

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2388

2005 SENATE HUMAN SERVICES

SB 2388

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2388

Senate Human Services Committee

Conference Committee

Hearing Date February 8, 2005

Tape Number	Side A	Side B	Meter #
1		x	1056-2300
Committee Clerk Signature <i>Cathy Minard</i>			

Minutes:

Chairman Lee opened the public hearing on SB 2388. All members were present.

Senator Gary Lee, District 22, was a sponsor of this bill and introduced it. The bill relates to reciprocity for the practice of respiratory therapy in emergency situations. See written testimony (Attachment 1)

Sen. Lyson: Is there anything in Montana, that would prevent them coming back and forth?

Sen. G. Lee: I would expect that it is similar to Minnesota and South Dakota, and that we wouldn't allow that under this practice. And in going the other direction, it's probably similar, everyone is fairly restrictive right now. We're just trying to open it up, saying "you're licensed, you're credentialled and can work in our state and hope they'll receive us in theirs as well.

Chairman Lee: My impression was that what was in place now was for someone who was licensed in another state and applied for a job in ours; or for someone filling in on a temporary basis.

Sen. G. Lee: I think so. But in a state emergency it has to be designated as such.

Sen. Dever: Members of an organ organizing team; are there others?

Sen. G. Lee: I guess we could widen the gap if necessary, but this has been limited to a specific need in terms of transporting the organs and the individuals needed to harvest the organs and transport them.

Testimony in favor of SB 2388

Susan Bosak, Public Affairs Officer at MeritCare Health System in Fargo.

See written testimony (Attachment 2)

Sen. Dever: Are those professionals needing to be licensed now?

Bosak: Yes. It is an administrative complexity in the state of Minnesota. It is a certification process.

Sen. Dever: You say that North Dakota respiratory therapists have high standards; can we trust that Minnesota and South Dakota do as well?

Bosak: I have no concern whatsoever that we would have those people coming into our state and transporting individuals to another state.

Jack McDonald, appearing on behalf of the North Dakota Society for Respiratory Care.

See written testimony (Attachment 3)

Chairman Lee: Is there comparable standards for licensure in most states?

McDonald: There is a national exam that everyone takes.

Mike Runge, representing Karla Smith, President-elect of the North Dakota Society of

Respiratory Care See attached testimony (Attachment 4)

There was no further testimony on SB 2388

Page 3

Senate Human Services Committee

Bill/Resolution Number SB 2388

Hearing Date February 8, 2005

Chairman Lee closed the public hearing on SB 2388.

Senator Dever moved DO PASS on SB 2388, seconded by Senator Lyson

Vote: 5 yeas, 0 nay, 0 absent Carrier: Senator Warner

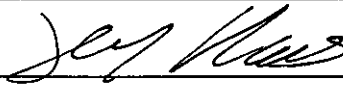
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2388

Senate Human Services Committee

Conference Committee

Hearing Date March 15, 2005

Tape Number	Side A	Side B	Meter #
1	X		1-417
1	X		875-1150
Committee Clerk Signature 			

Minutes:

Chairman Lee opened the meeting to discuss SB 2388. The bill relates to reciprocity for the practice of respiratory therapy in emergency situations. All Senators were present.

Chairman Lee- The main concern was the definition of foreign practitioners, whether or not the determination was narrow enough. The House added language to the bill to include foreign practitioners to practice in an emergency situation.

Senator Lyson- In most cases, the definition of "foreign" means another jurisdiction. Since respiratory therapists in Minnesota are licensed and not registered, does that mean the same thing?

Chairman Lee- Certified, licensed, and registered are all terms relating to respiratory therapy.

Chairman Lee, Senator Lyson, & Senator Warner were appointed to the conference committee on SB 2388.

Chairman Lee closed the meeting on SB 2388.

Date: 2-7-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2388

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Dever Seconded By Sen. Lyson

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Warner

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

REPORT OF STANDING COMMITTEE (410)
February 8, 2005 1:00 p.m.

Module No: SR-25-2120
Carrier: Warner
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2388: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2388 was placed on the
Eleventh order on the calendar.

