

# PUBLIC SAFETY COMMITTEE

The Public Safety Committee was assigned the following responsibilities:

1. A study of the state's emergency medical services (EMS) system, including the funding, demographics, and impact on rural areas pursuant to Section 8 of House Bill No. 1004 (2007).
2. Receive a report from the State Health Officer before July 1, 2008, regarding the outcome and recommendations of the Health Council's study of minimum requirements of reasonable EMS coverage pursuant to subsection 1 of Section 2 of House Bill No. 1162 (2007).
3. Receive a report from the State Health Officer before July 1, 2008, on the findings and recommendations of the State Department of Health's contractor's evaluation of the state's trauma system and the department's responses and proposed responses to the recommendations pursuant to subsection 4 of Section 1 of House Bill No. 1290 (2007).
4. Receive a report from the State Department of Health by July 1, 2008, regarding the findings of the department's contractor's assessment of the state's EMS system pursuant to Section 4 of House Bill No. 1296 (2007).
5. A study of the Department of Emergency Services, including the Division of Homeland Security and the Division of State Radio, including a review of the allocation of federal homeland security funding, the operation of State Radio, and potential changes to the 911 fee structure to continue salary equity funding provided in the 2007-09 biennium pursuant to Section 8 of Senate Bill No. 2016 (2007).
6. A study of the delivery and funding of veterans' services by the state and counties pursuant to House Concurrent Resolution No. 3063 (2007).
7. Approve any agreement between a North Dakota state entity and the state of South Dakota to form a bistate authority pursuant to North Dakota Century Code (NDCC) Section 54-40-01.

Committee members were Representatives Todd Porter (Chairman), Randy Boehning, Mike Brandenburg, Ron Carlisle, Edmund Gruchalla, Pam Gulleon, James Kerzman, Joe Kroeber, Bob Martinson, Vonnie Pietsch, Clara Sue Price, and Don Vigasaa and Senators Joan Heckaman, Ralph L. Kilzer, Gary A. Lee, Elroy N. Lindaas, and John M. Warner.

The committee submitted this report to the Legislative Council at the biennial meeting of the Council in November 2008. The Council accepted the report for submission to the 61<sup>st</sup> Legislative Assembly.

## STUDY OF EMERGENCY MEDICAL SERVICES

The Public Safety Committee was assigned various responsibilities relating to EMS provided within North Dakota. These responsibilities include:

- A study of the state's EMS system, including the funding, demographics, and impact on rural areas pursuant to Section 8 of House Bill No. 1004 (2007).
- Receive a report from the State Health Officer before July 1, 2008, regarding the outcome and recommendations of the Health Council's study of minimum requirements of reasonable EMS coverage pursuant to subsection 1 of Section 2 of House Bill No. 1162 (2007).
- Receive a report from the State Health Officer before July 1, 2008, on the findings and recommendations of the State Department of Health's contractor's evaluation of the state's trauma system and the department's responses and proposed responses to the recommendations pursuant to subsection 4 of Section 1 of House Bill No. 1290 (2007).
- Receive a report from the State Department of Health by July 1, 2008, regarding the findings of the department's contractor's assessment of the state's EMS system pursuant to Section 4 of House Bill No. 1296 (2007).

## Background Information

### Emergency Medical Services

North Dakota Century Code Chapter 23-27 defines "emergency medical services" as the prehospital medical stabilization and transportation of individuals who are sick, injured, wounded, or otherwise incapacitated or helpless by EMS personnel with physician oversight. The term includes assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions.

### Emergency Medical Services Licensing

The State Department of Health is responsible for licensing EMS operations. North Dakota Century Code Section 23-27-03 provides that the fee to operate an EMS operation or a substation ambulance services operation must be set by the Health Council at a sum not to exceed \$25 annually. The current annual license fee is \$25 and is used to defray the costs of administration of the licensing program. 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. Emergency medical services personnel are not subject to a license fee.

The Health Council is responsible for establishing rules for licensure. These rules must include:

- Time when operator's services must be available.
- Type of motor vehicle operator's license needed for drivers of ground vehicles.

- Training standards for operating personnel.
- Equipment and ground vehicle standards.
- Number of personnel required for each run.
- Other requirements as may be found necessary.

### **Emergency Medical Services Training and Certification**

North Dakota Century Code Section 23-27-04.2 requires the State Department of Health to assist in the training of EMS personnel and to financially assist certain EMS operations in obtaining equipment. The legislative history indicates personnel training services must be met before the department may financially assist ambulance units in obtaining equipment. This section provides:

- Assistance provided must be within the limits of legislative appropriation.
- The department is to adopt eligibility criteria for assistance in the training of EMS personnel.
- To qualify for financial assistance for equipment, an EMS operation is to certify, in the manner required by the department, that the operation has 50 percent of the amount of funds necessary for identified equipment acquisitions.
- The department is to adopt a schedule of eligibility for financial assistance for equipment.
- The department may establish minimum and maximum amounts of financial assistance to be provided to an EMS operation. 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 developed 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.

North Dakota Century Code Section 23-27-04.3 requires the Health Council to adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for EMS personnel, instructors, and training institutions. Rules adopted must:

- Define minimum applicable standards.
- Define EMS personnel.
- Provide for a mechanism for certifying or licensing persons who have met the required standards.
- Provide a mechanism to review and improve the quality of care rendered by EMS personnel.
- Define minimum standards for EMS training institutions.

### **Emergency Medical Services Funding Sources**

The 2001 Legislative Assembly approved House Bill No. 1405, which increased the maximum mill levy rate for ambulance services from 5 mills to 10 mills. The Century Code references relating to property tax rates for ambulance services include:

County - Section 57-15-06.7(23) provides that a county may levy a tax of up to 10 mills for county EMS.

Township - Section 57-15-20.2(7) provides that a township may levy a tax of up to 10 mills for EMS.

Rural ambulance service districts - Pursuant to Section 57-15-26.5, a rural ambulance service district may levy a tax not exceeding 10 mills on the taxable value of property within the district.

City - Pursuant to Section 57-15-51, a city may impose a levy of up to 10 mills upon its taxable valuation for the purpose of subsidizing city EMS. Whenever a tax for county EMS is levied, any city levying a tax for EMS may be exempted from the county tax levy.

Other sources of revenues for ambulance services include donations; federal funds; state grants and user fees, including insurance; and Medicare and Medicaid reimbursement.

### **Quick Response Units**

Quick response units are organizations that provide care to patients while an ambulance is enroute to the scene of an emergency. Quick response units may be part of a law enforcement agency, a fire department, or a stand-alone agency whose only purpose is to provide quick response services. North Dakota Century Code Section 23-27-04.6 provides that State Department of Health licensure or certification as a quick response unit is optional. The State Department of Health has established a voluntary certification program in response to requests from providers to establish standards.

### **North Dakota Trauma System**

North Dakota Administrative Code Section 33-38-01-01 defines "trauma" as tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy or by the absence of heat or oxygen. A "trauma center" is defined as a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center.

The State Department of Health, under the auspices of the Health Council, maintains the North Dakota trauma system. The North Dakota trauma system began in 1993 with the development of a trauma system plan that identified the need for an organized trauma system for the state. The 1995 Legislative Assembly approved House Bill No. 1318, which appropriated \$100,000 to the State Department of Health for development of a comprehensive trauma and emergency medical system, including:

1. A State Trauma Committee and regional trauma committees.
2. A trauma designation system.
3. A statewide trauma registry system with a quality improvement process.
4. Prehospital trauma transport plans.

The North Dakota trauma system is an integrated comprehensive system designed to be inclusive to all health care providers in the state. The trauma system provides a state of readiness or a preplanned response for care of the injured victim. This response requires an entire spectrum of care delivery, from injury prevention to prehospital, hospital, and rehabilitative care.

North Dakota Administrative Code Section 33-38-01-06 provides five levels of trauma center designation for hospitals. Trauma center designations are based upon American College of Surgeons standards, with the Level I designation being the highest standard level.

### Emergency Services Personnel

The committee received information from representatives of the State Department of Health regarding training and certification for emergency services personnel. The committee learned North Dakota has five levels of training for emergency services personnel--first responder, emergency medical technician (EMT), EMT intermediate '85, EMT intermediate '99, and paramedic. The state also has different scope enhancement courses that individuals may take to supplement their training, including emergency vehicle operations, emergency medical dispatch, automobile extrication, manual defibrillation, intravenous maintenance, flight medical crew, epinephrine administration, dextrose administration, bronchodilator administration, and multilumen airway insertion. The following is a summary of emergency services personnel certification or licensure requirements and recertification or relicensure requirements:

Emergency Services Personnel	Certification or Licensure Requirements	Recertification or Relicensure Requirements
First responder	Complete a 40-hour course and pass a local written test and practical test	Complete a 16-hour refresher course
EMT	Complete 110 hours of classroom instruction and pass a national written test and practical test	Option 1 - Complete a 24-hour refresher course with an additional 48 hours of continuing education Option 2 - Pass a cognitive knowledge test Option 3 (proposed) - Pass a practical test
EMT intermediate '85	Hold a valid EMT license, complete 100 training hours, and pass a national written test and practical test	Option 1 - Complete a 36-hour refresher course with an additional 36 hours of continuing education Option 2 - Pass a cognitive knowledge test
EMT intermediate '99	Hold a valid EMT license, complete 300 training hours, and pass a national written test and practical test	Option 1 - Complete a 36-hour refresher course with an additional 36 hours of continuing education Option 2 - Pass a cognitive knowledge test
Paramedic	Hold a valid EMT license, complete a 1,200-hour course, and pass a national written test and practical test	Option 1 - Complete a 48-hour refresher course with an additional 24 hours of continuing education Option 2 - Pass a cognitive knowledge test

### Law Enforcement Personnel

The committee received information regarding law enforcement emergency medical training and learned all peace officers are required to complete first aid and

cardiopulmonary resuscitation (CPR) training as part of their basic training. During the 1980s and early 1990s, peace officers were provided first responder training; however, the training was reduced to 16 hours of first aid and CPR training because of other training needs. Currently, Highway Patrol troopers receive first responder training and are certified every two years in order to maintain their first responder certification.

