Emergency Health Services. (rest in bill) SENATOR WATNE: Thank you, I didn't have the Engrossed part. SENATOR COOK: Could you answer Sen. Flakoll's question too which is one last question, page 4, line 4, the nearest available to the appropriate 911 public safety? Actually your the one, who determines what's appropriate, is that correct? RICK HESSINGER: Well, they funnel the information through State Radio instead as the focus point. And when we say appropriate that is generally the closest. How this works is someone makes a 911 call, it hits the towers site that captures that 911 call, cellular tower site, then that call is routed to what is called the MSC, local switching center which is the cellular equivalent of a tandem switch. And that tandem switch then routes that cellular call, now in a land line, a wire line to the tandem. for the most part, I'll say there is two in the state. One resides in Fargo, one is Quest, and one in Bismarck and it belongs to Quest. Depending on which side of the ladder it is on, that MSC or Mobile Service Center routes that cell call to that tandem switch. That tandem switch then says okay this circuit belongs to that particular cell site and our cables tell us, our software tells us that the PSAP on jurisdiction for that cell site is perhaps a town. The town gets the call and they do the dispatch because they have that jurisdiction where the cell site is located. SENATOR COOK: Isn't that safe to say, that all cellular one towers in Mandan or Morton County get routed to the Bismarck PSAP, and if that is correct, how come? RICK HESSINGER: Well, there is such a thing as a primary tower site and a remote tower site. So if it is remoted off of the primary tower

site that primary site may only be connected to a Bismarek PSAP. Then you would have to do the transfer. SENATOR COOK: So, when Sen. Flakoll is traveling from Fargo to Bismarek, no matter where he is at, at some point on that route, that 911 call might go to a different tower and not always back to Fargo? RICK HESSINGER: Correct. SENATOR COOK: Okay.

RICK HESSINGER: And that is the way you would want it actually because if your in Williston you don't want your emergency in Williston to be going to Fargo because it is really going to take a long time for the ambulance to get there. SENATOR FLAKOLL: Oh, they are pretty good. DEAN DANSEITH: Mercer County Ambulance. I wasn't aware of the amendments until I got here and we do support some of the amendments. One question concerning medical emergencies and availability. In rural ND, we have a large ambulance service and have a problem keeping volunteers, keeping volunteers to staff it. Is the closest the fastest is my question? We have a five minute response time, and your required to live in the city of Hazen or Beulah, your required when the time the page comes off from dispatch that your in the ambulance and going down the highway. If that would be guarantee that your always going to be staffed in Riverdale, always going to staffed in Haliday, that would be good for the, and your always going to be the closest and the fastest. But I don't see that happening. We're in a transition right now, of going to a paid service to ensure that we have medical staff. We have advanced life support service and a basic life service in Mercer Co. We've been operating on waivers to make sure that, and we have 30 volunteers. We pay those volunteers something, but they are 30 volunteers. The small towns of New Leipzig and Elgin, Riverdale, has been known and we've talked with the Dept. of Health Services, they think they are going away. So now what we do with that service up there. Who is available? Are we going to go by miles, 1 St.

Responders in Pick City and Golden Valley, are those part of the medical services? That is the

question that I had. We support being closer if your faster to the residents of Mercer County but we don't support just being closer. And we support being comparable to our service with paramedics and registered nurses and the equipment that we have. I think that is important if your going to be faster and have the equipment to take care of the people in need. We did a study four years ago on response times from Riverdale to Pick City to the state park which has the most amount of people in the summertime. That was 17 minute response time to the Bay at that time, and then go on to Pick City. Our normal response time from the Pick City area is about 26 minutes from the time of the page comes in from the time we're seen. That doesn't include the first responders that are there, so like I said, it does boil down some of it, if your going to say money ways the four calls a year that happens in Pick City is not going break Mercer County Ambulance. It really not the issue, that way, but I want to insure that these people are getting serviced as fast as they possibly can. I thought that came across with 1202 was the quick response units and a grant for that. I thought it would have been beneficial Mercer Co. Ambulance, etc. all those to go under that quick response and work with them to provide that in those areas that are further away from us. That may be a better way to handle it through us. We already have Mercer County mutual aid agreements with all the surrounding services. I'll support it if one or two are gone, and we're assured they are going to be fastest, not just the closest.

Hearing Closed HB1409.

March 9, 2001 Tape 2, Slide A, Meter # 0.0-45.7

Senator Cook called the committee for discussion on HB1409. A decision was not made by the committee. Further discussion needed.

Page 19
Senate Political Subdivisions Committee
Bill/Resolution Number HB1409
Hearing Date March 9, 2001

March 16, 2001 Tape 1, Side A,(Meter # 37.3- 48.0)

Senator Cook asked the committee for discussion on HB1409. After some deliberation the committee came to a decision.

