

# NORTH DAKOTA LEGISLATIVE COUNCIL

## Minutes of the

### **PUBLIC SAFETY COMMITTEE**

Tuesday and Wednesday, April 29-30, 2008  
Roughrider Room, State Capitol, Bismarck, North Dakota  
Best Western Seven Seas Hotel, Mandan, North Dakota

Representative Todd Porter, Chairman, called the meeting to order at 1:00 p.m. on Tuesday, April 29, 2008, in the Roughrider Room, State Capitol, Bismarck.

**Members present:** Representatives Todd Porter, Mike Brandenburg, Ron Carlisle, Edmund Gruchalla, James Kerzman, Joe Kroeber, Vonnie Pietsch, Clara Sue Price, Don Vigesaa; Senators Joan Heckaman, and Elroy N. Lindaas

**Members absent:** Representatives Randy Boehning, Pam Gulleason, Bob Martinson; Senators Ralph L. Kilzer, Gary A. Lee, John M. Warner

**Others present:** Jim W. Smith, Legislative Council, Bismarck

Representative Merle Boucher, member of the Legislative Council, was also in attendance.

See attached [appendix](#) for additional persons present.

**It was moved by Senator Lindaas, and seconded by Representative Carlisle, and carried on a voice vote that the minutes of the February 20-21, 2008, meeting be approved as distributed.**

### **EMERGENCY MEDICAL SERVICES STUDY**

Ms. Lilli Mayo Weivoda, Mayo Clinic Medical Transport, Rochester, Minnesota, provided information regarding Mayo Clinic Medical Transport and future communications relating to emergency medical services. She said Mayo Clinic Medical Transport is a diverse emergency medical services (EMS) system consisting of 11 ground operations, three rotor wing operations, and one fixed wing operation. She said Mayo Clinic Medical Transport operates a consolidated emergency communications center located in Rochester, Minnesota, which serves as a secondary public safety answering point (PSAP) and dispatches for all of the entity's operations. She said the center completes approximately 85,000 requests per year of which 45,000 are billable. A copy of the information presented is on file in the Legislative Council office.

Ms. Weivoda said Mayo Clinic Medical Transport consolidated emergency communications because the entity's previous model of several small, nonuniform centers with limited staff was unsustainable and unaffordable. She said benefits realized through the consolidation include centralized hardware, software, and support and the ability to implement a paperless

environment, including mobile data and global positioning system tracking for ground operations, automatic vehicle locator for air operations, patient care documentation, and computerized billing software.

In response to a question from Representative Kerzman, Mr. Matt Fisch, Gold Cross Ambulance Service and Mayo Clinic Medical Transport, said Mayo Clinic Medical Transport has some areas with no radio or mobile data coverage.

In response to a question from Representative Kerzman, Ms. Weivoda said not all calls received by Mayo Clinic Medical Transport are requests for services; therefore, not all calls are billable. She said Mayo Clinic Medical Transport receives some calls for assistance, which relate to services provided under contract.

In response to a question from Senator Lindaas, Ms. Weivoda said the consolidated emergency communications center is routed all emergency medical calls from the primary PSAP.

In response to a question from Representative Porter, Ms. Weivoda said the delay from an initial 911 call into the primary PSAP to the call into the consolidated emergency communications center is less than 15 seconds.

In response to questions from Representative Porter and Representative Kroeber, Ms. Weivoda said Mayo Clinic Medical Transport is partnering with COMCARE to advance information sharing through the entire EMS process, including the real-time collection and sharing of patient information.

Ms. Mary Borst, Mayo Clinic Medical Transport, and Mr. Fisch provided a demonstration of the technology used in the consolidated emergency communications center to dispatch ground operations.

In response to a question from Representative Boucher, Mr. Fisch said Mayo Clinic Medical Transport uses encryption when electronically transferring medical information to be in compliance with the Health Insurance Portability and Accountability Act requirements.

Mr. Tim Meyer, Director, Division of Emergency Medical Services, State Department of Health, provided:

- A status report regarding the department's contractor assessment of the state's EMS system pursuant to Section 4 of 2007 House Bill No. 1296.

- A status report regarding the department's study of the minimum requirements of reasonable EMS coverage pursuant to Section 2 of 2007 House Bill No. 1162.
- Information regarding grants provided to EMS operations pursuant to 2007 House Bill No. 1296.
- Information regarding grants provided for EMS training.
- Information regarding the estimated costs of training and outfitting a quick response unit (QRU).