### Emergency Medical Services Operations Grant Program

The committee learned House Bill No. 1296 (2007) appropriated \$1,250,000 from the insurance tax distribution fund to the State Department of Health for providing grants for EMS operations. The funding is to provide assistance to ambulance services with staffing needs. The State Department of Health promulgated rules and developed a grant application process for 108 of the state's 141 licensed ambulance services that were identified by the department as being "access critical." The following is a summary of the grant awards for the first year of the 2007-09 biennium:

Ambulance Service	Award Amount	Project Description
New England Ambulance Services	\$22,176	Hire EMT for summer months
Westhope Ambulance Service	44,176	Hire full-time EMT and paid oncall time for volunteers
Medina Ambulance Service	44,935	Paid oncall time and run pay
Maddock Ambulance Service	39,124	Contract for EMT coverage
Turtle Lake Ambulance Service	25,230	Part-time manager, paid oncall time, and run pay
Kindred Area Ambulance Service	45,000	Paid oncall time and contract for EMT coverage as needed
Grenora Ambulance Service	45,000	Contract for EMT coverage
Kidder County Ambulance	27,496	Paid oncall time and run pay
McKenzie County Ambulance	44,692	Hire two part-time EMTs for weekend coverage, paid oncall time for volunteers, and part-time office person
Divide County Ambulance District	36,522	Paid oncall time
Wilton Rural Ambulance District	31,824	Paid oncall time
Gackle Ambulance Service	37,630	Hire part-time EMT for weekend coverage, oncall pay for volunteers, and run pay
Sargent County Ambulance - Forman	43,056	Paid oncall time
Wing Rural Ambulance	20,429	Paid oncall time and part-time office staff
Napoleon Ambulance Service	24,809	Paid oncall time, run pay, and part-time office person
Lidgerwood Ambulance Service	32,440	Paid oncall time and run pay
Richardton-Taylor Ambulance Service	21,326	Paid oncall time, offer incentive pay to join service, and part-time office staff
Mohall Ambulance Service	29,458	Hire two part-time EMTs, paid oncall time for volunteers, run pay, and part-time office staff

Ambulance Service	Award Amount	Project Description
Wishek Ambulance Service	14,120	Hire part-time EMT and paid oncall time
Page Ambulance Service	10,753	Paid oncall time, run pay, and paid administrative duties
Bowdon Ambulance Service	16,488	Paid oncall time and one part-time office staff
McVile Ambulance Service	26,645	Paid oncall time and run pay
Bowman Ambulance Service	36,718	Hire two full-time paramedics
Sargent County Ambulance - Milnor	6,240	Weekend paid oncall time
Community Volunteer EMS of LaMoure	3,640	Paid oncall time
West River Ambulance	8,320	Hire full-time EMT
Velva Ambulance Service	23,088	Paid oncall time and part-time ambulance coordinator
Emmons County Advanced Life Support Ambulance	6,240	Hire full-time EMT
Northwood Ambulance Service	18,200	Hire full-time paramedic
Casselton Ambulance Service	15,725	Paid oncall time
Hillsboro Ambulance Service	14,801	Hire part-time weekend EMT and oncall time for volunteers
Rock Lake Ambulance Service	7,800	Paid oncall time
Total	\$824,101	

The State Department of Health will have another grant application period in November 2008.

### Study of Minimum Requirements of Reasonable Emergency Medical Services Coverage

The committee learned House Bill No. 1162 (2007) provides that the Health Council is to study the minimum requirements of reasonable EMS coverage taking into consideration the response time for EMS. In response to the study, the State Department of Health determined the following controllable factors affect reasonable EMS response coverage:

- Access to the EMS system.
- Emergency medical dispatch.
- Time from EMS notification to arrival on scene.

The committee learned the 911 system has been approved by every county in the state and is operational in all but Rolette County, which is in the process of implementing a 911 system. Not all ambulance services have updated their dispatching process over the years. Some ambulance services do not use a radio or pager dispatch system, and some ambulance services use a third party, such as a hospital or nursing home, to page the ambulance. The department's recommendations to improve access to the EMS system are:

- Require through administrative rules that EMS agencies be dispatched directly by a public safety answering point by radio or pager.
- Require through administrative rules that EMS agencies have scheduled personnel oncall at all times.

The committee learned NDCC Section 57-40.6-10(9) requires that every person who answers emergency 911 calls be trained in emergency medical dispatch and that every public safety answering point offer prearrival instructions. The department's recommendations to improve emergency medical dispatch are:

- Establish in statute or rule a requirement that ambulance services have affirmative communications (hand-held radios) capable of communicating with each other and dispatch if they intend to respond with a fragmented crew.
- Require public safety answering points to automatically dispatch the local EMS that serves the area. If the local ambulance provided is licensed at the basic life support level, the public safety answering points must also dispatch an advanced life support ambulance service if the patient has major trauma, cardiac chest pain or acute myocardial infarction, cardiac arrest, or severe respiratory distress or respiratory arrest.
- Require a helicopter air ambulance to be dispatched if the incident occurs more than 20 miles from a helicopter air ambulance base of operations but not more than 100 miles, and if the following conditions exist: prolonged extrication time, multiple victims, ejection from vehicle, pedestrian or bicycle struck by a vehicle traveling more than 20 miles per hour, burns covering more than 10 percent of the victim's body, or stroke symptoms.
- Provide statutory authority to the State Department of Health to establish these regulations for public safety answering points through administrative rules.
- Study the issue of dispatching multiple ground transporting agencies to determine an equitable process to alleviate "unfunded" ambulance transports.

The committee learned the department has determined that the response time measurement should be divided into two segments--time from dispatch to time of EMS en route and time en route to time on scene. Standards for the response time need to consider population density and hospital location. The department's recommendations in the area of response time are:

- Cities with a hospital must have an ambulance service.
- Cities with a population of at least 1,000 that are more than 15 miles from another city of 1,000 must have an ambulance. Cities with a population of 500 to 999 and that are fewer than 25 miles from an ambulance must have an EMS agency. Gaps in coverage will need to be addressed on an individual basis by using the "access critical" ambulance service criteria.
- Establish in administrative rules that urban ambulance services must have a response time standard of arriving on scene in less than nine minutes 90 percent of the time.
- Establish in administrative rules that rural and transportation corridor ambulance services must

have an en route time of 10 minutes or less 90 percent of the time and an overall response time of less than 20 minutes 90 percent of the time.

- Establish in administrative rules that frontier ambulance services must have an en route time of 10 minutes or less 90 percent of the time and an overall response time of less than 30 minutes 90 percent of the time.

### Evaluation of the State's Trauma System

The committee learned the 2007 Legislative Assembly approved House Bill No. 1290, which appropriated \$100,000, of which \$75,000 was from the health care trust fund and \$25,000 was from gifts, grants, or donations, to the State Department of Health for contracting with a professional organization to

perform an evaluation of the trauma system in the state. The evaluation was to include a comprehensive onsite review by a multidisciplinary team, a critical analysis of the current state trauma system, the state trauma system's interrelationship with the state's emergency management system and with homeland security all-hazard planning and program efforts, and recommendations for improvements and enhancements.

The committee learned the department contracted with the American College of Surgeons to perform the evaluation. The American College of Surgeons conducted an evaluation of the state's trauma system in April 2008. The assessment team focused on 18 essential components involved in a trauma system and held dialogues and briefings with key trauma stakeholders across the state. The evaluation team developed a report with numerous recommendations. The following is a summary of the recommendations:

Area	Recommendations
Injury epidemiology	<p>Seek legislation to establish a statewide collection of hospital discharge data with E-codes</p> <p>Identify resources to increase the availability of epidemiology support for a statewide injury program</p> <p>Develop a comprehensive approach to injury assessment</p> <p>Provide funding for the injury prevention program director to seek additional injury prevention and control education</p>
Statutory authority and administrative rules	<p>Modify Level V trauma center criteria to ensure that all facilities can legitimately achieve and maintain verification at this level</p> <p>Include trauma system participation at a level consistent with their resources and capabilities for all primary care or general acute hospitals as a condition of state licensure</p> <p>Task a committee comprised of representatives of both the State Trauma Committee and the EMS Advisory Committee to conduct a detailed review of all regulations pertaining to trauma and EMS, to consider the rules changes recommended, and to identify any additional regulation modifications that might be necessary</p> <p>Conduct a periodic review of all statutes, rules, and regulations pertaining to trauma and EMS to ensure that they are current</p>
System leadership	<p>Strengthen the State Trauma Committee to enable it to assume its role as the lead advisory body for the trauma system</p> <p>In absence of a state medical director, provide medical direction through a technical advisory group comprised of trauma center directors</p> <p>Structure and empower regions to lead implementation of the state trauma plan at a regional level</p>
Coalition building and community support	<p>Review the membership of the State Trauma Committee and consider partnering with other community leaders representing the media, health plans, payers, and industry who can further advocate for injury prevention and control and ongoing trauma system development</p> <p>Expand opportunities for stakeholders to participate in trauma system development by creating technical advisory groups that function under the direction of the State Trauma Committee</p> <p>Obtain a rules change to convert ad hoc members to voting members</p>
Lead agency and human resources within the lead agency	<p>The State Department of Health, Division of Emergency Medical Services, and State Trauma Committee should evaluate the recommendations contained in this report and the National Highway Traffic Safety Administration recommendations to identify focus areas for attention and develop a funding and staffing plan.</p> <p>Acquire personnel and additional funding for the state office to support the current staff needs to implement the North Dakota trauma system</p> <p>Identify a state EMS medical director</p> <p>Consider renaming the Division of Emergency Medical Services to incorporate trauma into the division title</p> <p>Create strong ties with the injury prevention program within the State Department of Health and support each other's programs within the state system of resource allocation</p> <p>Create stronger ties with the Center for Rural Health to support research and data analysis in addition to the current use of flex grants for hospital training</p> <p>Work more closely with the University of North Dakota and North Dakota State University to maximize data analysis efforts as well as training opportunities</p>
Trauma system plan	<p>Update and modify the state trauma plan bringing it up to current standards</p>