2005 HOUSE HUMAN SERVICES

SB 2388

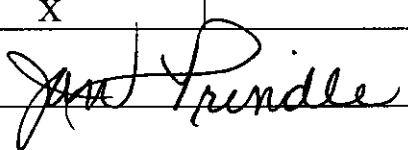
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2388

House Human Services Committee

Conference Committee

Hearing Date **2 March 2005**

Tape Number	Side A	Side B	Meter #
1	X		116- 1015
		X	2500 - 3265
2	X		1640 - 1940
Committee Clerk Signature 			

Minutes:

Chairman Price opened the hearing of SB 2388.

Senator Gray Lee, District 22, introduced the bill. **(Testimony attached.)**

Rep. Weisz: What situation do you foresee in the first part where you talk about an emergency. Why would an out-of-state therapist be in the state in an emergency situation?

Sen. Lee: Principally the situations we see in my part of the state are transported in from MN and SD. That's what this is for. We could recognize their licenses and hopefully they could recognize ours in their state.

Chairman Price: I can think of another example when we had the anhydrous bill.

Susan Bosak, public affairs officer, Merit Care Health System, Fargo, testified in favor of the bill. **(Testimony attached.)**

Rep. Nelson: In the interim I was involved with a group of legislators forum and this fits into the realm of the issues we looked at from responding on a regional basis. Manitoba was also a

part of that discussion. If we look at state borders and cross regulation that issue of responding to situations on either side of the US/Canadian border. Has that been discussed in your group as far as working relationships and liability and licensing issues with Manitoba and Saskatchewan as well?

Bosak: We are actively speaking on general level exploring the option having a waiver for Canadian, Irish and any member of the UK who have passed their medical licenses could come to the US and practice. That's probably the first step to opening up those borders. We would have to look at the fact that it's a different payment mechanism and there are different regulations but there is interest. That is the only area I'm currently working on.

Rep. Porter: In looking at the other practices acts for health care providers, the only other one I could find that deal with individuals licensed outside of ND in emergency situations is physicians. Are we overlooking other health care professionals that we may want to expand this piece of legislation to like nurses because they are involved in ambulance work as are cardio pulmonary techs and other areas that could have licensing problems coming into this state that we are not seeing. I look at this and think of a disaster situation and a team shows up from the CDC with all sorts of practitioners on board are we not going far enough with this piece of legislation?

Bosak: Actually the chairperson and I have begun some discussions about mutual aid agreements. If they could encompass broader practices within mutual aid where you get temporary waiver from state level regulations for practitioners. In this instance why we chose this in particular was because of those very defined situations and we want to begin with policy makers. In particular we chose ND because we felt that you would be receptive to this

recognizing the you are dealing with a number of jurisdictions on the eastern side of the state. I would like to see more exploration of that in the interim. In MN there is a lot of momentum for administrative simplicity or at least there is a lot of talk about it. When it gets right down to when we have to negotiate those things we have to work with each practice board. This bill anticipates that there could be either natural or man made disasters that would require the consolidation of health care services to one area.

There was no further testimony regarding SB 2388 and **Chairman Price closed the hearing.**

Later in the day Chairman Price opened discussion of SB 2388. (Tape 1, side B: 2500)

Rep. Devlin: I like the concept of this bill but I don't think it's broad enough. I think we should expand it to include any licensed medical practitioner.

Rep. Porter: I asked Luke to do some looking in to this and we found a piece in the medical practices act that covered physicians. I couldn't find anything in the nurse practices act and that was as far as I went just thinking of those broad practitioners that this may affect. I agree with Rep. Devlin that when we look at numerous instances when specialty teams fly in to ND that they may or not be covered. There are all sorts of situations that pop up. If they are just here as a part of a transport in and out they shouldn't be affected by any of our licensing boards. They should be allowed to do their job. The other thing that comes into play is that there are teams and jet aircraft and things sitting all over the country after 911 that are available to states upon call for a disaster situation. I would hate to think we are impeding any of that. If we can have another day or so to look at some of these other boards and see what language we can use to make this more encompassing, I think it would better serve the state in these emergency or potential disaster situation. I know we have language that limits anybody's liability in a disaster.

That's already in place. I don't know from a licensing standpoint if they all the provision such as this within their licensing.

Chairman Price: Are you thinking of then putting it in each individual practice acts or having one section that would address all.

Rep. Porter: I would think it would be much easier to have a one section fits all kind of thing. I guess we could check with Legislative Council to see if there's a way to do that or if we would have to insert it into each practices act.

Chairman Price: Do we need to define an emergency in that case? I don't want it to be disputed.