Senator Watne moved the Severson Amendments with the addition of page 2, line 27 to add "medical" after the scene of.

Senator Mathern 2nd

Roll call vote: 8 Yeas, 0 No, 0 Ab.

Senator Flakoll moved to Do Pass as Amended

Senator Christenson- 2nd

Roll call vote: 8 Yeas, 0 No, 0 Ab.

Carrier: Senator Flakoll

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1409

Page 1, line 1, remove "a new section to chapter 23-27 and"

Page 1, line 3, remove "; and to provide an effective date"

Page 1, remove lines 5 through 18

Page 2, line 13, replace "with" with "for", after "all" insert "printed and recorded", and replace "to be maintained for at least" with "in accordance with jurisdictional requirements"

Page 2, line 14, remove "one year"

Page 2, line 15, after "available" insert "for 911 calls"

Page 2, line 26, replace "February" with "June"

Page 4, line 4, replace "nearest available" with "appropriate"

Page 4, line 5, remove "from the cellular site"

Page 4, remove lines 18 and 19

Renumber accordingly

Roll Call Vote #: /

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. *S.B. 1409*

Senate	Political Subdivisions	Committee
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☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number

Action Taken

Move to adopt Severison Amendments, 0301 with addition
of "medical" p. 2 line 27

Motion Made By

Sen. Watne

Seconded
By

Sen. Matheson

[illegible]

Total (Yes) 8 No 0

Absent 0

Floor Assignment

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

Date: *Mar. 16, 2001*
Roll Call Vote #: *2*

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. *S.B. 1409*

Senate	Political Subdivisions	Committee
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☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number

Action Taken As Pass As Amended

Motion Made By Sen. Nakall Seconded By Sen. Christenson

[illegible]

Total (Yes) 8 No 0

Absent 0

Floor Assignment Senator Hall

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

REPORT OF STANDING COMMITTEE

HB 1409, as engrossed: Political Subdivisions Committee (Sen. Cook, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (8 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1409
was placed on the Sixth order on the calendar.

Page 1, line 1, remove "a new section to chapter 23-27 and"

Page 1, line 3, remove "; and to provide an effective date"

Page 1, remove lines 5 through 18

Page 2, line 13, replace "with" with "for", after "all" insert "printed and recorded", and replace
"to be maintained for at least" with "in accordance with jurisdictional requirements"

Page 2, line 14, remove "one year"

Page 2, line 15, after "available" insert "for 911 calls"

Page 2, line 26, replace "February" with "June"

Page 2, line 27, after the first "of" insert "medical"

Page 4, line 4, replace "nearest available" with "appropriate"

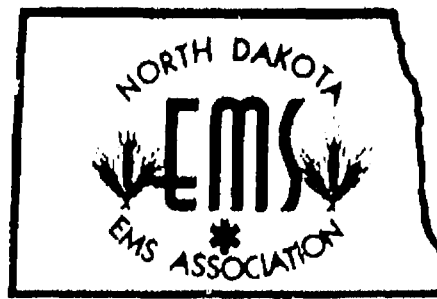
Page 4, line 5, remove "from the cellular site"

Page 4, remove lines 18 and 19

Renumber accordingly

2001 TESTIMONY

HB 1409



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

POLITICAL SUBDIVISIONS COMMITTEE
Testimony in Support of HB 1409

Friday, February 2, 2001
Prairie Room

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports HB 1409 with the amendments as outlined by Representatives Koppelman and Severson. In some instances, ambulances which are closest to the scene of a medical or traumatic emergency are not being dispatched. The problem is a growing concern whereby many times the political or financial boundaries are taken into consideration first, and the patient comes second.

One example we can use is a case where an ambulance was dispatched to the scene of a cardiac arrest from 26 miles away, when there was an ambulance service only 6 miles from the patient. The patient died.

The minimal training components listed under section one will mean that every caller accessing the 911 emergency system will be given national standard, pre-arrival medical instructions over the telephone by the dispatcher. National and state documentation shows that by implementing such a system lives can be saved. Most every dispatch center in North Dakota has already voluntarily implemented these standards.

We ask for your support on HB 1409 and to please give it a "do pass" recommendation.

Thank you.

**TESTIMONY FOR HB 1409
FEBRUARY 2, 2001**

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

MY NAME IS RICK HESSINGER AND I AM REPRESENTING NORTH DAKOTA STATE RADIO COMMUNICATIONS. I AM HERE TODAY TO TESTIFY IN SUPPORT OF HOUSE BILL 1409 AS AMENDED.