Area	Recommendations
System	<p>Develop a process for integration with the disaster preparedness infrastructure, including reciprocal committee membership and mutual plan development</p> <p>Develop a process for integration with the injury and violence coalition and develop a shared vision integration and plan</p> <p>Develop a process for integration with rural health and critical access hospital programs to optimize resource sharing, particularly in the areas of staffing, data collection, and quality assurance</p> <p>Develop a process for integration with other public health and safety services, including mental health, social services, transportation, fire, and law enforcement, to facilitate resource sharing</p>
Financing	<p>Acquire dedicated funding for additional positions needed to manage the trauma program</p> <p>Acquire dedicated funding for an EMS medical director</p> <p>Acquire one-time funding for an epidemiology consultant and fixing the state trauma registry</p> <p>Create a trauma unit within the Division of Emergency Medical Services that has staff supervision responsibilities for the state trauma manager to manage the elements of the trauma system</p> <p>Develop mechanisms for the collection of trauma payer data</p>
Prevention and outreach	<p>Develop an implementation guide for the injury prevention plan that clarifies the role of trauma centers and other stakeholders as partners in the implementation process</p> <p>Strengthen the relationship between the trauma system program and the injury prevention program, promoting a partnership that permits the injury prevention program to serve as the prevention arm of the trauma system</p> <p>Seek a State and Territorial Injury Prevention Directors Association technical assessment or consultation in preparation for seeking a Centers for Disease Control and Prevention injury capacity-building grant</p> <p>Develop a resource collection of evaluated and effective injury prevention programs for use by stakeholders</p>
Definitive care facilities	<p>Mandate the participation of all primary care and general acute care hospitals in the trauma system and tie this requirement to hospital licensure</p> <p>Develop a memorandum of understanding between the State Department of Health and the designated trauma centers outlining roles and responsibilities</p> <p>Conduct an inventory of trauma centers' programs and services to direct triage and patient flow</p> <p>Develop interfacility transfer criteria to ensure that patients with specialized needs are sent to facilities with matching resources</p> <p>Facilitate access to educational opportunities through investments in novel approaches to learning</p> <p>Review pediatric trauma care to assess the possibility of establishing an American College of Surgeons-verified Level II pediatric trauma center</p>
System coordination and patient flow	<p>Conduct an inventory of all trauma centers' programs and services to direct triage and patient flow</p> <p>Develop interfacility transfer criteria to ensure that patients with specialized needs are sent to facilities with matching resources</p> <p>Develop advanced life support intercept protocols</p> <p>Determine the impact on the appropriate utilization of advanced life support intercepts by basic life support services due to potential financial disincentives</p> <p>Evaluate the need and feasibility for expanding air medical coverage for the state</p> <p>Develop critical care ground transport capability</p> <p>Develop dispatch criteria and protocols to expedite rotor wing ambulance and ground advanced life support injury scene response and intercept in interfacility transfer</p>
Rehabilitation	<p>Functionally integrate rehabilitation into trauma system development</p> <p>Conduct a resource assessment of specialized rehabilitation services to identify what state or regional resources are available</p> <p>Develop criteria for interfacility transfer to rehabilitation centers to ensure access to specialized services when necessary</p> <p>Link data between trauma registries and rehabilitation centers to provide information regarding patient access and outcomes</p>
Disaster preparedness	<p>Provide training for all trauma system health care providers from an all-hazards approach</p> <p>Maximize interaction between the trauma and EMS community and the emergency preparedness community at all levels to optimize disaster preparedness</p>
Systemwide evaluation and quality assurance	<p>Develop a trauma system performance improvement plan and start with simple screens</p> <p>Establish clear guidelines that describe the expectations of the regional committees for peer review and patient outcomes</p> <p>Appoint a performance improvement technical advisory group to initiate quarterly meetings designed to review specific key measures and case reviews to identify opportunities for improving care</p> <p>Develop guidelines and a mechanism for the regions and state to gain concurrent information on significant trauma system and patient care issues</p> <p>Consider having the state trauma manager make occasional visits to the trauma centers each year to assess any trauma system or patient care concerns</p>

Area	Recommendations
	Utilize the existing teleconferencing capabilities in the region for case review with a continuing medical education format to encourage attendance Consider hiring outside registry companies if filling local registrar positions becomes difficult
Trauma management information systems	Utilize existing registry data to its fullest extent Identify solutions to improve the current data system Improve access to and the quality of UB-92 data Explore all existing datasets for information that may be useful in the planning, development, and evaluation of the trauma system
Research	Engage the general medical community in the development of an agenda to identify the strategic priorities in injury research Encourage researchers within local academic centers to present new research findings at state trauma conferences to foster the development of academic-community partnerships Perform data linkage across datasets at the state level to facilitate evaluation of the continuum of care

The committee learned the State Trauma Committee met on July 23, 2008, to prioritize the recommendations from the evaluation. The State Trauma Committee determined that 21 of the recommendations should be implemented within the next two years. The following are five priority recommendations identified by the State Trauma Committee that need legislative action to implement and are not in ranked order:

1. Mandate the participation of all primary care and general acute care hospitals in the trauma system and make this a requirement of hospital licensure.
2. Provide the Division of Emergency Medical Services with personnel and additional funding to support the current staffing and program needs to implement the state trauma system. This would include a full-time associate trauma coordinator, a half-time EMS/trauma medical director, and a half-time administrative assistant.
3. Require licensure of all quick response units.
4. Update and modify the state trauma plan to meet current standards.
5. Determine the impact on the appropriate utilization of advanced life support intercepts by basic life support ambulance services due to potential financial disincentives.

The committee learned the following 16 recommendations were identified by the State Trauma Committee to be addressed in the next two years but do not require legislative action:

1. Develop dispatch criteria and protocols to expedite rotor wing ambulance and ground advanced life support injury scene response and intercept in interfacility transfer.
2. Create a committee comprised of representatives of both the State Trauma Committee and the EMS Advisory Committee to conduct a detailed review of all regulations pertaining to trauma and EMS, to consider the rules changes recommended, and to identify any additional regulation modifications that might be necessary.
3. Identify solutions to improve the current data system and utilize existing registry data to its fullest extent.

4. Explore all existing datasets of information that may be useful in the planning, development, and evaluation of the trauma system.
5. Expand opportunities for stakeholders to participate in trauma system development by creating technical advisory groups that function under the direction of the State Trauma Committee.
6. Establish clear guidelines that describe the expectations of the regional committees for peer review and patient outcomes.
7. Develop a trauma system performance improvement plan and start with simple screens.
8. Appoint a performance improvement technical advisory group to initiate quarterly meetings designed to review specific key measures and case reviews to identify opportunities for improving care.
9. Develop guidelines and a mechanism for the regions and the state to gain concurrent information about significant trauma system and patient care issues.
10. Utilize the existing teleconferencing capabilities in the regions for case review with a continuing medical education format to encourage attendance.
11. Consider having the state trauma manager make occasional visits to the trauma centers each year to assess any trauma system or patient care concerns.
12. Strengthen the relationship between the trauma system program and the injury prevention program, promoting a partnership that permits the injury prevention program to serve as the prevention arm of the trauma system.
13. Develop a process for integration with the disaster preparedness infrastructure, including reciprocal committee membership and mutual plan development.
14. Maximize interaction between the trauma and EMS community and the emergency preparedness community at all levels to optimize disaster preparedness.
15. Develop a process for integration with other public health and safety services, including mental health, social services, Department of

Transportation, fire, and law enforcement, to facilitate resource sharing.

16. Develop advanced life support intercept protocols.

### Assessment of the State's Emergency Medical Services System

The committee learned the 2007 Legislative Assembly approved House Bill No. 1296, which appropriated \$30,000 from the general fund to the State Department of Health for funding an assessment of the

state's EMS system. The department contracted with the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services to perform the assessment. The National Highway Traffic Safety Administration conducted its assessment on April 7-11, 2008. The assessment team focused on 10 national standards plus emergency preparedness. After hearing presentations regarding the state's EMS system from stakeholders from across the state, the NHTSA team compiled a report with recommendations in 11 categories. The following is a summary of the recommendations included in the report:

Category	Recommendations
Regulation and policy	<p>The state should require mandatory licensing of quick response units.</p> <p>The EMS Advisory Committee should be formally recognized in statute or rule to include Emergency Medical Services for Children (EMSC) representation.</p> <p>The Division of Emergency Medical Services should facilitate a dialogue on the public's expectations for EMS and develop new EMS delivery models based on those expectations.</p> <p>The Division of Emergency Medical Services should formalize and update the ambulance inspection program to include technical assistance visits for quality improvement.</p> <p>The Legislative Assembly should provide funding for quality improvement coordinators who could work with local medical directors.</p> <p>The Legislative Assembly should provide funding for EMSC activities beyond the federal requirements.</p> <p>The Legislative Assembly should provide additional staff and financial support to the Division of Emergency Medical Services to work on these recommendations.</p>
Resource management	<p>The Legislative Assembly should provide the Division of Emergency Medical Services with financial and staffing resources to fully meet regulatory and programmatic responsibilities.</p> <p>The Division of Emergency Medical Services should update the state EMS plan and add a pediatric component.</p> <p>The Division of Emergency Medical Services should provide technical assistance tools to the provider community, including EMS management and budgeting courses, data analysis courses, and benchmarking courses.</p>
Human resources and training	<p>The Division of Emergency Medical Services should continue to implement the <i>EMS Agenda for the Future</i> and transition EMS personnel into the new levels defined in the National EMS Scope of Practice Model.</p> <p>The Division of Emergency Medical Services should expand the licensed training institution model.</p> <p>The Division of Emergency Medical Services should examine the initial and continuing education of EMS instructors to improve quality and uniformity of course delivery.</p> <p>The Division of Emergency Medical Services should consider a formal human resources needs assessment.</p> <p>The Division of Emergency Medical Services should enhance the listing of available courses on the division's website.</p>
Transportation	<p>The Division of Emergency Medical Services, with support from the Legislative Assembly, should increase the number of staff for ambulance inspections and technical assistance visits.</p> <p>The Legislative Assembly should require licensing of all quick response units and consider removing the 24 hours a day 7 days a week requirement for quick response units.</p> <p>The Division of Emergency Medical Services should develop protocols that facilitate appropriate use of advanced life support intercepts and helicopter response to emergencies.</p> <p>The Division of Emergency Medical Services should update the pediatric equipment list for ambulances.</p> <p>The Division of Emergency Medical Services should work with hospitals to develop a critical care ground transport network.</p>
Facilities	<p>The Legislative Assembly should make trauma designation mandatory for hospitals.</p> <p>The Division of Emergency Medical Services should update the trauma triage protocol to be consistent with current American College of Surgeons standards.</p> <p>The Division of Emergency Medical Services should continue to work with the North Dakota Healthcare Association.</p> <p>The Division of Emergency Medical Services should develop strategies to improve the trauma education of physicians, nurses, and midlevel providers in Level IV and Level V trauma centers.</p> <p>The Division of Emergency Medical Services should develop standards to ensure pediatric needs are met at each hospital.</p>
Communications	<p>The Division of Emergency Medical Services should enhance collaborations with public safety answering points for data sharing and monitoring EMS performance.</p>