A copy of the information presented is on file in the Legislative Council office.

In regard to the assessment of the state's EMS system, Mr. Meyer said the 2007 Legislative Assembly approved House Bill No. 1296, which appropriated \$30,000 from the general fund to the State Department of Health for the purpose of funding an assessment of the state's EMS system. He said the department contracted with the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services to perform the assessment. He said NHTSA had previously completed an assessment of the state's EMS system in 1992.

Mr. Meyer said NHTSA conducted its assessment on April 7-11, 2008. He said 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, he said, 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 QRUs.</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 fund quality improvement coordinators who could work with local medical directors.</p> <p>The Legislative Assembly should fund 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>

Human resources and training

The Division of Emergency Medical Services should update the state EMS plan and add a pediatric component.

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.

The Division of Emergency Medical Services should continue to implement the *EMS Agenda for the Future* and transition EMS personnel into the new levels defined in the National EMS Scope of Practice Model.

The Division of Emergency Medical Services should expand the licensed training institution model.

The Division of Emergency Medical Services should examine the initial and continuing education of EMS instructors to improve quality and uniformity of course delivery.

The Division of Emergency Medical Services should consider a formal human resources needs assessment.

The Division of Emergency Medical Services should enhance the listing of available courses on the division's web site.

Transportation

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.

The Legislative Assembly should require licensing of all QRUs and consider removing the 24/7 requirement for QRUs.

The Division of Emergency Medical Services should develop protocols that facilitate appropriate use of advanced life support intercepts and helicopter response to emergencies.

The Division of Emergency Medical Services should update the pediatric equipment list for ambulances.

The Division of Emergency Medical Services should work with hospitals to develop a critical care ground transport network.

Facilities

The Legislative Assembly should make trauma designation mandatory for hospitals.

The Division of Emergency Medical Services should update the trauma triage protocol to be consistent with current American College of Surgeons standards.

The Division of Emergency Medical Services should continue to work with the North Dakota Healthcare Association.

The Division of Emergency Medical Services should develop strategies to improve the trauma education of physicians, nurses, and midlevel providers in Levels IV and V trauma centers.

The Division of Emergency Medical Services should develop standards to ensure pediatric needs are met at each hospital.

Communications

The Division of Emergency Medical Services should enhance collaborations with PSAPs for data sharing and monitoring EMS performance.

The Division of Emergency Medical Services should provide technical assistance for PSAP emergency medical dispatch activities.

Public information, education, and prevention	<p>The Division of Emergency Medical Services should work with State Radio to ensure that the needs of the EMS community are represented when establishing communications interoperability.</p>	Evaluation	<p>should consider "Division of Emergency Medical Services and Trauma."</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 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 have a communications chapter in the state EMS plan or have a separate EMS communications plan.</p>		<p>The Division of Emergency Medical Services should facilitate evaluation at the local levels.</p>
	<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 develop focused evaluation projects, including the utilization of tracer conditions.</p>
Medical direction	<p>The Division of Emergency Medical Services should provide public information, education, and prevention training at EMS conferences.</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 Legislative Assembly should establish and fund a state EMS medical director.</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 should develop and the Legislative Assembly should fund regional EMS quality improvement specialists to assist local medical directors and ambulance services.</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>
	<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>	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 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, the State Department of Health, and the North Dakota EMS Association should integrate EMS into other emergency planning and preparedness activities.</p>
Trauma systems	<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>		
	<p>The Legislative Assembly should update the funding for trauma operations and staffing and create a .5 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 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</p>		

In response to a question from Representative Carlisle, Mr. Meyer said the State Department of Health will be reviewing the recommendations from NHTSA and considering costs associated with implementation of the recommendations during the development of the agency's budget request for the 2009-11 biennium.

In response to a question from Representative Porter, Mr. Meyer said the state has a voluntary licensure requirement for QRUs. He said approximately 50 percent, or 60, of the state's QRUs are licensed through the State Department of Health. He said more QRUs may chose to be licensed if the 24/7 requirement for QRUs was removed or lessened.

In response to a question from Representative Porter, Mr. Meyer said QRUs are not required to submit data into the statewide online ambulance reporting system; however, there are two QRUs that are submitting data into the system.