AS YOU KNOW THIS BILL WILL PROVIDE OPERATIONAL AND TRAINING STANDARDS AND GUIDELINES ON A STATEWIDE BASIS. SINCE 1996 STATE RADIO COMMUNICATIONS, BASED ON CENTURY CODE, HAS BEEN THE ONLY PUBLIC SAFETY ANSWERING POINT THAT HAS HAD MANDATED STANDARDS AND GUIDELINES. HOWEVER, BASED AGAIN ON CENTURY CODE, WE HAVE NO MECHANISM TO LEGALLY AMEND OR CHANGE THE STANDARDS. OBVIOUSLY, DUE TO CHANGING TECHNOLOGY AND OTHER ISSUES WE FEEL IT IS APPROPRIATE TO HAVE SOME MECHANISM TO AMEND THE STANDARDS AND GUIDELINES. THIS BILL WILL PROVIDE THAT MECHANISM.

ADDITIONALLY, THIS BILL AMENDS THE ORIGINAL STANDARDS AND GUIDELINES THAT WERE, SO TO SPEAK "FROZEN IN TIME" AS OF 1996. THE STANDARDS AS AMENDED I BELIEVE ARE WHAT I WOULD CALL MINIMAL AND IN MY OPINION HAVE BEEN CRAFTED TO BE "USER FRIENDLY" - IN THAT A MECHANISM FOR CHANGE DOES EXIST VIA THE ANNUAL REVIEW AND REPORT TO THE LEGISLATIVE COUNCIL REGARDING RECOMMENDED AMENDMENTS, WHICH WOULD ULTIMATELY BE APPROVED OR DENIED BASED ON LEGISLATIVE REVIEW.

I WILL CONCLUDE BY SAYING THAT TO MY KNOWLEDGE WE ARE ONE OF THE VERY FEW REMAINING STATES THAT DOES NOT HAVE LEGISLATIVE CODIFICATION FOR 911 STANDARDS AND GUIDELINES.

AGAIN ON BEHALF OF STATE RADIO I URGE FAVORABLE SUPPORT FOR HB 1409 AS AMENDED.

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE, THAT CONCLUDES MY REMARKS AND I WOULD ATTEMPT TO ANSWER ANY QUESTIONS YOU MIGHT HAVE.

**Testimony on House Bill No. 1409
Political Subdivisions Committee
Prairie Room
Friday, February 2, 2001
By
Timothy Wiedrich**

Chairman Froseth, 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 testimony on behalf of the Department regarding this bill.

Effective 9-1-1 dispatch centers are an important component in the delivery of emergency medical services (EMS). Establishment of reasonable minimum standards for 9-1-1 systems is necessary to assure the public that safe and effective systems are implemented and maintained. We believe that this bill establishes reasonable minimum standards.

We are particularly supportive of assuring that 9-1-1 dispatchers are appropriately trained to deal with emergency medical service calls. That training and implementation of pre-arrival care instructions is contained in this bill. During pre-arrival care instructions, the dispatcher tells the caller what to do while the ambulance is enroute with simple and effective instructions. The instructions are based on proven protocols and can mean the difference between life and death. We know that in many situations, ambulances will arrive too late for patients who are breathless, have no pulse or are bleeding severely. Pre-arrival care instructions are safe and effective when implemented by trained personnel.

The Division of Emergency Health Services currently conducts a voluntary certification program for emergency medical services dispatchers. It consists of 24 hours of training utilizing nationally recognized curricula from the National Highway Traffic Safety Administration. We would encourage modification of the bill to include the current 24 hours of training rather than the stated 16 hours.

I would be happy to try and answer your questions.

TESTIMONY FOR HB ~~1397~~ 1409
FEBRUARY 2, 2001 and 3-9-01

We are in support of HB ¹⁴⁰⁹ ~~1397~~. When the 911 System was implemented it changed the ambulance dispatching drastically. We have an ambulance in Riverdale ND and we used to service Pick City, less than five miles away. Pick City now must wait for the Hazen ambulance about 25 miles away. Many times this is a matter of life or death. Sakakawea State Park, north of Pick City, must also depend on Hazen ambulance. A new ambulance district has been formed under the Underwood Ambulance. When this is implemented the Riverdale ambulance will not be called outside of Riverdale City limits. Therefore, Highway 200, Corp of Engineers Downstream Campgrounds and Wolfe Creek Campgrounds will all have to wait for the Underwood ambulance which is 14 miles from the City of Riverdale. During camping season there are hundreds of campers at these campsites (when full close to 1000). Riverdale ambulance is less than five miles from these sites and one block from Highway 200. The "CLOSEST" ambulance should always be sent!