Category	Recommendations
	<p>The Division of Emergency Medical Services should provide technical assistance for public safety answering point emergency medical dispatch activities.</p> <p>The Division of Emergency Medical Services should work with the Division of State Radio to ensure that the needs of the EMS community are represented when establishing communications interoperability.</p> <p>The Division of Emergency Medical Services should have direct representation on the committee addressing communications interoperability.</p> <p>The Division of Emergency Medical Services should have a communications chapter in the state EMS plan or have a separate EMS communications plan.</p>
Public information, education, and prevention	<p>The Division of Emergency Medical Services should provide resources for public information on EMS and injury prevention.</p> <p>The Division of Emergency Medical Services should provide public information, education, and prevention training at EMS conferences.</p>
Medical direction	<p>The Legislative Assembly should establish and provide funding for a state EMS medical director.</p> <p>The Division of Emergency Medical Services should develop and the Legislative Assembly should provide funding for regional EMS quality improvement specialists to assist local medical directors and ambulance services.</p> <p>The Division of Emergency Medical Services should ensure that every ambulance has access to online medical direction, which may involve the development of regional online medical direction centers.</p> <p>The Division of Emergency Medical Services and the state EMS director should collaborate with the EMS Medical Director Society and the North Dakota EMS Association to develop clinical performance indicators and monitor them statewide.</p> <p>The Division of Emergency Medical Services and the state EMS director should explore options to create incentives to recruit EMS directors and encourage active involvement in the EMS system, which may involve creation of regional models of medical direction.</p>
Trauma systems	<p>The Legislative Assembly should update the funding for trauma operations and staffing and create a .5 full-time equivalent (FTE) state trauma medical director position.</p> <p>The Division of Emergency Medical Services should purchase functional software for state trauma registry.</p> <p>The Division of Emergency Medical Services and the State Trauma Committee should develop a strategy for statewide trauma system quality improvement and update the state trauma system plan.</p> <p>The Division of Emergency Medical Services should reconcile the four hospital regions, four trauma regions, and the eight public health regions.</p> <p>The Division of Emergency Medical Services should discuss the use of military helicopter resources for special circumstance trauma patients.</p> <p>The Division of Emergency Medical Services should make use of the Federal Health Resources and Services Administration <i>Model Trauma System Planning and Development</i> document.</p> <p>The Division of Emergency Medical Services should change its name to more accurately reflect its breadth of responsibilities and should consider "Division of Emergency Medical Services and Trauma."</p>
Evaluation	<p>The Division of Emergency Medical Services should ensure that all EMS medical directors, ambulance managers, and EMS personnel fully understand the importance and capabilities of the statewide online ambulance reporting system.</p> <p>The Division of Emergency Medical Services should facilitate evaluation at the local levels.</p> <p>The Division of Emergency Medical Services should develop focused evaluation projects, including the utilization of tracer conditions.</p> <p>The Division of Emergency Medical Services should ensure that EMS providers enter data in the statewide online ambulance reporting system within a defined period after an EMS event.</p> <p>The Division of Emergency Medical Services should establish specific goals and timelines with regard to its efforts to evaluate EMS structures, processes, and outcomes throughout North Dakota.</p> <p>The Division of Emergency Medical Services and local EMS providers should use evaluation results to modify resource allocation, plan education programs, and educate policymakers and lawmakers, other health care workers, other EMS providers, and the public.</p>
Emergency preparedness	<p>The State Department of Health should verify the surge capacity of hospitals and EMS through an ongoing exercise program.</p> <p>The Division of Emergency Medical Services, the State Department of Health, and the North Dakota EMS Association should integrate EMS into other emergency planning and preparedness activities.</p>

The committee learned the EMS Advisory Committee met on July 28, 2008, to prioritize the recommendations from the evaluation. The advisory committee determined that 16 of the recommendations should be implemented within the next two years. The following are six priority recommendations identified by the

EMS Advisory Committee that need legislative action to implement and are in ranked order:

1. The Legislative Assembly should provide funding for quality improvement coordinators who could work with local medical directors and ambulance services.

2. The Legislative Assembly should require licensing of all quick response units and consider removing the 24 hours a day 7 days a week requirement for quick response units.
3. The Legislative Assembly should make trauma designation mandatory for hospitals.
4. The State Department of Health Division of Emergency Medical Services should purchase functional software for state trauma registry.
5. The Legislative Assembly should establish and provide funding for a state EMS/trauma medical director.
6. The EMS Advisory Committee should be formally recognized in statute or rule to include EMSC representation.

The committee learned the following 10 recommendations were identified by the EMS Advisory Committee to be addressed in the next two years but do not require legislative action:

1. The Division of Emergency Medical Services should update the state EMS plan and add a pediatric component.
2. The Division of Emergency Medical Services should examine the initial and continuing education of EMS instructors to improve quality and uniformity of course delivery.
3. The Division of Emergency Medical Services should update the pediatric equipment list for ambulances.
4. The Division of Emergency Medical Services should update the trauma triage protocol to be consistent with current American College of Surgeons standards.
5. The Division of Emergency Medical Services should enhance collaborations with public safety answering points for data sharing and monitoring of EMS performance and have direct representation on Division of State Radio planning committees.
6. The Division of Emergency Medical Services should have a communications chapter in the state EMS plan or have a separate EMS communications plan.
7. The Division of Emergency Medical Services and the State Trauma Committee should develop a strategy for statewide trauma system quality improvement and update the state trauma system plan.
8. The Division of Emergency Medical Services should change its name to more accurately reflect its breadth of responsibilities and should consider "Division of Emergency Medical Services and Trauma."
9. The Division of Emergency Medical Services should facilitate evaluation at the local levels.
10. The Division of Emergency Medical Services should develop focused evaluation projects, including the utilization of tracer conditions.

### **North Dakota EMS Association**

The committee received information from the North Dakota EMS Association regarding proposed changes to the state's EMS system. The association suggested the committee recommend providing \$4,524,000 of additional funding for the EMS operations grant program established by the 2007 Legislative Assembly and expand the program to provide:

- An assessment process that would consist of a group of peers assessing EMS systems' structures, establishing EMS systems' goals, and assisting EMS systems with accomplishing their goals.
- Leadership training to all EMS managers and educators, including a stipend and expense reimbursement of lodging, meals, and mileage for all participants.
- An annual statewide recruitment drive to assist rural ambulance services experiencing difficulties recruiting staff.

The committee learned the association is concerned with specialty transportation. The definition of EMS was changed by the 2007 Legislative Assembly which resulted in the loss of the State Department of Health's authority to regulate wheelchair vans and no-care stretcher vans. The association suggested the committee recommend restoring the State Department of Health regulatory authority over specialty transportation.

The association also suggested the committee recommend that NDCC Section 23-27-04.7 be amended to provide that ambulance services operating in a taxing district receive a portion of tax revenue determined by the amount of mills collected in the townships covered by ambulance services.

### **Committee Recommendations**

The committee recommends Senate Bill No. 2047 to provide a \$128,400 general fund appropriation to the State Department of Health for providing emergency training grants to rural law enforcement officers and individuals choosing to become licensed first responders during the 2009-11 biennium. For the purposes of the bill, rural law enforcement is defined as licensed officers from city police departments of cities with a population of fewer than 6,500 and all licensed officers from county sheriffs' offices.

The committee recommends Senate Bill No. 2048 to provide that effective for initial licensures and license renewals occurring after December 31, 2009, as a condition for licensure as a primary care hospital or an acute care hospital, the hospital must participate in the trauma system established by the State Department of Health. The bill also provides that State Department of Health licensure for a quick response unit is not optional and the department's standards for quick response units may not require 24 hour availability.

The committee recommends Senate Bill No. 2049 to expand the EMS operations grant program. The bill provides:

- That the State Department of Health contract with a third party for completing an assessment of

EMS operations receiving funds under NDCC Chapter 23-40, make leadership training available to all EMS personnel, and develop an annual statewide EMS recruitment drive.

- A \$3,250,000 appropriation from the insurance tax distribution fund to the State Department of Health for providing grants to EMS operations as provided for in NDCC Chapter 23-40 for the 2009-11 biennium.
- A \$1,274,000 appropriation from the insurance tax distribution fund to the State Department of Health for implementing an assessment process, providing leadership training, and developing an annual statewide EMS recruitment drive for the 2009-11 biennium.

The committee recommends Senate Bill No. 2050 to provide that:

- Emergency medical services are defined as the prehospital medical stabilization or transportation of an individual who is sick, injured, wounded, or otherwise incapacitated or helpless, or in a real or perceived acute medical condition, by a person that holds oneself out to the public as being in that service or that regularly provides that service.
- The Health Council's rules relating to the licensure of EMS operations include performance standards, which may include response time standards.
- A taxing district that levies property taxes for support of EMS must ensure that every EMS operation that has portions of its service area in that taxing district receives a portion of the revenue from this tax which is equal to the revenue from mills levied for EMS in the townships covered by the EMS operation.
- The State Department of Health may regulate the communications methods and protocols for EMS operations.

## **STUDY OF THE DEPARTMENT OF EMERGENCY SERVICES**

Section 8 of Senate Bill No. 2016 (2007) provides for a study of the Department of Emergency Services, including the Division of Homeland Security and the Division of State Radio, including a review of the allocation of federal homeland security funding, the operation of State Radio, and potential changes to the 911 fee structure to continue salary equity funding provided in the 2007-09 biennium.

### **Background Information**

The committee learned NDCC Section 37-17.1-02.1 provides for the Department of Emergency Services consisting of a Division of Homeland Security and a Division of State Radio. The Adjutant General serves as the director of the Department of Emergency Services and provides for shared administration of both divisions.

The mission of the Department of Emergency Services is to conduct planning, coordination, communications, and operations for the safety and

security of all citizens of North Dakota. The Department of Emergency Services is responsible for:

- Managing the State Operations Center 24 hours a day 7 days a week to ensure a statewide coordinated response to emergencies or disasters.
- Operating the State Radio Communications System which provides services to all first responders, emergency operations, and citizens in North Dakota.
- Implementing North Dakota's homeland security and emergency management programs.

The committee learned the 2007-09 biennium appropriation for the Department of Emergency Services is \$54,923,504, of which \$8,031,945 is from the general fund and \$46,891,559 is other funds. The 2007 Legislative Assembly appropriated \$300,000 from the general fund for salary equity and pay grade adjustments for Division of State Radio employees based on a compensation plan established by the Adjutant General. The increases were provided to make State Radio communications specialist salaries comparable to those offered in other communications centers in North Dakota.

### **Division of Homeland Security**

#### **Duties and Responsibilities**

The committee learned the Division of Homeland Security consists of the state emergency operations center, the disaster recovery section, and the homeland security section. The division is to prepare and maintain a state disaster plan, including provisions for:

1. Averting or minimizing the injury and damage caused by disasters or emergencies.
2. Providing prompt and effective response to a disaster or emergency.
3. Providing emergency relief.
4. Identifying areas particularly vulnerable to a disaster or emergency.
5. Recommending zoning, building, and other land use controls, safety measures for securing mobile homes or other nonpermanent or semipermanent structures, and other mitigation and preparedness measures.
6. Assisting local officials in developing and maintaining local emergency management systems.
7. Authorizing construction of temporary works designed to protect against or mitigate danger, damage, or loss from any disaster or emergency.
8. Preparing and distributing emergency management assistance program guidance to appropriate state and local officials.
9. Organizing manpower and chains of command.
10. Coordinating federal, state, and local emergency management activities.
11. Coordinating state disaster or emergency operations plans with the disaster or emergency plans of the federal government.
12. Providing any other necessary matters.