Rep. Porter: When you look in the medical practices act it talks about any physician licensed in another state or country that is part of an emergency situation. It could be anything from a car accident and I would hate to see a licensed respiratory therapist from SD who stopped at a car accident and offered aid and they were deemed to be practicing without a license in ND. I kind of look at an emergency situation as any situation and that covers anything from the smallest car accident all the way up to a large scale disaster.

Chairman Price: Does the Committee wish to explore this further? I've thinking of a team coming in from Abbott Northwestern they sign off the patient at one time. If the CDC comes in I'm assuming that's probably all covered but why don't you check into that.

Rep. Porter: Most of that is covered. The main provision of this is that they are already licensed in another state so their liability and exposure still carry through. No one is granted immunity from malpractice in any other state and if they are coming in from a triciary facility such as Abbott or Life Link they are licensed in MN to operate back and forth. If someone lives

in Fergus Falls and wants to moonlight in Fargo then they have to be licensed in ND and in MN but if they come in from Fergus Falls in the ambulance just for that one call that they are okay. That's what this is about.

Chairman Price: We also have the word "country" in here too as far as liability and malpractice. Let us know when you have something worked up on that.

Rep. Porter: Okay.

Discussion closed.

Later in the day Chairman Price again opened discussion of SB 2388. (Tape 2, Side A:1640)

Rep. Porter presented an amendment. (**Attached.**) In a true disaster situation and we don't have anything in our codes that says that they could come in and practice. If something happened in Fargo, could a nurse and other health care practitioners come across state lines? The definition of Foreign practitioners is some one who is not licensed to practice in ND. What is does, for example, if an organ harvest team comes in from MI and they bring a surgical team, that surgeon and those nurses can come in and do their job inside of that hospital and harvest those organs and get back on their jet to go back to MI without worry of practicing without a license. Another thing it does is if a disaster would happen that as the call goes out that we need help that as they come into the state and, if they are licensed in another state or country, they can practice here during that emergency. **I move the amendment.**

Rep. Nelson: I second.

A voice vote was taken. The amendment passed.

Rep. Devlin: I move Do Pass as Amended.

Page 6
House Human Services Committee
Bill/Resolution Number **SB 2388**
Hearing Date **2 Mar 05**

Rep. Uglum: I second.

A roll call vote was taken.

Yes: 11 No: 0 Absent: 1 (Weisz)

Rep. Porter will carry the bill.

Date: 3/2/05

Roll Call Vote #:

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~HB~~ SB 2388

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Devlin Seconded By Uglen

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S.Price	✓		Rep.L. Kaldor	✓	
V Chrm.G. Kreidt	✓		Rep.L. Potter	✓	
Rep. V. Pietsch	✓		Rep.S. Sandvig	✓	
Rep.J.O. Nelson	✓				
Rep.W.R. Devlin	✓				
Rep.T. Porter	✓				
Rep.G. Uglen	✓				
Rep C. Damschen	✓				
Rep.R. Weisz	AB				

Total () 11 No 0

Absent 1

Floor Assignment Rep Porter

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

REPORT OF STANDING COMMITTEE

SB 2388: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (11 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2388 was placed on the Sixth order on the calendar.

Page 1, line 1, after "43-42-05" insert "and a new section to chapter 43-51"

Page 1, line 2, after "therapy" insert "and for foreign practitioners"

Page 1, after line 11, insert:

"SECTION 2. A new section to chapter 43-51 of the North Dakota Century Code is created and enacted as follows:

Foreign practitioners - Emergency practice exemption. Notwithstanding contrary provisions of law, a foreign practitioner may practice in an emergency in this state, practice as a member of an organ harvesting team, or practice on board an ambulance as part of the ambulance treatment team."

Renumber accordingly

2005 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2388

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2388

Senate Human Services Committee

Conference Committee

Hearing Date March 28, 2005

Tape Number	Side A	Side B	Meter #
1	x		1,272-2800
Committee Clerk Signature <i>Cathy Kinnel</i>			

Minutes:

Chairman Lee opened the conference committee on SB 2388. Present were Senators Lyson, Warner, Representatives Uglem, Porter and Sandvig.

Chairman Lee: The question we had on this bill, we were interested a better understanding of what the foreign practitioner language change was.