We know money is involved in this matter, but something can be worked out regarding that issue. But a "LIFE" cannot be brought back. Could it be you or your loved ones who will have to wait for an ambulance miles away when one is closer? This is a problem throughout the State of North Dakota.

We urge you to pass HB ¹⁴⁰⁹ ~~1397~~ -- "The Life you save may be your Own".
Thank you.

Dolores Boutilier
Dolores Boutilier
101 4 ST Riverdale ND 58565

Frank Boutilier
Frank Boutilier



DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS, OMAHA DISTRICT
GARRISON PROJECT OFFICE
RIVERDALE, NORTH DAKOTA 58565-0527

REPLY TO
ATTENTION OF:

31 January, 2001

Natural Resource
Management Branch

Mr. & Mrs. Frank & Dolores Boutilier
101 - 4th Street
Riverdale, ND 58565

Dear Mr. & Mrs. Boutilier:

In reference to the discussion that you had today with Park Rangers Tony Jacobson and Garth Zimbelman about the response time of emergency personnel and equipment to Corps of Engineers' customers. It is my opinion that the quickest response by emergency personnel and equipment would be in the best interest of our customers on Garrison Dam Project lands and waters. Our interest lies solely in seeing that our customers receive the emergency care that they require in the quickest time possible, regardless of location that the equipment or personnel are dispatched from.

If you have any questions or comments, please feel free to contact me at 701-654-7411 x217, or write to Box 527, Riverdale, ND 58565.

Sincerely,

George H. Wolf
Project Manager

CF:

Subject HB 1397/409

To Whom it may concern:

My name is Gary Blankenship and I live in Riverdale, ND. I have had several heart attacks. I have been totally disabled since Nov. 1996 because of this. I have had to have Riverdale ambulance take me to Garrison Hospital several times. I like fishing and camping. We camp a lot at the Downstream Campground and I fish from the tail race boat ramp and Government Bay, all of which are outside Riverdale city limits. As I'm sure all of you know that when one is having a heart attack time is very important in limiting damage to the heart muscle. I would much rather have Riverdale ambulance pick me up than have to wait for Underwood or some other district. Riverdale can have me at Garrison Hospital before the others can get to me. I feel that the closest help should be sent for me or anyone else in a similar situation.

Thank you for your time

Gary L Blankenship

112 2nd Street

Riverdale, ND 58565

Feb. 1, 2001

3-9-01

February 1, 2001

North Dakota State Legislature
State Capitol Building
600 East Boulevard
Bismarck, North Dakota 58505

Dear Legislators:

My name is Claudia Gordon and I am a resident of Riverdale. I work at home and have been a board member of the Underwood School District for 6 years. I urge your support and passage of HB ~~1397~~¹⁴⁰⁹ relating to dispatching of ambulances in emergencies.

180 days of each year, 86 students in 2 different school buses travel twice a day along U.S. Highway 200, one bus transporting children to and from the Riverdale area and the other bus going on to Pick City to transport school children from that area. Highway 200 is also a major route used by other school districts as they transport their children to various extracurricular activities. We are very fortunate to have excellent bus drivers and have not had any accidents that I can recall. If an accident were to happen to one of these buses while on the highway, the ambulances that would be called to respond would have to come either from Underwood, which is 13 miles from Riverdale, or if the bus were in the Pick City area, the ambulance dispatched would have to come from Hazen, 25 miles from Pick City. That is what the current law allows.

Riverdale has an ambulance service, but is restricted to the city limits. U.S. Highway 200 runs along the southern edge of the city limits. If either of these two buses were to have an accident along this highway, ambulances from Underwood or Hazen would be asked to respond when the Riverdale ambulance would be from 2 blocks to 2 miles away, depending on where the accident occurs. That is quite a difference in response time!

Not only are school children at risk with the law as it currently stands, but this area has a large volume of tourist traffic with people using the facilities at the different campgrounds and Lake Sakakawea. Many of these people are tourists who come back year after year and are aware that Riverdale has an ambulance service, but I'm sure many would be surprised to know of their restriction to the city limits.

I strongly urge all of you to vote to accept HB ~~1397~~¹⁴⁰⁹ to allow the closest ambulance service to be dispatched in emergencies. Do this for our school children. Do this for our families who are away from their homes. Do it for North Dakota.

Thank you for your interest and for your consideration.