The Division of Homeland Security is to assist in the development and revision of local disaster or emergency operations, including:

1. Coordinating the procurement of supplies, materials, and equipment during disaster or emergency operations.
2. Providing guidance and standards for local disaster or emergency operational plans.
3. Periodically reviewing local disaster or emergency operational plans.
4. Coordinating state or state and federal assistance to local emergency management organizations.
5. Assisting local emergency management organizations to establish and operate training programs and programs for emergency public information.
6. Detailing industries, resources, and facilities, within the state, both public and private, necessary for emergency operations.
7. Planning and making arrangements for the availability and use of any private facilities, services, and property, and, if necessary and if in fact used, coordinate payment for that use under terms and conditions agreed upon.
8. Establishing access to a register of persons with types of training and skills important in prevention, mitigation, preparedness, response, and recovery.
9. Establishing access to a register of equipment and facilities available for use in a disaster or emergency.
10. Preparing, for issuance by the Governor, executive orders, proclamations, and guidance as necessary or appropriate in managing a disaster or emergency.
11. Coordinating and entering agreements with the federal government and any public or private agency or entity in implementing programs for disaster mitigation, preparation, response, and recovery.
12. Being the state search and rescue coordinating agency, establishing access to a register of search and rescue equipment and personnel in the state, and planning for its effective utilization.
13. Doing other things necessary, incidental, or appropriate for the implementation of the North Dakota Disaster Act.

### Homeland Security Funding

The committee received information from representatives of the Division of Homeland Security regarding federal Department of Homeland Security grant funding. The committee learned the federal homeland security grant process requires the states to develop state investment strategies in alignment with national priorities established by the federal Department of Homeland Security. The Department of Emergency Services, with assistance from a technical working group and the Department of Emergency Services Advisory Committee, developed a state homeland security strategic plan to use in the federal homeland security

grant submission and the homeland security allocation process. The department has received approximately \$68.3 million in federal homeland security funding from 1999 through 2007, summarized as follows:

1999	\$410,000
2000-01	\$777,000
2002	\$2,700,000
2003	\$13,200,000
2004	\$19,400,000
2005	\$14,600,000
2006	\$10,700,000
2007	\$6,500,000

The committee learned 80 percent of the federal homeland security funding received by North Dakota designated for homeland security uses must be distributed to local governments according to federal guidelines. The local share of homeland security funds is distributed to counties based upon the population of the county and the assessment of the county's security needs. Each county is required to develop a homeland security spending plan in association with the state plan and that allocates the homeland security funds to entities within the county.

The committee learned the total federal homeland security funding allocated to local governments for the period 1999 to 2007 was approximately \$54 million. Approximately \$27 million, or 50 percent, of total allocations was for chemical, biological, nuclear, and explosives detection and protective equipment, and \$21.5 million, or 40 percent, of total allocations was for interoperable communications. The total federal homeland security funding expended by local governments during the period 1999 through November 2007 was approximately \$44.3 million. The following is a summary of those expenditures by jurisdiction:

Fire departments	\$10,879,143
Law enforcement	11,704,164
Emergency management	14,062,898
Public works	789,106
Emergency medical services	2,372,222
Public safety communications	1,057,517
Government administration	1,021,250
Health care	2,414,489
Total	\$44,300,789

### Division of State Radio

The committee learned the Division of State Radio provides voice and data communications to federal, state, local, and tribal public safety entities through a number of different systems, including:

- The State Radio emergency services communications system - Provides rapid public access for coordinated dispatching of services, personnel, equipment, and facilities for law enforcement, fire, medical, or other emergency services.
- Mobile data terminal services - Provides law enforcement with mobile communications (primarily laptop computers in vehicles) to access databases and vehicle information.

- Law enforcement telecommunications system - Provides information on wanted felons, state-to-state information on crimes, and everyday police activities.

The Division of State Radio serves as the public safety answering point for 22 small population counties. A 911 call made in one of these counties is routed to State Radio. State Radio staff is responsible for collecting the necessary information and dispatching appropriate units and personnel. In addition to the public safety answering point operated by State Radio, there are 22 locally operated public safety answering points.

The Division of State Radio serves as the state dispatch center for the Highway Patrol and provides dispatching services for other state entities, such as the Game and Fish Department and the Attorney General's office. The division provides dispatching services for various federal entities, such as the National Park Service, the United States Border Patrol, and the United States Marshals Service. In addition, the division coordinates road closures, answers the security line for the Governor's residence and office, and answers "report all poachers" calls.

### Performance Audits

The committee learned the State Auditor's office was directed, pursuant to Section 5 of House Bill No. 1016 (2005), to conduct a performance audit of the Department of Emergency Services, including the Division of State Radio, and a performance audit of fees collected for 911 services and the utilization of fees. The reports were presented to the Legislative Audit and Fiscal Review Committee on January 10, 2006. The performance audits covered the period July 1, 2003, through April 30, 2005. The performance audits were to address the following:

1. Has management established effective processes and procedures to fulfill the Department of Emergency Services' purposes, functions, and responsibilities?
2. Are 911 fees properly used and sufficient for the costs incurred with operating the 911 system?

The performance audit report of the Department of Emergency Services, including the Division of State Radio, included 22 audit recommendations, of which 18 related to the department's management processes and procedures and 4 related to establishing, collecting, and using fees by the department. It was noted in the report that significant improvements were needed in how the Department of Emergency Services, including the Division of State Radio, establishes, collects, and uses fees. As a result of the performance audit, the Department of Emergency Services contracted with Maximus, Inc., to do a complete review of State Radio costs and to provide a recommendation for an appropriate fee schedule for services provided, based on State Radio's costs.

The performance audit report of the collection and use of 911 fees included four audit recommendations. The audit report noted significant improvements were needed in the collection process of 911 fees and how 911 fees are being used by political subdivisions.

### Mobile Data Terminal Services

The committee learned NDCC Section 54-23.2-09 provides that the Division of State Radio is to establish and charge fees to local law enforcement agencies for mobile data terminal services. The fees must be based on actual costs incurred by the division in providing the service. The current fee is \$100 for the initial hookup and \$25 per month per terminal. There are 418 mobile data terminals and 835 users in the state. The current fees result in annual revenue of \$46,500, or approximately 40 percent of actual costs. The department is considering two options for a potential fee increase. The first option is to continue charging a basic terminal fee, and the second option is to institute a user fee. The proposed fees will generate approximately \$94,899, which is an increase of approximately \$48,399. The following is a summary of the options for a potential fee increase:

	Current Fee	Potential Fee Range
Option 1 - Per terminal	\$25	\$45 to \$55
Option 2 - Per user	Not applicable	\$11.50 to \$13

### Law Enforcement Telecommunications System Services

The committee learned the law enforcement telecommunications system is a computer-based message switching system that links together state, local, and federal law enforcement and justice agencies for the purpose of information exchange. North Dakota users receive nationwide information on wanted felons, state-to-state information on crimes, and everyday police activities. North Dakota Century Code Section 54-23.2-08 provides that each county is to pay the Division of State Radio for approximately 50 percent of the cost of the law enforcement telecommunications system. The rates are set by county population levels and the director of State Radio may adjust fees for the law enforcement telecommunications system to reflect changes in economic conditions and the general economy after consulting with representatives of state and local government. The current rates are \$10 more than the minimum provided for in Section 54-23.2-08 based on a \$10 per month increase implemented by the director of State Radio in 1993.

The committee learned there are 136 law enforcement telecommunications system terminals in the state, including 111 county and city law enforcement terminals, 5 state law enforcement terminals, and 20 federal or other law enforcement-affiliated terminals. The current fees result in annual revenues of \$162,516, or approximately 33.5 percent of actual costs. The department is considering potential fee increases. The proposed fees would generate approximately \$274,857 in annual revenue, which represents approximately 56.7 percent of the actual cost to provide the service.

### 911 Services

The committee learned NDCC Section 54-23.2-09 provides that the Division of State Radio may charge fees to the 22 counties for which the division is providing 911 emergency dispatching services. The fee to be paid

by the political subdivisions is to be at least 20 cents per telephone and wireless access line for 911 dispatching services provided to political subdivisions. The current rate charged by the Division of State Radio is 20 cents per telephone and wireless access line.

The Division of State Radio has proposed a fee increase of 20 cents per line per month for providing 911 services. The fee increase would result in a total fee of 40 cents per line per month. The proposed fee increase includes funding to continue that portion of the salary equity funding provided for the 2007-09 biennium that relates directly to the 22 contract counties. To continue the entire salary equity funding in the fee for 911 services from the 22 contract counties, the proposed fee increase would need to be 33 cents per line per month.

### **City and County Fees for 911 Services**

The committee learned NDCC Chapter 57-40.6 establishes the requirements relating to the authority of cities and counties to impose 911 fees on the users of telephone and wireless access lines. A governing body of a city or county may provide by resolution, subject to the vote of the electors, for the imposition of a fee of up to \$1 per month per communication connection for providing an emergency services communication system, and in the case of wireless, an enhanced 911 service. The 911 fees are collected by telephone providers who submit the fees, less an administration cost, to respective political subdivisions. The 911 fees received by political subdivisions are to be used for implementing, maintaining, or operating the emergency services communication system.

The committee learned in order to implement wireless 911 within the state, all political subdivisions receiving 911 fees contracted with the North Dakota Association of Counties to coordinate the implementation of the networking, nonpremise equipment upgrades, testing, and ongoing services necessary for wireless 911. The North Dakota Association of Counties entered a contract with telephone service providers for the wireless 911 project. The project began in September 2001, and at that time, the counties submitted 50 percent of the amount received from wireless carriers for the wireless project. After several years, the project's governing board determined that 50 percent of the wireless fee was generating more revenue than necessary; therefore, in August 2005 the board lowered the remittance percentage to 40 percent of the amount received from wireless carriers. Currently the remittance percentage of 40 percent is generating significantly less than the monthly project costs; therefore, the fund balance is decreasing. The project's governing board has approved a 20-month extension on the original five-year master contract and has negotiated reductions in per unit costs to moderate the continuing decrease in the fund balance.

The committee learned NDCC Section 57-40.6-12 provides that the governing body of each city or county which has adopted a fee on assessed service for 911 services is to make an annual report of income,

expenditures, and status of its emergency services communication system. The annual report is submitted to the Emergency Services Coordinating Committee. The Emergency Services Coordinating Committee is composed of three members--one appointed by the North Dakota 911 Association, one appointed by the North Dakota Association of Counties, and one appointed by the Adjutant General, representing the Division of State Radio. The Emergency Services Coordinating Committee is to:

- Recommend to the Legislative Council changes to the operating standards for emergency services communications, including training or certification standards for dispatchers.
- Develop guidelines regarding allowable uses of the assessed communications services fee revenue collected.
- Request, receive, and compile reports from each governing body on the use of the proceeds of the fee imposed, analyze the reports with respect to the guidelines, and file a report with the Legislative Council in each even-numbered year regarding the use of the fee revenue. The Energy Development and Transmission Committee was assigned the responsibility to receive this report for the 2007-08 interim.