Chairman Porter asked the State Department of Health to provide information regarding the department's plans for implementing the recommendations to the committee at a future meeting.

Regarding the department's study of the minimum requirements of reasonable EMS coverage, Mr. Meyer said the American College of Surgeons is currently conducting an assessment of the state's trauma

system. After the assessment is completed, he said, the department will convene one more meeting of representative EMS stakeholders and then complete a report for the Public Safety Committee regarding the department's recommendations for reasonable EMS coverage for the state.

Regarding EMS operational grants provided pursuant to 2007 House Bill No. 1296, Mr. Meyer said the 2007 Legislative Assembly appropriated \$1.25 million from the insurance tax distribution fund for grants to EMS operations. He said the department 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." By November 1, 2007, he said, 40 ambulance services had applied for a grant. Of the 40 applicants, he said, 32 grants were awarded. The following is a summary of the grant awards:

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

Wishek Ambulance Service	14,120	Hire part-time EMT and paid on-call time
Page Ambulance Service	10,753	Paid on-call time, run pay, and paid administrative duties
Bowdon Ambulance Service	16,488	Paid on-call time and one part-time office staff
McVille Ambulance Service	26,645	Paid on-call time and run pay
Bowman Ambulance Service	36,718	Hire two full-time para-medics
Sargent County Ambulance - Milnor	6,240	Weekend paid on-call time
Community Volunteer EMS of LaMoure	3,640	Paid on-call time
West River Ambulance	8,320	Hire full-time EMT
Velva Ambulance Service	23,088	Paid on-call time and part-time ambulance coordinator
Emmons County ALS Ambulance	6,240	Hire full-time EMT
Northwood Ambulance Service	18,200	Hire full-time paramedic
Casselton Ambulance Service	15,725	Paid on-call time
Hillsboro Ambulance Service	14,801	Hire part-time weekend EMT and on-call time for volunteers
Rock Lake Ambulance Service	7,800	Paid on-call time
<b>Total</b>	<b>\$824,101</b>	

In response to a question from Representative Porter, Mr. Meyer said the department will have another grant application period in the fall of 2008.

Regarding EMS training grants, Mr. Meyer said the 2007 Legislative Assembly provided a \$1.24 million, of which \$940,000 is from the general fund and \$300,000 is from the community health trust fund, for EMS training grants. He said the department distributes the funds in several grant programs, including:

EMS recertification and continuing education training grants	These grants are distributed to volunteer agencies that apply. The funds are to be used to offset any local continuing education costs. Volunteer ambulance services can receive \$2,000 per year, QRUs can receive \$1,500 per year, and rescue squads can receive \$500 per year.
EMS initial training grants	These grants are distributed to licensed or certified volunteer EMS agencies that apply. An agency is awarded \$175 for each new first responder trained and \$750 for each new EMT, EMT-intermediate, or paramedic trained.
Conference registration reduction grants	The department will assist in the cost of attending an EMS conference for persons working for a licensed or certified EMS agency. The department will directly pay \$75 per person to attend a regional conference and up to \$90 to attend the statewide conference.
Bismarck test site registration reduction grants	The department will pay \$175 per North Dakota candidate to take his or her initial practical test.
Critical staffing shortage grants	The department has allocated \$50,000 of the \$1.24 million appropriation to provide 10 grants to ambulance services that have fewer than 10 EMS providers on their rosters. The ambulance

Rural paramedic training assistance grants	<p>service initially receives half of the funding and the other half if the service licenses at least three new EMTs in the program.</p> <p>The department will award an ambulance service a grant of \$4,000 to recruit a newly trained paramedic who agrees to work full-time for two years. The ambulance service must be in a city that has a hospital and that has a population less than 30,000.</p>
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In response to a question from Representative Vigesaa, Mr. Meyer said the department anticipates using the entire \$1.24 million legislative appropriation for EMS training grants in the 2007-09 biennium.

Mr. Meyer said the department estimates it would cost approximately \$5,230 to train and outfit a QRU, including:

Training five individuals to the first responder level (training typically costs \$175 per person)	\$875
Minimum medical equipment costs (including an automated external defibrillator but not an emergency response vehicle)	2,855
Communications equipment (one hand-held radio)	1,500
<b>Total</b>	<b>\$5,230</b>

Mr. Meyer said the estimate does not take into consideration items that are desirable but not required, such as a vehicle, a building with storage, a meeting space, and any time that is volunteered for duty or training.