Sincerely,



Claudia Gordon
Box 546
Riverdale, North Dakota 58565

North Dakota State Legislature
Re.: Testimony for House Bill ~~1397~~¹⁴⁰⁹

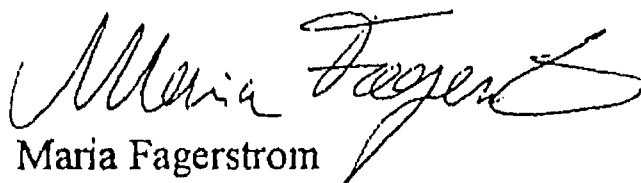
February 2, 2001
3-9-01

This testimony is in support of house bill ~~1397~~¹⁴⁰⁹. I live in Riverdale, located at the Garrison Dam site, right across from Pick City. I understand that ambulance services at this time, are not addressed by standards of need, but by arbitrary lines drawn for tax purposes.

I find this an irresponsible and a money-calculating practice, where the saving of a life takes a back seat in order to observe boundaries for tax purposes. How can one weigh the saving a life against some tax dollars? The nearest ambulance service needs to respond to the call.

I am confident that the legislature will see beyond the dollar signs and focus on the real mission of an ambulance service, which is to save lives.

Sincerely,



Maria Fagerstrom

Riverdale, ND 58565

TESTIMONY FOR HB ~~1397~~ 1409
FEBRUARY 2, 2001 3-9-01

This letter is in regard to proposed HB ~~1397~~ 1409 and the necessity of its subsequent passage. If enacted, a potential life-threatening precedence will be remedied. The result of this action will positively affect the outcome during many medical emergencies and could ultimately save the life of any citizen of North Dakota.

Time is of the essence when an ambulance is dispatched to a true emergency situation. This is one of the basic tenets of prehospital emergency care. Unfortunately, in some parts of the State, this basic tenet is being severely compromised. The problem has arisen with the formation of ambulance districts. When a district is created, said district's ambulance service becomes the designated dispatched unit. Often-times, this has caused a nearer service not to be dispatched. The resulting increase in a timely response equates to the potential loss of life. This should not be happening and needs corrective legal action to ensure it will no longer continue.

Riverdale Ambulance Service (RAS) is a case in point. Due to a legal district decision, RAS is not dispatched to emergency calls in the Pick City area. A sick or injured person has to wait for an ambulance coming from over 20 miles away, instead of one which is less than five miles away. How is this conducive to good patient outcome? When every minute counts, it isn't.

Now, due to a recently enacted district, all land surrounding Riverdale, excluding the City itself, may have to wait for an ambulance 14 miles away. These surrounding areas include many campgrounds and other tourist/recreational facilities, thusly jeopardizing many more lives than just those of Riverdale residents. Conceivably, if involved in an accident when turning out of Riverdale onto Highway 200, a person will not have an ambulance mere blocks away dispatched to them.

Legal, yes---but again, in the best interest of the patient?

The purpose for creation of an ambulance district is to provide a financial base. For the purpose of response, the intent never was to bypass a nearer service in favor of the financial recipient. Passage of HB ~~1397~~ 1409 will assure that the closest service be dispatched. Everything possible must be done to give those in a life-threatening situation the greatest chance for survival.