### **Next Generation 911**

The committee received information from representatives of the North Dakota Association of Counties and Qwest regarding Next Generation 911. The committee learned a fundamental and significant change in the communications industry is driving the need for public safety solutions that accommodate the many new ways that emergency services can be requested and the response provided. In the future, public safety will need to be able to receive voice, data, and video messages from automatic crash notification systems, hand-held computers, and satellite telephones. The state will need to convert from an analog system to an Internet protocol system while maintaining the ability to serve legacy communication services. The federal Department of Transportation has been assigned responsibility to guide the Next Generation 911 effort nationally and the North Dakota 911 Association has begun its planning efforts.

### **Task Force on Emergency Services**

Upon request of the committee, the Adjutant General assembled a task force for the purpose of identifying the strategic structure and capability of emergency services in the state. The task force membership included representatives from the following organizations:

- Department of Emergency Services.
- Division of Homeland Security.
- Division of State Radio.
- North Dakota Police Chiefs Association.
- North Dakota Sheriffs Association.
- North Dakota Fire Chiefs Association.
- North Dakota Metro Chiefs Association.
- North Dakota EMS Association.

- North Dakota Healthcare Association.
- North Dakota Emergency Management Association.
- North Dakota National Guard.
- North Dakota 911 Association.
- North Dakota Public Health Association.
- North Dakota Highway Patrol.
- North Dakota Bureau of Criminal Investigation.

The task force held several meetings and established seven working groups for studying the following areas:

- Funding.
- Recruitment and retention of responders.
- Transformational models.
- Training.
- Technology.
- Mutual aid agreements.

- Standards.
- Capability definitions.

The primary goals of the task force were to:

- Suggest the future structure and capability requirements necessary to fulfill North Dakota's emergency services needs through 2015.
- Identify gaps between the current state of emergency services and the prioritized capabilities required in the future.
- Provide the Public Safety Committee with recommended initiatives for possible consideration by the 2009 Legislative Assembly that will address any organization and capability gaps.

The task force made 15 recommendations to improve response and recovery operations throughout North Dakota. The following is a summary of the recommendations:

Areas	Recommendations
Funding	Implement and provide funding for an emergency response and recovery fund. The fund would provide local and tribal governments, individuals, and eligible public and private emergency response entities the ability to access state funds for a share of costs incurred as a direct result of a local emergency or disaster that does not meet the requirements for a presidential declaration.  Expand the North Dakota hazardous chemical emergency response preparedness program to ensure emergency responders have access to the appropriate training in response to a fire or other emergency that involves hazardous chemicals defined by the National Fire Protection Association
Mutual aid agreements	Implement legislation that complies with current Federal Emergency Management Association regulations and policies and provides the standards for mutual aid agreements between and among jurisdictions and emergency responding agencies
Recruiting and retention of responders	Develop a special license plate for emergency responders (fire, law enforcement, and EMS) and approve one free vehicle registration for enrolled, active, and certified responders  Develop and provide funding for a one-time \$5,000 retirement payment program for volunteer emergency responders with 20 years of active volunteer status as a certified responder  Implement legislation that creates a North Dakota Employment Rights Act for volunteer responders
Standards	Develop legislation that adopts over time nationally recognized standards for fire, law enforcement, EMS, and public communications dispatchers  Establish a minimum certification standard for special operations units within North Dakota
Technology	Seek funding to purchase or lease the infrastructure and equipment required to add eight additional towers in order to expand State Radio coverage to 95 percent  Seek funding for the technology package required to transition the current mobile data system to high-speed broadband access through private enterprise  Seek funding for Phase 2 of computer-assisted dispatch within State Radio inclusive of an automatic vehicle locator system
Transformational models	Implement legislation that facilitates the transformation of the current emergency management model into a regional model. An eight-region model should be considered with each region consisting of five to seven counties served by an emergency management team of five highly trained and experienced personnel.  Initiate an interim study on the effects of Next Generation 911 on public safety answering points statewide
Training	Seek state funding to provide multicommunity to regional training and exercising activities to supplement decreasing federal training dollars  Initiate an interim study on the feasibility of establishing a multidiscipline emergency responder academy within North Dakota

### Committee Considerations

The committee considered, but does not recommend, a bill draft relating to special license plates and free vehicle registration for emergency responders. The bill draft would have provided:

- The director of the Department of Transportation and the Adjutant General design a decorative decal to be placed on a distinctive number plate, and an applicant who is an emergency responder

is entitled to issuance of the decals and plates for one motor vehicle.

- An emergency responder who qualifies for an emergency responder number plate is exempt from motor vehicle registration fees.
- An appropriation of \$750,000 from the general fund to the Department of Transportation for creating and issuing emergency responder number plates.

The committee considered, but does not recommend, a bill draft relating to a retirement payment program for volunteer emergency responders. The bill draft would have provided that the Adjutant General establish a retirement payment program for volunteer emergency responders. Under the program, the Adjutant General would have established an account for each eligible volunteer emergency responder and contributed \$250 annually to each account established. The Adjutant General would not have contributed more than \$5,000 to an account. A volunteer emergency responder must have completed 20 years of active volunteer status as a certified responder to be eligible to access the account. A volunteer emergency responder who did not complete 20 years of active volunteer status as a certified responder would have forfeited all state contributions made to the volunteer emergency responder's account. The Adjutant General would have adopted rules to implement the program, including determination of eligibility to participate in the program. An expenditure made under the program would have been deemed compensation for volunteer services provided and made for a public purpose and not construed as a gift under Article X, Section 18, of the Constitution of North Dakota.

The committee considered, but does not recommend, a bill draft relating to a North Dakota Employment Rights Act for volunteer emergency responders. The bill draft would have provided that an employer may not terminate or demote an employee who is a volunteer emergency responder or in any other manner discriminate against that employee in the terms and conditions of employment based upon the employee being absent or tardy from employment due to serving as a volunteer emergency responder in responding to a disaster or emergency.

The committee considered, but does not recommend, a bill draft relating to nationally recognized standards for fire departments, law enforcement, EMS, and public communications dispatchers. The bill draft would have:

- Provided that the Department of Emergency Services Division of Homeland Security coordinate the adoption of nationally recognized standards for emergency services providers, including fire departments, law enforcement, EMS, and public communications dispatchers.
- Provided a \$190,000 general fund appropriation to the Adjutant General for coordinating the adoption of nationally recognized standards for emergency services providers.
- Authorized one FTE position for the Adjutant General for implementing the responsibility.

### **Committee Recommendations**

The committee recommends House Bill No. 1046 to:

- Create an emergency response and recovery commission consisting of the Governor, the director of the Department of Human Services, the director of the Department of Emergency Services, the State Health Officer, and a representative of a political subdivision appointed by the Governor. The commission is to review

and approve rules developed by the Department of Emergency Services with respect to the emergency response and recovery fund, approve disbursement of funds from the emergency response and recovery fund, and monitor the balance of the emergency response and recovery fund.

- Create an emergency response and recovery fund to be administered by the Department of Emergency Services and invested by the State Investment Board. On a quarterly basis, the earnings or interest of the fund must be placed in a special operating account that may be used by the emergency response and recovery commission to assist individuals, political subdivisions, and Indian tribes in paying the costs of responding to and recovering from a disaster or emergency declared by the Governor which does not qualify for a presidential disaster declaration. Whenever the amount in the special operating account exceeds \$2 million, any additional earnings or interest must be transferred to the state general fund.
- Provide an \$11 million general fund appropriation to the Department of Emergency Services for deposit in the emergency response and recovery fund in the 2009-11 biennium. Of the \$11 million, \$1 million must be deposited in the special operating account created by the bill.

The committee recommends House Bill No. 1047 to increase the per chemical fee for the hazardous chemicals preparedness and response program by \$27, from \$25 to \$52, and the maximum fee for a facility by \$266, from \$150 to \$416. The increased fees are anticipated to generate an additional \$254,000 in revenue per biennium. The bill also provides that the fees collected be distributed:

- One-third to the Department of Emergency Services to actively manage the statewide hazardous chemicals preparedness and response program as required by state and federal law.
- One-third to local emergency planning commissions for local expenses.
- One-third to the North Dakota Firefighters Association. The association is to use the funds to support training and response capabilities for incidents involving hazardous chemicals.

The committee recommends House Bill No. 1048 to provide that the Department of Emergency Services is to prepare and distribute to political subdivisions guidelines and model intrastate mutual aid agreements to provide a system for mutual assistance among political subdivisions in the prevention of, response to, and recovery from a local disaster or emergency. The department is to ensure that any intrastate mutual aid agreement entered by a political subdivision complies with the guidelines provided by the department and any federal requirements for federal disaster or emergency reimbursement.

The committee recommends House Bill No. 1049 to provide that the Peace Officer Standards and Training Board, in consultation with the Bureau of Criminal

Investigation, prescribe minimum certification standards and continuing education requirements for all special operations units that operate under the authority of local law enforcement agencies in the state.

The committee recommends House Bill No. 1050 to provide a \$7.2 million general fund appropriation to the Adjutant General for purchasing or leasing infrastructure and equipment for up to eight additional radio towers to expand coverage of the State Radio system during the 2009-11 biennium.

The committee recommends House Bill No. 1051 to provide a \$750,000 general fund appropriation to the Adjutant General for upgrading the Department of Emergency Services' mobile data system to high-speed broadband access during the 2009-11 biennium.

The committee recommends House Bill No. 1052 to provide a \$2 million general fund appropriation to the Adjutant General for completing Phase 2 of the Department of Emergency Services' computer-aided dispatch system, including implementation of an automatic vehicle locator system, during the 2009-11 biennium.

The committee recommends House Bill No. 1053 to provide that each county maintain an emergency management organization which serves the entire county or be a member of a regional emergency management organization that serves more than one county. The bill provides a \$1.5 million general fund appropriation to the Adjutant General for providing grants to counties who merge emergency management efforts during the 2009-11 biennium.

The committee recommends House Bill No. 1054 to provide that the Adjutant General study the effects of Next Generation 911 on the public safety answering points in the state during the 2009-10 interim. The study must address the technology needs relating to Next Generation 911; the most efficient method of implementing Next Generation 911, including the use of shared technology; and any necessary changes to the current 911 funding model. The bill provides a \$100,000 general fund appropriation to the Adjutant General for the 2009-11 biennium for conducting the study.

The committee recommends House Bill No. 1055 to provide a \$400,000 general fund appropriation to the Adjutant General for providing grants for regional cross-discipline and cross-jurisdictional training and exercising activities for fire departments, law enforcement, EMS, and public communications dispatchers for the 2009-11 biennium.

The committee recommends House Bill No. 1056 to provide that the Adjutant General study the feasibility and desirability of establishing a multidiscipline emergency responder academy within the state during the 2009-10 interim. The study should address the needs of all emergency responders, the possibility of having a single central location with all necessary equipment and training areas, and the availability of providing mobile training. The bill provides a \$100,000 general fund appropriation to the Adjutant General for the 2009-11 biennium for conducting the study.