Rep. Porter: On the House side, we were looking through some of the practice acts, and I guess not so much from the organ transplant standpoint, but from the standpoint of the Homeland Security issues and the individuals in a disaster situation that need to be licensed to practice in North Dakota, but wouldn't be in the case of a Homeland Security or disaster situation. We thought that the word 'foreign practitioner' doesn't have to do with country of origin, it has to do with state of origin. We thought that what Sen. Lee had proposed for the respiratory therapists was an excellent idea and we wanted to carry through to the other medical professions that we license so that if there would be a Homeland Security issue in Fargo, for example, and we needed

Page 2

Senate Human Services Committee

Bill/Resolution Number SB 2388

Hearing Date March 28, 2005

social workers, psychologists, physicians, etc., that there wouldn't be a licensing issue for that to happen and we could pull teams from all over the country into North Dakota.

Chairman Lee: So you were broadening it to deal with people other than respiratory therapists?

Rep. Porter: That's right.

Rep. Uglem: We agree that if it's good for the respiratory therapists, it should work for the rest.

Sen. Warner: I have a question on the word 'emergency,' isn't much of what ambulances do emergency by definition. Isn't every ambulance run an emergency.

Rep. Porter: No. There's a lot of transport from one facility to another. In order to transport, under COBRA law, the patient has to be deemed stable before they can be taken out of the facility they're in. Under that situation, it's not an emergency. I would look at it more of a 911 type call or moving a patient in an unstable situation to another step-up facility.

Sen. Warner: If you have a multiple car pileup in Fargo, can you call an ambulance from Moorhead, MN?

Rep. Porter: That particular ambulance company is dual licensed in North Dakota and Minnesota. This doesn't really deal with the ambulance service but with the emergency medical personnel that are licensed under this chapter. (43-51)

Sen. Lyson: When these transplant teams come into our state, does this cover them coming in and let them operate.

Rep. Porter: Absolutely. Respiratory therapists felt that they were practicing in North Dakota without a license because of the way the North Dakota practices act was written, and that's what section 1 takes care of. When we looked at it, we felt that it should be broader to cover anybody who would be in that emergency situation--where they are coming in and are licensed in their

own state and they're authorized to practice in their state under their practices act, and under these types of situations they should also be covered to practice in North Dakota.

Chairman Lee asked Senator Gary Lee if he wanted to make any comments and Senator Warner has a question.

Sen. G. Lee: I don't have an issue with what's been added and feel it was reasonable to discuss what was there in terms of the intent because it does include a whole host of people that weren't included in the original draft. Another thing that needs to be added, on line 7 where it says, 'licensed' it should say 'licensed or registered.' I testified in St. Paul on this same bill that they're introducing over there. And they have a registry rather than a license; so to include that language for them if they came over here would be important for them.

Chairman Lee: And that was the reason we didn't concur.

Sen. Warner: Are these still substantially reciprocal?

Sen. G. Lee: This is their bill and it includes the exact same language.

Sen. Warner: So, we're staying on the same page?

Sen. G. Lee: Yes.

Chairman Lee: Is there something comparable in Minnesota?

Sen. G. Lee: They are introducing this bill in this session in Minnesota and it's because of this one to allow us to go over there and do the same thing. It does not include section 2.

Chairman Lee asked Jack McDonald if he had any concerns with the bill and he said he did not right now.

Sen. G. Lee: In terms of that emergency definition, is that problematic in terms of what that emergency might be? In some instances, the emergency needs to be called by the governor in

Page 4

Senate Human Services Committee

Bill/Resolution Number SB 2388

Hearing Date March 28, 2005

order to be called an emergency, so that some of these things can happen. With that being no definition, is there a problem?

Chairman Lee asked Carlee to look this up.

Rep. Porter: An emergency is different for every situation, and you couldn't begin to describe it in the century code.

There was discussion about the term 'emergency' among the committee, Mr. McDonald and Senator Gary Lee. Chairman Lee found the definition in the North Dakota Century Code 23-27-02 (Attachment 1). This was the definition of emergency medical services not an emergency. Rep. Porter did not see a problem and that there was any room for it being abused.

Senator Warner moved that the Senate accede to the House amendments and further amend (Attachment 2), seconded by Rep. Porter.

VOTE: Senate: 3 yeas, 0 nays House: 3 yeas, 0 nays Motion passed.