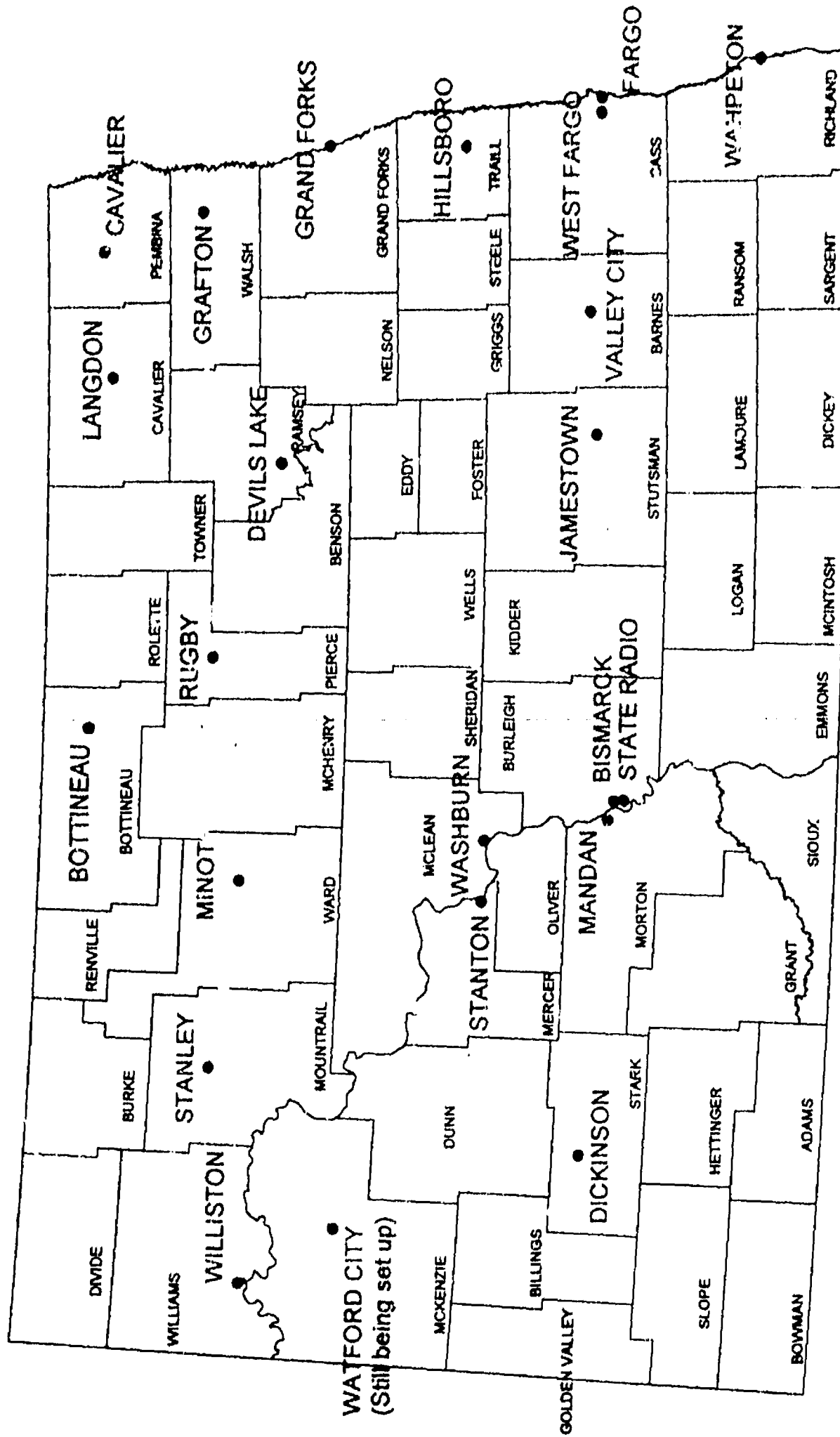
As a volunteer EMT, I know first-hand the hard work and dedication that is expended to keep emergency care in North Dakota at a high standard. With so many great people willing to give so much of themselves, an easily remedied misconception should not continue to stand in the way of their being called upon to do what they are trained to do. It is a devastating feeling to wonder if the outcome would have been different if only we would have been called out.

I regret I was unable to appear in person today to express the many reasons I feel this bills passage is imperative to the welfare of the people of North Dakota. Instead, I am in class refreshing my EMT skills so I can continue serving. It will be your decision if I can use these skills for the maximum benefit to the public.

Please, help keep the patient's best interest our #1 priority. Thank you for your consideration in this matter.