## **DELIVERY AND FUNDING OF VETERANS' SERVICES STUDY**

House Concurrent Resolution No. 3063 directed a study of the delivery and funding of veterans' services by the state and counties.

### **Previous Legislative Council Studies**

#### **1993-94 Budget Committee on Home and Community Care**

During the 1993-94 interim, the Budget Committee on Home and Community Care studied long-term care needs of veterans in the state and the use of state and other existing facilities for long-term care for veterans. The committee recommended Senate Bill No. 2033 (1995) authorizing the acquisition or construction of a western North Dakota Veterans Home at a cost not to exceed \$3 million, including up to \$1,050,000 from a loan from the veterans' postwar trust fund and \$1,950,000 from a Veterans Administration state home grant. The 1995 Legislative Assembly did not approve Senate Bill No. 2033.

#### **2001-02 Budget Committee on Government Administration**

During the 2001-02 interim, the Budget Committee on Government Administration studied the management structure and oversight of the Veterans Home and the selection process for the commandant or administrator of the home. The committee recommended the following bills:

- House Bill No. 1027 to change the residency requirement for a veteran to be eligible for admission from one year to 30 days. This bill was not approved by the 2003 Legislative Assembly.
- House Bill No. 1028 to change the requirement for a spouse or surviving spouse of a veteran to be admitted to the Veterans Home. The bill reduced the number of years the spouse or surviving spouse must be married to a veteran from five years to one year and eliminated the requirement that the spouse or surviving spouse be at least 45 years old. This bill was not approved by the 2003 Legislative Assembly.
- House Bill No. 1029 to allow a veteran's service-connected compensation to be included in the veteran's contribution to the cost of care at the Veterans Home. This bill was approved by the 2003 Legislative Assembly.
- House Bill No. 1030 to provide for a Legislative Council study during the 2003-04 interim of the future role of the Veterans Home, including the development of a strategic plan for the operations of the home and the implementation of the recommendations included in the performance audit. This bill was not approved by the 2003 Legislative Assembly.

#### **North Dakota Veterans' Benefits**

The committee learned there are several benefits available to North Dakota veterans. The following is a summary of those benefits:

1. Dependent tuition waiver - Under NDCC Section 15-10-18.3, a dependent of a resident veteran (or if the child's other parent was a resident of this state at the time of death or determination of total disability of the veteran) who was killed in action or died from wounds or other service-connected causes, was totally disabled as a result of service-connected causes, died from service-connected causes, died from service-connected disabilities, was a prisoner of war, or was declared missing in action, is entitled to free tuition to the level of a bachelor's degree or certification of completion from any state supported institution of higher education or technical or vocational school.
2. Veterans' adjusted compensation (bonuses) - North Dakota Century Code Chapter 37-28 provides for adjusted compensation payments to members of the North Dakota National Guard, and North Dakota residents of the reserve and active duty component, who were mobilized after December 5, 1992, in support of military operations around the world. The bonus payments are:
  - a. Each National Guard or reserve component veteran mobilized stateside is entitled to \$50 for each month or fraction thereof, not to exceed \$900.
  - b. Each National Guard, reserve, or active component resident veteran of foreign service who received an expeditionary medal or campaign badge is entitled to \$100 for each month or major fraction thereof, not to exceed \$1,800.
  - c. Combined totals for stateside and foreign service may not exceed \$1,800.
  - d. If the veteran received a Purple Heart for foreign service, the veteran is entitled to a payment of \$2,500 in lieu of monthly payments for adjusted compensation.
  - e. If the veteran is deceased, the veteran's beneficiary is entitled to any payments to which the veteran would have been entitled.
  - f. In the case of a veteran who died as a result of active service during the period of service, the beneficiary of the veteran is entitled to a payment of \$5,000 in lieu of any other compensation.
  - g. The 2005 Legislative Assembly appropriated \$5 million from the general fund for providing adjusted compensation payments (bonuses) for certain domestic and foreign service. The 2007 Legislative Assembly approved Senate Bill No. 2115, extending the program for two more years.
3. National Guard tuition waiver program - Under NDCC Chapter 37-07.1, an active member of the National Guard enrolled in a state-controlled school or participating private school is eligible for a waiver of up to 25 percent of any tuition fees (based on the student achieving at least a 2.0 grade point average). School waivers are applied as credits to the semester attended which will reduce the tuition amount due the following semester. If the student does not attend the following semester, the school payment is sent to the student in the form of a check.
4. National Guard tuition grants (tuition and enlistment compensation program) - North Dakota Century Code Section 37-07.2-01, as amended by Senate Bill No. 2115 (2007), provides for a grant program for active members of the North Dakota National Guard enrolled in an accredited North Dakota postsecondary institution. The program provides up to \$1,000 per semester to eligible students taking 12 or more credit-hours (based upon the student achieving at least a 2.0 grade point average). The goal of the tuition and enlistment program is to pay 100 percent of tuition costs for National Guard members when combined with the tuition waiver program and federal government programs. Students taking less than 12 credit-hours will also be eligible for a percentage of the funding depending on actual credit-hours. The program is limited to 130 credit-hours per National Guard member and is for undergraduate study only. Reimbursements are made directly to the student in the form of a check.
5. Veterans' preferences - Veterans' preferences are provided under NDCC Chapter 37-19.1. This preference provides that veterans who are state residents are entitled to preference over all other applicants in appointment or employment by governmental agencies, provided that such veteran is a United States citizen at the time of application for employment.
6. Motor vehicle excise tax exemption - Under NDCC Section 57-40.3-04, any motor vehicle acquired by, or leased and in the possession of, a resident disabled veteran or a former prisoner of war who registers the vehicle with a distinctive license plate is exempt from motor vehicle excise taxes. In addition, motor vehicle excise taxes are exempt for any motor vehicle transferred without consideration to or from a person within 30 days prior to that person entering into or within 30 days after discharge or while serving in the armed forces, provided the person certifies to the director of the Department of Transportation that the transfer is made only by reason of entering into, serving in, or being discharged from the armed forces of the United States.
7. Aircraft excise tax exemption - Under NDCC Section 57-40.5-03(1), an aircraft acquired by a disabled veteran is exempt from aircraft excise tax.
8. Property tax exemption - Under NDCC Section 57-02-08(20), certain qualified disabled veterans may be eligible for property tax reductions under the homestead property tax credit, which also

applies to the unremarried surviving spouse of such a deceased veteran.

9. Income tax deductions (active duty) - Under NDCC Section 57-38-01.2(1)(k), individuals on active duty in the armed forces of the United States or who attend periodic training meetings for drill and instruction in the National Guard or a reserve unit are entitled to an annual reduction of up to \$1,000 against income for income tax purposes. Persons serving in the armed forces who are stationed outside the United States for not less than 30 days are allowed an additional reduction of up to \$300 per month for each month while on active duty at such location. (These deductions apply on the state long-form income tax return.)
10. Income tax deduction (mobilized armed forces members) - Under NDCC Section 57-38-01.2(1)(u), payments received for services performed when mobilized under Title 10 of the United States Code as a member of the National Guard or reserve member of the armed forces of the United States may be excluded from income for income tax purposes. An individual claiming this reduction may not also claim the reduction for the time the individual was under federal orders for active duty and may not claim a reduction on income already excluded from federal taxation due to service in a combat or hazardous duty zone.
11. Income tax deductions (retirement) - Under NDCC Section 57-38-01.2(1)(l), military retirement pay of up to \$5,000 per year may be deducted from income for income tax purposes. (This applies only on the long-form income tax return.)
12. Loans to veterans - The veterans' aid fund is a revolving fund established under NDCC Chapter 37-14. This fund is to be used to make loans to any veteran and surviving spouse of a veteran. Under Section 37-14-06, these funds are limited to \$5,000 per veteran or survivor.
13. Veterans' postwar trust fund - The veterans' postwar trust fund is a permanent trust fund consisting of money transferred or credited to the fund by law or appropriation of the Legislative Assembly. This fund is established under NDCC Section 37-14-14 and the fund's income is to be used by the Administrative Committee on Veterans Affairs as a continuing appropriation for programs authorized by law.
14. Hardship assistance program - The purpose of this grant program is to provide assistance to veterans, their spouses, or unremarried surviving spouses of eligible veterans. The individual must have a need for dental work, eyeglasses, hearing aids, or transportation for medical treatment; be a citizen of North Dakota for at least one year; and meet income guidelines.
15. Transportation system - The veterans' transportation system is designed to aid veterans by providing free transportation to a veterans'

hospital. Currently, there are five vans on scheduled routes bringing veterans to Fargo, North Dakota, or Miles City, Montana. The cost of the program is underwritten in part by the veterans' postwar trust fund.

16. Veterans Cemetery - The Veterans Cemetery is located on a 35-acre tract of land in the southwest corner of Fort Abraham Lincoln State Park. Pursuant to NDCC Section 37-03-14, the Adjutant General may accept and expend private and federal funds to establish and operate the Veterans Cemetery. The Adjutant General is to provide lots in the Veterans Cemetery for the interment of deceased members of the National Guard, other reserve components, and veterans, and their spouses, minor children, and unmarried adult children who were physically or mentally disabled and incapable of self-support.

### **Administrative Committee on Veterans Affairs**

The committee learned the Administrative Committee on Veterans Affairs is responsible for the organization, policy, and general administration of all veterans' affairs in North Dakota. Pursuant to NDCC Section 37-18.1-01, the Administrative Committee on Veterans Affairs is comprised of 15 voting members, each appointed by the Governor, representing the five major veteran organizations in the state. Each year, the Governor is to appoint one member from a list of two names submitted by the following veteran organizations--the American Legion, Veterans of Foreign Wars, Disabled American Veterans, veterans of World War II, Korea, and Vietnam (AMVETS), and Vietnam Veterans of America. The administrative committee is also comprised of three nonvoting members who are to serve in an advisory capacity--the Adjutant General, the center director of the federal Department of Veterans Affairs, and the executive director of Job Service North Dakota. The Governor appoints a chairman and secretary of the administrative committee.

The committee learned the chairman and secretary of the administrative committee are to appoint a subcommittee responsible for supervision and government of the Department of Veterans Affairs. Once appointed, a subcommittee member may continue to serve as long as the subcommittee member is a member of the administrative committee. Each nominating organization for the administrative committee must have at least one member serving on the subcommittee. The administrative committee is responsible for appointing the commissioner of the Department of Veterans Affairs. The commissioner must be a resident veteran of North Dakota. The commissioner also serves as executive secretary of the subcommittee on veterans affairs. The commissioner does not have a vote in the affairs of the subcommittee.

The committee learned the chairman and secretary of the administrative committee, subject to approval by the full committee, are responsible for appointing a seven-member governing board responsible for the administration of the Veterans Home. The governing board members may be from within or outside the

administrative committee. A member of the subcommittee overseeing the Department of Veterans Affairs may not also serve on the governing board. The governing board selects the administrator of the Veterans Home, who serves at the pleasure of the governing board.