Mr. Meyer said the 2007 Legislative Assembly appropriated to the department \$125,000 from the health care trust fund for providing grants to establish new QRUs in the 2007-09 biennium. Through the grant program, he said, the department provides a grant of \$10,000 to ambulance services that downgrade to a QRU and a grant of \$5,000 to newly established QRUs. He said the grant program has been available for several bienniums; however, only a minimal number of grant applications have been submitted under this program.

In response to a question from Representative Kroeber, Mr. Meyer said there have been no new QRUs established yet in the 2007-09 biennium.

In response to a question from Representative Porter, Mr. Meyer said an unlicensed QRU that becomes licensed would be eligible for funding.

Ms. Sherri Paxon, Chronic Disease Division Director, State Department of Health, provided a summary of the department's report on the burden of cardiovascular disease in North Dakota. She said the report was developed to define the cardiovascular disease burden within the state and provide data to be used in identifying the highest-risk populations and opportunities for intervention. She said key findings include:

- Cardiovascular disease is the leading cause of death in North Dakota and the United States. In North Dakota, cardiovascular disease alone accounts for more deaths than deaths from cancer, diabetes, suicide, and Alzheimer's disease combined.

- North Dakotans age 65 and older are more likely to die from heart disease and stroke than any other age group.
- The prevalence of cardiovascular disease is higher in rural and frontier areas than in urban areas in North Dakota.
- Nearly all adults in North Dakota report at least one of the modifiable risk factors for cardiovascular disease.
- Nearly half of North Dakota adults have three or more risk factors for cardiovascular disease.
- Adults age 65 and older have the lowest percentage of persons recognizing all signs and symptoms of a heart attack.
- Adults age 65 and older are less likely to recognize signs and symptoms of stroke than those in any other age group.
- The cost of cardiovascular diseases in the United States in 2006 was estimated to be \$403.1 billion. Based on this figure, the estimated costs, in North Dakota in 2006 was \$920 million.
- Hospital costs account for about 55 percent of the direct costs of heart disease and 42 percent of the direct costs of stroke. Other direct costs include nursing home, physicians and other professionals, drugs, and home health care.

Copies of the information presented and the report are on file in the Legislative Council office.

Ms. Peg Haug, Executive Director, North Dakota EMS Association, provided information regarding the impact of grants provided to EMS operations pursuant to 2007 House Bill No. 1296. She said the grants have had a positive impact on EMS operations. She said many of the ambulance services support the continuation of this funding and increasing future funding. She said the future of rural EMS depends on the funding being available. A copy of the information provided is on file in the Legislative Council office.

Mr. Mark Weber, President, North Dakota EMS Association, provided information regarding ways to provide a quicker emergency medical response in rural North Dakota. He suggested the state have a consistent, minimum acceptable standard for EMS services across the state. He said the association believes rural communities and rural ambulance services cannot be left to "fend for themselves" any longer. He said the association believes the development of EMS systems will be key to maintaining access to prehospital health care for all the state's citizens. A copy of the information presented is on file on the Legislative Council office.

Under the association's proposed EMS systems model, Mr. Weber said a local system would consist of a network of EMS organizations with a central ambulance service acting as the lead agency. He said the ambulance service would be staffed for 24/7 operations. Within each geographic boundary, he said, there would be individual QRUs and other smaller ambulance services that may or may not be staffed and equipped to operate 24/7. He said the

association believes the first step is to identify those ambulance services that need immediate help.

Mr. Weber said a large part of the funding issues for ambulance services is reimbursement levels from payers such as Blue Cross Blue Shield, Medicaid, and Medicare. He said reimbursements need to provide for actual costs.

In response to a question from Senator Lindaas, Mr. Weber said ambulance services are reimbursed from Blue Cross Blue Shield based upon a fee schedule established by the insurance company.

In response to a question from Representative Porter, Mr. Weber said the association's proposed EMS systems model is a tiered response that would involve first responders, EMTs, advanced life support ambulance services, and trauma centers.