Laurie Rowe
Laurie Rowe, NREMT-I
Riverdale Ambulance Service
Riverdale, ND 58565

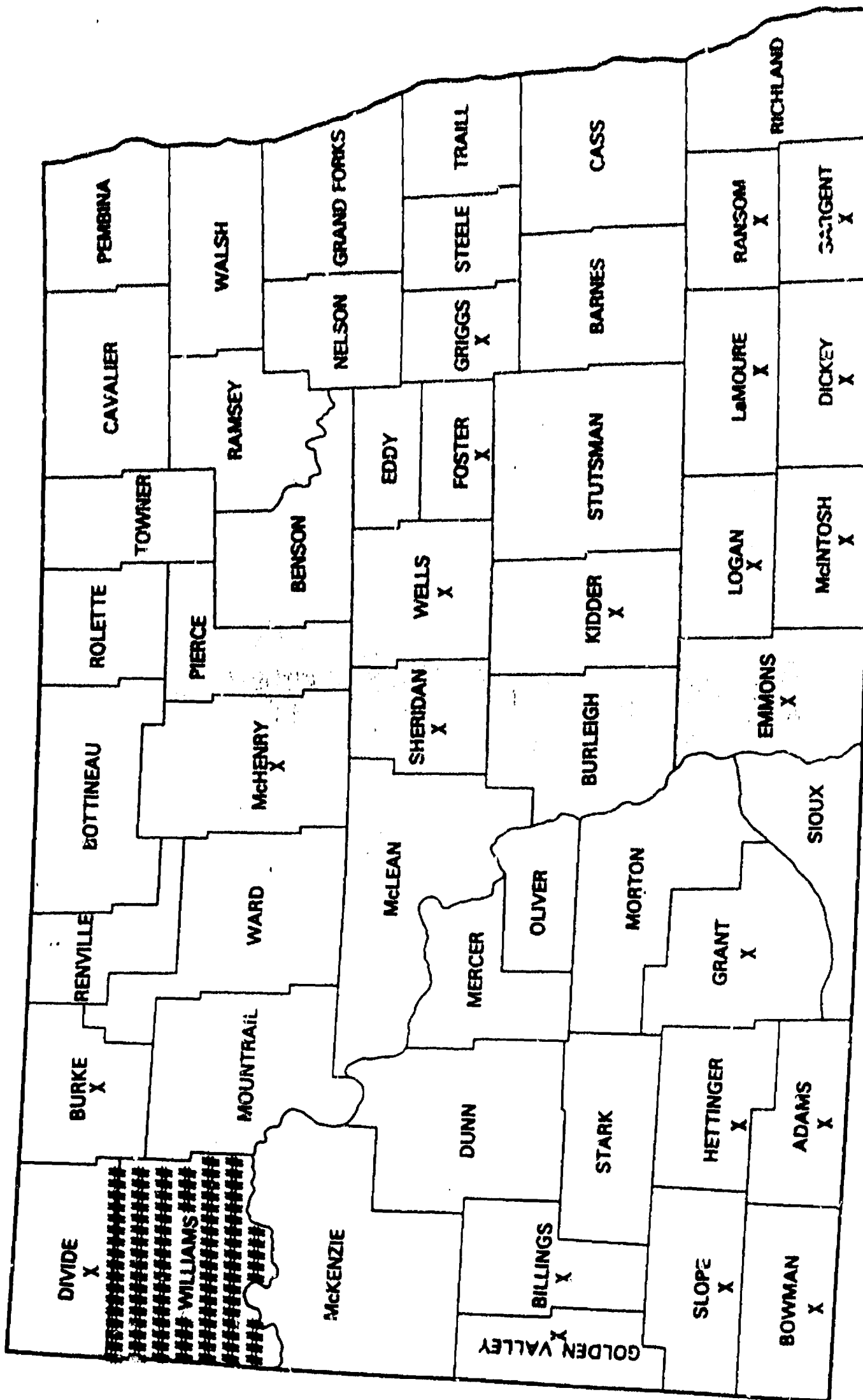
Public Safety Answering Points in North Dakota



Public Safety Answering Points in North Dakota

City	County	Cities	Additional Support / Notes
State Radio: Bismarck	Service Area: Adams, Billings, Bowman, Burke, Dickey, Divide, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, Lamoure, Logan, McHenry, McIntosh, Ransom, Sargent, Sheridan, Slope, and Wells Counties and the cities therein.		
Bismarck	Burleigh	Cities therein	A portion of McLean County (Wilton area)
Bottineau	<ul style="list-style-type: none"> • Bottineau • Renville 	<ul style="list-style-type: none"> • Cities therein • Cities therein 	Portions of McHenry, Pierce, and Rollette Counties
Cavaller	Pembina	Cities therein	
Devils Lake	<ul style="list-style-type: none"> • Ransom • Towner • Benson • Eddy • Nelson 	<ul style="list-style-type: none"> • Cities therein • Cities therein • Cities therein • Cities therein • Cities therein 	
Dickinson	<ul style="list-style-type: none"> • Stark • Dunn 	<ul style="list-style-type: none"> • Cities therein • Cities therein 	
Fargo	Cass	Cities therein	Excludes West Fargo
Grafton	Walsh	Cities therein	
Grand Forks	Grand Forks	Cities therein	
Hillsboro	<ul style="list-style-type: none"> • Traill • Steele 	<ul style="list-style-type: none"> • Cities therein • Cities therein 	
Jamestown	Stutsman	Cities therein	
Langdon	Cavalier	Cities therein	
Mandan	Morton	Cities therein	Fringe areas of Stark, Dunn, Mercer, Oliver and Grant Counties
Minot	Ward	Cities therein	
Rugby	Pierce	Cities therein	Small portion of Rollette County
Stanley	Mountrail	Cities therein	
Stanton	<ul style="list-style-type: none"> • Mercer • Oliver 	<ul style="list-style-type: none"> • Cities therein • Cities therein 	
Valley City	Barnes	Cities therein	
Wahpeton	Richland	Cities therein	<ul style="list-style-type: none"> • Small portions of Sargent and Ransom in ND • Wilken and Roberts County in SD
Washburn	McLean	Cities therein	
Watford City	McKenzie	Cities therein	Still being set up
West Fargo		City of West Fargo	
Williston		City of Williston	

NORTH DAKOTA



52 of the 53 North Dakota counties now have or have voter approval for E911.