=====

REPORT OF CONFERENCE COMMITTEE

(ACCEDE/RECEDE) - 420

=====

07398

(Bill Number) SB 2388 (, as (re)engrossed):

Your Conference Committee

<u>el. Call.</u>	For the Senate:	<u>Vote</u>	<u>Roll</u>	For the House:	<u>Vote</u>
✓	<u>Chairman J. Lee</u>	<u>y</u>	✓	<u>Rep. M. Glenn</u>	<u>y</u>
✓	<u>Sen. Lyson</u>	<u>y</u>	✓	<u>Rep. Porter</u>	<u>y</u>
✓	<u>Sen. Warner</u>	<u>y</u>	✓	<u>Rep. Sandvig</u>	<u>y</u>

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

723/724 725/726 8726/8726 8723/8725

 the (Senate/House) amendments on (SJ/HJ) page(s) _____ - _____

and place _____ on the Seventh order.

727

, adopt (further) amendments as follows, and place

 _____ on the Seventh order:

having been unable to agree, recommends that the committee be discharged

 and a new committee be appointed. 690/515

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

 calendar.

DATE: ____/____/____

CARRIER: Sen. Warner

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

=====

 (1) LC (2) LC (3) DESK (4) COMM.

REPORT OF CONFERENCE COMMITTEE

SB 2388: Your conference committee (Sens. J. Lee, Lyson, Warner and Reps. Uglem, Porter, Sandvig) recommends that the **SENATE ACCEDE** to the House amendments on SJ page 755, adopt further amendments as follows, and place SB 2388 on the Seventh order:

That the Senate accede to the House amendments as printed on page 755 of the Senate Journal and page 901 of the House Journal and that Senate Bill No. 2388 be further amended as follows:

Page 1, line 7, after "licensed" insert "or registered"

Renumber accordingly

SB 2388 was placed on the Seventh order of business on the calendar.

2005 TESTIMONY

SB 2388

SB 2388 - RT Reciprocity

Madame Chair and members of the Human Services Committee, for the record I am Gary A. Lee, Senator from District 22. District 22 includes much of greater Cass County, in eastern ND.

I am pleased to come before you and introduce and explain the need for SB 2388. The bill if enacted would provide an exemption, in the Respiratory Care Practice Act, for a Respiratory Therapist, licensed in another state, to provide respiratory therapy in ND in an emergency situation.

Current law, would allow limited practice by an out of state practitioner. But the limited practice would require a written application in advance. This is impractical in many incidences because of the often-urgent need to respond.

This bill is specific, in that it would apply to only members of an organ transplant team, a member that is part of an ambulance treatment team or in the provision of respiratory care in an emergency. The provision of care in these incidences is of a very short-term duration.

It is common practice that these medical team members come into our State to pickup and transport a patient back home or to another treatment facility. This exemption allows that to happen expeditiously and without the cost of another license.

It is the intention that this model could be introduced in our neighboring States to provide the same privileges in their jurisdictions. It is in fact, being considered for introduction in the Minnesota Legislature this session.

Currently, a ND therapist is required to be licensed in Minnesota and South Dakota in order to provide medical care in these emergent, short duration situations. South Dakota also requires these professionals to have Medical Direction from a physician licensed in South Dakota. Each requiring a licensing fee.

Madame Chair, this bill is common sense legislation. It removes bureaucratic barriers while allowing safe, efficient patient care in times of medical need.

Thank you for the opportunity to come before your Committee. I would attempt to answer any questions.

North Dakota 2005 Legislative Session

Senate -- Human Services Committee

Senate Bill 2388

February 8, 2005

Madam Chair and Members of the Committee:

My name is Susan Bosak. I am the Public Affairs Officer at MeritCare Health System in Fargo, North Dakota. I strongly urge the Senate Human Services Committee to bring Senate Bill 2388 to the Senate floor with a DO PASS recommendation.

Border healthcare providers are often put in situations where their staff—physicians, nurses, respiratory therapists and any other professional member of the healthcare team – may be put into a position where they will need to cross state lines to provide care – especially in emergency situations.

MeritCare's LifeFlight helicopter responds to many emergency situations in order to provide essential services to individuals in southeastern North Dakota, northwestern Minnesota and northeastern South Dakota. The staff on LifeFlight needs to be able to provide the necessary care for the individuals that need to be sent to a healthcare facility via helicopter.

Senate Bill 2388 provides the legal protection to respiratory therapists from North Dakota crossing the border into South Dakota and Minnesota from having to be licensed or certified in the border states when providing medical care in emergency situations. The focus of this bill is on emergency situations.