In response to a question from Representative Porter, Mr. Weber said ambulance services are not all aware of the EMS operations grants available from the State Department of Health. He said some ambulance services chose not to complete the necessary paperwork to apply for a grant.

In response to a question from Representative Porter, Mr. Weber said the association would provide the committee with more information regarding the association's proposed EMS systems model, including implementation steps, estimated costs, and a map of proposed service areas.

In response to a question from Representative Brandenburg, Mr. Weber said state funding will be necessary to provide adequate EMS coverage in the most rural areas of the state.

The Legislative Council staff presented a memorandum entitled [Rural Law Enforcement - Estimated Cost of Emergency Medical Training](#). The Legislative Council staff said there are approximately 350 rural law enforcement officers in the state accordingly to information provided by the Peace Officers Standards and Training Board. The estimated cost of providing a 16-hour first-aid and cardiopulmonary resuscitation (CPR) training costs to the rural law enforcement officers ranges from \$43,550 to \$52,500.

The Legislative Council staff distributed written comments by the North Dakota Association of Counties regarding ways to provide a quicker emergency medical response in rural North Dakota. The North Dakota Association of Counties provided the following considerations that may address the funding issues encountered by EMS services:

- Establish long-term guaranteed state funding support at a meaningful level based on actual service costs, service area, staffing, equipment, and training needs.
- Explore the benefit of a state-supported and authorized financial agent to assist all willing organizations in maximizing their user fee revenue. The newly implemented public health and University of North Dakota immunization billing program may be a model to examine.

- Remove statutory mill levy limitations allowing elected local government officials to raise funds as local needs demand.

A copy of the written comments is on file in the Legislative Council office.

Mr. Arnold "Chip" Thomas, President, North Dakota Healthcare Association, provided information regarding the status of hospitals' transition of emergency communications from analog to digital. He said 46 of 51 licensed facilities responded to a survey by the North Dakota Healthcare Association regarding emergency communications. He said 18 of the 46 responding hospitals indicated their emergency communications are fully digital. He said an additional 12 hospitals indicated they will be fully converted to digital over the next three years. He said the primary challenge facing hospitals in maintaining current information technologies is lack of capital. A copy of the information presented is on file in the Legislative Council office.

In response to a question from Representative Vigesaa, Mr. Thomas said he would provide the committee with information regarding the estimated cost for a hospital to convert its emergency communications from analog to digital.

In response to a question from Representative Porter, Mr. Thomas said he would provide the committee with information regarding any existing federal or state mandate that requires hospitals to have equipment to communicate with ambulance services.

Mr. Rod St. Aubyn, Blue Cross Blue Shield North Dakota, provided comments regarding the committee's EMS study. He said Blue Cross Blue Shield reimburses ambulance services based on the company's fee schedule or actual billed charges, whichever is less. He said most ambulance costs are for Medicare or Medicaid patients. He said the company's reimbursement rate is 130 percent to 140 percent compared to Medicare reimbursement rates and Medicare rates are more than Medicaid rates.

The committee recessed at 4:35 p.m.

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

The committee reconvened at 9:00 a.m. on Wednesday, April 30, 2008, in the Roughrider Room, State Capitol.

Mr. Russ Timmreck, Director, Division of State Radio, Department of Emergency Services, provided information regarding the department's vision for interoperable communications. He said the state would be better served if it had a statewide radio system instead of a state radio PSAP and a few regional and several local PSAPs. He said a standardized statewide radio system would have:

- Integrated computer-aided dispatch systems, mapping systems, infrastructure, and frequencies.
- Integrated standard policies and protocols.

- Redundancy from any area in the state for statewide communications.
- Statewide standards for the hiring, training, and certification of communications specialists anywhere in North Dakota.

A copy of the information presented is on file in the Legislative Council office.

By developing interoperable communications systems, Mr. Timmreck said the state will enhance its ability to integrate with other jurisdictions. He said future challenges for emergency services include:

- Voice over Internet Protocol.
- Evolution of P-25 compliant equipment.
- Next generation 911.
- Automatic vehicle locators.
- Technology advances in data transmission.
- Requirements for redundancy.

Mr. Timmreck suggested the need to develop solutions for the gaps and inefficiencies in the state's communication infrastructure.

In response to a question from Senator Lindaas, Mr. Timmreck said the state needs to gather information regarding existing county infrastructure and coverage areas.