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

POLITICAL SUBDIVISIONS COMMITTEE
Testimony in Support of HB 1409

Friday, March 9, 2001
Red River Room

By: Derek Hanson, President
ND EMS Association

The North Dakota EMS Association supports HB 1409 with the amendments as dated March 2, 2001, by Representative Severson. In some instances, ambulances or Quick Response Units which are closest to the scene of a medical or traumatic emergency are not being dispatched. The problem is a growing concern whereby many times the political or financial boundaries are taken into consideration first, and the patient comes second.

One example we can use is a case where an ambulance was dispatched to the scene of a cardiac arrest from 26 miles away, when there was an ambulance service only 6 miles from the patient. The patient died.

Will it be necessary to update current 911 databases? Yes. But in my mind the dollars are already allocated to do this. For a number of years we have been paying one dollar per phone line each month to implement and maintain 911 service. Now that the systems have been initially set up, this bill would require that the local 911 center use some of those dollars to update the data base to allow for the closest Emergency Medical Service to be dispatched.

The minimal training components listed under section one will mean that every caller accessing the 911 emergency system will be given national standard, pre-arrival medical instructions over the telephone by the dispatcher. National and state documentation shows that by implementing such a system, lives can be saved. Most every dispatch center in North Dakota has already voluntarily implemented these standards.

We ask for your support on HB 1409, and to give it a favorable "do pass" recommendation.

Thank you.

**Testimony on House Bill No. 1409
Political Subdivisions Committee
Red River Room
March 9, 2001
By
Timothy Wiedrich**

Chairman Cook, 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 information on behalf of the Department regarding this bill.

Effective 9-1-1 dispatch centers are an important component in the delivery of emergency medical services (EMS). We believe that 9-1-1 dispatchers should be appropriately trained to deal with emergency medical service calls. That training and implementation of pre-arrival care instructions is contained in this bill. During pre-arrival care instructions, the dispatcher tells the caller what to do while the ambulance is enroute with simple and effective instructions. The instructions are based on proven protocols and can mean the difference between life and death. We know that in many situations, ambulances will arrive too late for patients who are breathless, have no pulse or are bleeding severely. Pre-arrival care instructions are safe and effective when implemented by trained personnel. The Division of Emergency Health Services currently conducts a voluntary certification program for emergency medical services dispatchers. It consists of 24 hours of training utilizing nationally recognized curricula from the National Highway Traffic Safety Administration.

We also believe that it is important that closest emergency medical service (EMS) unit respond to an emergency regardless of city, county or district boundaries. EMS response time is critical when a medical emergency occurs. Many people assume that when a medical emergency is reported to the 9-1-1 system and an ambulance is requested, the closest available ambulance service is dispatched and responds. Unfortunately, that is not always the case in North Dakota. It is our belief that many of the situations in which 9-1-1 does not currently dispatch the closest EMS unit occurs because the 9-1-1 system planners did not include EMS services outside their geo-political boundaries when establishing the system. That means that an ambulance 26 miles from the scene of a cardiac arrest is dispatched while an available ambulance only six miles from the scene is not. In some situations, the EMS service for economic and other reasons has made a deliberate decision to receive emergency calls and respond to scenes knowing they are not the closest available service. These situations are not in the best interest of the patient. The language requiring dispatch of the closest available EMS service to emergency calls regardless of city, county or district boundaries will assist in resolving this important issue.

I would be happy to try and answer your questions.

TESTIMONY

To: Senate Political Subdivisions Committee

Date: March 9, 2001

From: Jerry Bergquist, Stutsman County 9-1-1 Coordinator and
President of the ND 9-1-1 Association

Concerning Engrossed HB 1409

Good Morning Chairman Cook and members of the Committee. My name is Jerry Bergquist. I'm the 9-1-1 Coordinator for Stutsman County and the President of the ND 9-1-1 Association. My purpose here today is to express support for Engrossed House Bill 1409 and the proposed amendments to that bill. The ND 9-1-1 Association has been working very closely with the sponsors of House Bill 1409, suggesting a number of changes, that will make the bill more universally compatible for all of the 9-1-1 Public Safety Answering Point's (PSAP's) around the state. These changes are identified in the "Proposed Amendments to Engrossed House Bill 1409".

In addition, the ND 9-1-1 Association would appreciate consideration for one last amendment. On page 2 of the bill, line 27, after "to the scene of", insert "the medical". The addition of these two words would clarify that emergency medical services are sent to "medical" emergencies and not emergencies in general, which would include all fire and law enforcement related emergencies. Not adding these two words in this section will mean that 9-1-1 PSAP's will be mandated to send emergency medical services to "all" emergencies, creating a severe and unnecessary over-use of this type of local resource. Please consider this additional amendment to this bill. I would be happy to answer any questions you may have at this time.