We are working with the Minnesota Legislature and the South Dakota Legislature to ensure similar legislation is passed in those states as well.

Madam Chair and Members of the Committee, thank you for allowing me the opportunity to address you this morning. I would be willing to answer any questions you would have at this time.

February 8, 2005

SENATE HUMAN SERVICES COMMITTEE
SB 2388

SENATOR LEE AND COMMITTEE MEMBERS:

My name is Jack McDonald. I am appearing today on behalf of the North Dakota Society for Respiratory Care. We support this bill and urge a do pass.

The bill fills a gap in state licensing laws for the emergency services described in the bill. Hopefully the passage of this bill will encourage our neighboring states to enact similar legislation.

This bill is needed and we respectfully request you give this a do pass.

If you have any questions, I'd be glad to try and answer them. Thank you for your time and consideration.

59th Legislative Assembly
SB 2388

Committee Members,

On behalf of the North Dakota Society for Respiratory Care, I would like to urge passage of SB 2388 to allow Respiratory Therapists to perform emergency procedures during emergency transport of critically ill patients if they are within the limits of another state.

Thank you for your consideration of my request.

Karla Smith, RRT
President-elect NDSRC

①

SB 2388 - RT Reciprocity

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It is the intention that this model could be introduced in our neighboring States to provide the same privileges in their jurisdictions. It is in fact, being introduced in the Minnesota Legislature this session.

Currently, a ND therapist is required to be licensed in Minnesota, Montana and South Dakota in order to provide medical care in these emergent, short duration situations. South Dakota also requires these professionals to have Medical Direction from a physician licensed in South Dakota, each requiring a licensing fee.

Madame Chair, this bill is common sense legislation. It removes bureaucratic barriers while allowing safe, efficient patient care in times of medical need.

Thank you for the opportunity to come before your Committee. I would attempt to answer any questions.

North Dakota 2005 Legislative Session

House -- Human Services Committee

Senate Bill 2388

March, 2005

Madam Chair and Members of the Committee:

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We are working with the Minnesota Legislature and anticipate we will also contact members of the South Dakota Legislature to ensure similar legislation is passed in those states as well.

Madam Chair and Members of the Committee, thank you for allowing me the opportunity to address you this morning. I would be willing to answer any questions you would have at this time.

**CHAPTER 23-27
LICENSING OF EMERGENCY MEDICAL SERVICES OPERATIONS**

23-27-01. Licensing of emergency medical services operations - Exception - Waiver.

1. The state department of health shall license emergency medical services operations. After June 30, 2001, the department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5.
2. Emergency medical services may not be advertised, offered, or provided to the public unless the operator of the services is licensed as an emergency medical services operation by the department. A license for an operator of an emergency medical services operation is nontransferable and the operator must be separately licensed for each operation that operator operates. Each operation that is headquartered from a separate location must be considered a separate operation; however, an operation with a single headquarters site may dispatch vehicles and personnel from more than one location if calls requesting services are received and orders for vehicle dispatch are made at the single headquarters site.
3. The provisions of this chapter do not apply to an operator from another state who is headquartered at a location outside of this state and transports patients across state lines, but the operator may not treat patients within this state or pick up patients within this state for transportation to locations within this state, except as provided by rule.
4. The state health council shall adopt rules for special licenses and waiver provisions for an operator of an emergency medical services operation intended for industrial sites not available to the general public.

23-27-02. Definition of emergency medical services. For the purpose of this chapter, "emergency medical services" means the prehospital medical stabilization or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless by any person who holds out to the public as being in that service or who regularly provides that service. The term includes basic life support ambulance services, advanced life support ambulance services, air ambulance services, and quick-response unit services.

23-27-03. License fees. The fee for a license to operate an emergency medical services operation and perform emergency medical services must be set by the state health council at a sum of not more than twenty-five dollars annually, as may be required to defray the costs of administration of the licensing program. Individuals providing emergency medical services may not be assessed this license fee. All license fees must be paid to the state department of health and deposited with the state treasurer and credited to the state general fund.

23-27-04. Standards for operators.

1. An emergency medical services operation within this state may not operate unless the operation is licensed in accordance with this chapter and rules adopted by the state health council. The rules must include:
 - a. Time when operator's services must be available.
 - b. Type of motor vehicle operator's license needed for drivers of ground vehicles.
 - c. Training standards for operation personnel.