The members of the administrative committee may not receive compensation for the performance of their official duties. Voting members may be reimbursed for travel expenses and meals and lodging expenses in connection with their official duties at the same rate and in the same manner as elected officials and employees of the state. The payments for expenses are to be paid by the Department of Veterans Affairs and the Veterans Home to each of their respective subcommittee members incurring the expenses.

The committee learned NDCC Section 37-18.1-03 provides that the governing board of the Veterans Home and the subcommittee governing the Department of Veterans Affairs are to annually conduct a performance evaluation of the administrator and commissioner, respectively. The governing board and the subcommittee are to create and implement a strategic plan for the Veterans Home and Department of Veterans Affairs, respectively. The governing board and the subcommittee are to annually provide a report to the administrative committee as to the status of the strategic plan. After receiving the report, the administrative committee is to submit the report to the Governor.

### **Department of Veterans Affairs**

The committee learned the North Dakota Department of Veterans Affairs was established by the 1945 Legislative Assembly. Prior to that it had been known as the Office of the Veterans' Service Commissioner, which was established in 1927. The main office of the Department of Veterans Affairs is located at 1411 32<sup>nd</sup> Street South in Fargo. There is a branch office located at 1929 North Washington Street in Bismarck.

The committee learned the mission of the Department of Veterans Affairs is to ensure that every veteran in the state of North Dakota who has served in the military receives every benefit to which the veteran may be entitled from the federal Department of Veterans Affairs, allied agencies, and from the state of North Dakota. The department has the responsibility of training county and tribal veterans' service officers. The department also provides the following services:

- Disseminates current information to the state veteran population through the use of news media, county veterans' service officers, and veterans' organizations;
- Assists veterans with the completion of claims for entitlement from the United States Department of Veterans Affairs;
- Counsels veterans on employment, educational programs, disability benefits, and other related veterans' activities;
- Conducts training seminars for veterans' service officers; and

- Administers the veterans' aid loan program, the transportation program, and hardship assistance program.

The committee learned the 2007-09 biennium appropriation for the Department of Veterans Affairs is \$866,772 from the general fund, an increase of \$90,390 from the 2005-07 biennium general fund appropriation of \$776,382. The Department of Veterans Affairs is authorized seven FTE positions for the 2007-09 biennium, an increase of one FTE position from the 2005-07 authorized level of six FTE positions. The Legislative Assembly authorized one FTE women veterans' coordinator position.

### **Veterans Home**

The committee learned NDCC Section 37-15-01 provides that the Veterans Home is to be located in Lisbon. Veterans' homes were established by an Act of Congress in 1887. Certain lands were set aside in a number of states and territories for the establishment and maintenance of homes for veteran Union soldiers. The Veterans Home was established in 1891 and has been in operation since 1893. The Veterans Home is owned and operated by the state of North Dakota and is currently providing skilled and basic care to North Dakota veterans and spouses.

The committee learned the total 2007-09 biennium appropriation for the Veterans Home is \$34,039,818, of which \$4,125,266 is from the general fund and \$29,914,552 is other funds. The 2007-09 legislative appropriation includes funding for 92.37 FTE positions, an increase of 1.4 FTE positions from the 2005-07 authorized level of 90.97. The Legislative Assembly added 1.4 FTE night watchman positions for the Veterans Home.

The total 2007-09 biennium appropriation includes \$21,098,656, of which \$6,483,226 is from the permanent oil tax trust fund, \$12,040,278 is from federal funds, and \$2,575,152 is from revenue bonds for construction of a new 150-bed Veterans Home. The funding from the permanent oil tax trust fund is to be used as a match (35 percent state share) for federal funding (65 percent federal share) to build a new Veterans Home facility and demolish the existing facility. The appropriation from the permanent oil tax trust fund is only to be made available upon the Veterans Home obtaining approval for a federal state home construction grant from the federal Department of Veterans Affairs. The federal match is limited to the cost of a 121-bed facility, which is less than the current 150-bed capacity authorized for the Veterans Home. The 2007 Legislative Assembly authorized \$2,575,152 from the issuance of revenue bonds for project costs associated with expanding the Veterans Home construction project from the 121-bed capacity to a 150-bed capacity facility. The Veterans Home is to use nongeneral fund revenue sources for the retirement of these bonds.

### **County Veterans' Service Officers**

The committee learned NDCC Section 37-14-18 provides that the board of county commissioners of each county may appoint, employ, and pay, on a full-time or

part-time basis, an officer to be known as a county veterans' service officer. Such appointment must be made with the prior advice of the commissioner of the Department of Veterans Affairs and in accordance with veterans' preferences. It is the duty of the county veterans' service officer to become acquainted with the laws, both state and federal, enacted to assist returning members of the armed forces in the presentation, proof, and establishment of such claims, privileges, and rights as they have. It also is the duty of the county veterans' service officer, under the supervision of the commissioner of the Department of Veterans Affairs, to actively cooperate with and to coordinate the activities of the state and federal agencies within the county which the officer serves to facilitate their operation and ensure promptness in the solution of the problems concerned with the reestablishment of returning servicemen and servicewomen in civilian pursuits.

North Dakota Century Code Sections 57-15-06.4 and 57-15-06.7(18) provide that a county may annually levy a tax to provide for the payment of the salary, traveling, and office expenses of the county veterans' service officer. The county mill levy rate may not exceed two mills.

The committee learned tribal veterans' service officers are appointed and employed by each respective tribe. The tribal veterans' service officers are invited to participate in the training seminars offered by the Department of Veterans Affairs each spring and fall.

### **Performance Audits**

The committee received information from representatives of the State Auditor's office regarding performance audits of the Department of Veterans Affairs and the Administrative Committee on Veterans Affairs. The committee learned the State Auditor's office conducted performance audits of the department and the administrative committee during the 2003-05 biennium and completed an audit followup on the performance audits in 2007. The State Auditor's office determined 26 of the 27 performance audit recommendations were at least partially implemented. The committee learned that the department and the administrative committee focused on implementing the recommendations, and the administrative committee and its subcommittees relating to the department and the Veterans Home are more engaged with their respective entities since the performance audit.

### **Committee Findings and Observations**

The committee received information from county veterans' service officers regarding the delivery and funding of veterans' services. The committee learned 95 percent of the state's veterans' claims processed originate through county veterans' service officers. Training is important for county veterans' service officers, and many county veterans' service officers only receive training provided by the state, which the committee learned, is not adequate. The committee received the following suggestions for improving the delivery and funding of veterans' services:

1. Modify the mission of the Department of Veterans Affairs to train and provide support.
2. Review job descriptions of county veterans' service officers.
3. Eliminate the Department of Veterans Affairs claims personnel and assign them to training and support.
4. Budget the necessary funding for training and support.
5. Encourage regionalization and cooperation between counties.

The committee received information from other interested persons regarding the delivery and funding of veterans' services. The committee learned:

- Some individuals believe the Administrative Committee on Veterans Affairs does not accurately reflect the state's veteran population and the choices of whom to nominate are severely restricted by the current process, which is not based on the qualification of the candidates.
- The size of the Administrative Committee on Veterans Affairs is not as important as the quality of its members.
- Many of the state's veterans are elderly and cannot travel very far on their own. It is essential that North Dakota maintain and improve on its current system to ensure veterans and other claimants receive the benefits for which they are entitled.
- It is a challenge for county veterans' service officers to keep current on their advocacy skills. The Department of Veterans Affairs should employ a staff of field officers, each of whom would be responsible for training county veterans' service officers within an assigned region.

The committee learned the mission of the National Association of County Veterans Service Officers is to promote and protect the rights of veterans and their dependents through education, communication, and technology. Through membership in the association, county veterans' service officers receive training and can become nationally certified. Some states have adopted National Association of County Veterans Service Officers certification as a requirement for their county veterans' service officers.

The committee also reviewed information regarding county veterans' service officer FTE positions, county veterans' service officer salaries, county veterans' service officer mill levies, the veterans population, veterans' claims, total veteran-related federal expenditures, and transportation aid by county.

### **Committee Recommendations**

The committee recommends House Bill No. 1057 to:

- Require county veterans' service officers to maintain accreditation by the National Association of County Veterans Service Officers within one year of appointment.
- Provide a \$20,000 general fund appropriation to the Department of Veterans Affairs for arranging for National Association of County Veterans

Service Officers accreditation training during the 2009-11 biennium.

- Require two of the Department of Veterans Affairs existing FTE positions to be used for training officers for the 2009-11 biennium.
- Provide that the general supervision and governance of the Veterans Home is vested in a Veterans Home Governing Board, which consists of seven members appointed by the Governor.
- Provide that the commissioner of the Department of Veterans Affairs be appointed by the Governor.
- Require the Department of Veterans Affairs be located in Bismarck or Mandan.
- Provide that any employee of the Department of Veterans Affairs may not be a conservator for a person receiving benefits or services from the department.
- Reduce the size of the Administrative Committee on Veterans Affairs from 15 individuals to 7 individuals with the commissioner of the Department of Veterans Affairs serving as the chairman of the committee.
- Revise the powers and duties of the Administrative Committee on Veterans Affairs to remove the supervision of the Department of Veterans Affairs and the Veterans Home and to provide that the committee create and implement a strategic plan for the delivery of veterans' services. The bill does not change the committee's duties relating to the administration of the veterans' postwar trust fund as provided in Article X, Section 25, of the Constitution of North Dakota and NDCC Section 37-14-12 and administration of the veterans' aid fund as provided in Section 37-14-10.

## **AGREEMENTS BETWEEN NORTH DAKOTA AND SOUTH DAKOTA**

North Dakota Century Code Section 54-40-01 provides that an agency, department, or institution may enter into an agreement with the state of South Dakota to form a bistate authority to jointly exercise any function the entity is authorized to perform by law. Any proposed agreement must be submitted to the Legislative Assembly or, if the Legislative Assembly is not in session, to the Legislative Council or a committee designated by the Legislative Council for approval or rejection. The agreement may not become effective until approved by the Legislative Assembly or the Legislative Council. The Public Safety Committee was assigned this responsibility for the 2007-08 interim.

The committee received information regarding the history of the bistate authority legislation. The 1996 South Dakota Legislature enacted a law creating a legislative commission to meet with a similar commission from North Dakota to study ways North Dakota and South Dakota could collaborate to provide government services more efficiently. The North Dakota Legislative Council appointed a commission to meet with the South Dakota commission. As a result of the joint commission, the North Dakota Legislative Assembly enacted legislation relating to higher education and the formation of a cooperative agreement with South Dakota. The South Dakota commission proposed several initiatives, but the South Dakota Legislature did not approve any of the related bills.

During the 2007-08 interim, no proposed agreements were submitted to the committee for approval to form a bistate authority with the state of South Dakota.