- d. Equipment and ground vehicle standards.
 - e. Annual license fees.
 - f. Number of personnel required for each run.
 - g. Other requirements as may be found necessary to carry out the intent of this chapter.
2. An officer, employee, or agent of any prehospital emergency medical service may refuse to transport an individual for which transport is not medically necessary and may recommend an alternative course of action to that individual if the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual.

23-27-04.1. Emergency care or services rendered by officers, employees, or agents of emergency medical services operations - Physician medical direction.

1. An officer, employee, or agent of an emergency medical services operation and a physician licensed in this state who provides medical direction to an emergency medical services operation, who is a volunteer, who in good faith renders emergency care, services, or medical direction, is not liable to the recipient of the emergency care, services, or medical direction for any civil damages resulting from any acts or omissions by the person in rendering the emergency care, services, or medical direction provided the person is properly trained according to law.
2. For the purpose of this section, "volunteer" means an individual who receives no compensation or who is paid expenses, reasonable benefits, nominal fees, or a combination of expenses, reasonable benefits, and nominal fees to perform the services for which the individual volunteered, provided that the fees do not exceed twenty-four hundred dollars in any calendar year.
3. For a volunteer physician providing medical direction to an emergency medical services operation, the twenty-four hundred dollar maximum fees amount is calculated separately for each emergency medical services operation for which the physician volunteered medical direction. This section does not relieve a person from liability for damages resulting from the intoxication, willful misconduct, or gross negligence of the person rendering the emergency care or services.
4. An officer, employee, or agent of any emergency medical services operation and a physician licensed in this state who provides medical direction to any emergency medical services operation who in good faith does not render emergency care, service, or medical direction to an individual based on a determination that transport of that individual to a hospital is not medically necessary is not liable to that individual for damages unless the damages resulted from intoxication, willful misconduct, or gross negligence.

23-27-04.2. Emergency medical services - State assistance. The state department of health shall assist in the training of personnel of certain emergency medical services operations as determined by the department and financially shall assist certain emergency medical services operations as determined by the department in obtaining equipment. Assistance provided under this section must be within the limits of legislative appropriation. The department shall adopt criteria for eligibility for assistance in the training of personnel of various types of emergency medical services operations. To qualify for financial assistance for equipment an emergency medical services operation shall certify, in the manner required by the department, that the operation has fifty percent of the amount of funds necessary for identified equipment acquisitions. The department shall adopt a schedule of eligibility for financial assistance for equipment. The schedule must provide for a direct relationship between the amount of funds certified and the number of responses during the preceding calendar year for the purpose of rendering medical

care, transportation, or both, to individuals who were sick or incapacitated. The schedule must require that as the number of responses increases, a greater amount of funds certified is required. The schedule must classify responses and the financial assistance available for various classifications. The department may establish minimum and maximum amounts of financial assistance to be provided to an emergency medical services operation under this section. If applications for financial assistance exceed the amount of allocated and available funds, the department may prorate the funds among the applicants in accordance with criteria adopted by the department. No more than one-half of the funds appropriated by the legislative assembly each biennium and allocated for training assistance may be distributed in the first year of the biennium.

23-27-04.3. Emergency medical services personnel training, testing, certification, licensure, and quality review - Penalty. The state health council shall adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for emergency medical services personnel. Rules adopted must include a definition of minimum applicable standards, a definition of emergency medical services personnel, provide for a mechanism for certifying or licensing persons who have met the required standards, and provide a mechanism to review and improve the quality of care rendered by emergency medical services personnel. It is a class B misdemeanor for an individual to willfully misrepresent that individual's certification or licensing status as emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

23-27-04.4. Supervision of certified or licensed emergency service hospital personnel. Certified or licensed emergency medical technicians-intermediate and paramedics, who are employed by a hospital and who are working in a nonemergency setting are under the supervision of the hospital's patient services management.

23-27-04.5. Quick-response unit service pilot program. Expired under S.L. 2001, ch. 246, § 14.

23-27-04.6. Quick-response units. Notwithstanding contrary licensing and certification requirements under this chapter, department licensure or certification as a quick-response unit is optional.

23-27-05. Penalty. Any person violating the provisions of this chapter is guilty of an infraction.

Proposed Amendments on Senate Bill 2388
March 28, 2005

Page 1, line 7, after "licensed" insert "or registered"

Renumber accordingly