In response to a question from Representative Porter, Mr. Timmreck said a governance structure should be established, including local representation responsible for setting standards for emergency communications.

In response to a question from Representative Kerzman, Mr. Timmreck said State Radio has the capability to provide services to more counties.

In response to a question from Representative Boucher, Mr. Timmreck said State Radio could dispatch all calls for Rolette County without adding any additional personnel.

In response to a question from Representative Boucher, Mr. Timmreck said State Radio needs approximately eight additional radio tower sites. He said the estimated cost of constructing a new radio tower is \$750,000 to \$1,000,000.

Mr. Greg Wilz, Director, Division of Homeland Security, Department of Emergency Services, provided information regarding the Division of State Radio fees for services and potential fee increases. A copy of the information presented is on file in the Legislative Council office.

Mr. Wilz said the National Law Enforcement Telecommunication System (NLETS) 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. He said North Dakota NLETS users receive nationwide information on wanted felons, state-to-state information on crimes, and everyday police activities. He said North Dakota Century Code (NDCC) Section 54-23.2-08 provides each county is to pay State Radio for approximately 50 percent of the cost of NLETS. He said rates are set by county population levels and the director of State Radio may adjust the rates to reflect changes in economic conditions and the

general economy after consulting with representatives of state and local governments. He said the current rates are \$10 more than the minimum provided for in Section 54-23.2-08. He said there are 136 NLETS 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. He said current fees result in annual revenues of \$162,516, or approximately 33.5 percent of actual costs. He said the department is considering the following fee increases:

	50 Percent of Actual Cost	Potential Increase (Decrease) From Current Rate
County and city law enforcement terminals	\$143.18	(\$142.82) to \$103.18
State general fund agency terminals	Not charged	Not charged
Other agencies	\$286.37	(\$1.37)

Mr. Wilz said 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.

Mr. Wilz said NDCC Section 54-23.2-09 provides that the Division of State Radio is to establish and charge fees to interested local law enforcement agencies. He said the fees must be based on actual costs incurred by the division for providing the service. He said the current fee is \$100 for the initial hookup and \$25 per month per terminal. He said there are 418 mobile data terminals and 835 users in the state. He said the current fees result in annual revenue of \$46,500, or approximately 40 percent of actual costs. He said the department is considering two options for a potential fee increase. He said the first option is to continue charging a basic terminal fee, and the second option is to institute a user fee. 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

Mr. Wilz said the proposed fees will generate approximately \$94,899, which is an increase of approximately \$48,399.

Mr. Wilz said the Division of State Radio has proposed a fee increase of 20 cents per line per month for providing 911 services to the 22 contract counties for which the division serves as the PSAP. He said the fee increase would result in a total fee of 40 cents per line per month. He said 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. He said 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.

Representative Price said a combination per terminal and per user fee may be appropriate for the department's mobile data terminal system.

In response to a question from Representative Porter, Mr. Timmreck said the department would need to issue a request for information to determine a cost estimate for upgrading the speed of the mobile data terminal system.

Chairman Porter suggested the department explore options for determining a cost estimate for upgrading the mobile data terminal system and provide information to the committee.

Ms. Sherri Gartner, 911 Coordinator, LaMoure County, provided comments regarding the Division of State Radio proposed fee increases. As a previous employee of the Division of State Radio, she said, she understands State Radio's need for increased funding to support its personnel, equipment, maintenance, and other costs associated with providing services to the citizens of North Dakota. She said she believes the dispatcher survey showing that approximately 45 percent of a dispatcher's time is spent providing service to the 22 contract counties is fairly accurate. She expressed concern with the proposal to require the 22 contract counties to be charged for the entire cost of salary equity increases provided to State Radio employees. She suggested the Legislative Assembly consider eliminating the cap on 911 fees and allow each county to determine these fees. She said this would allow each jurisdiction the authority to calculate its actual expenses directly related to providing 911 services and hold a vote of the people to approve any changes in user fees. A copy of her comments is on file in the Legislative Council office.

Mr. Dean A. Pearson, Emergency Manager, Bowman County, provided comments regarding the Division of State Radio proposed fee increases. He said Bowman County uses paging services from State Radio and uses its own analog system for all other emergency communications. He said there should be an increase in services if there is an increase in State Radio fees. He said there needs to be better communication regarding emergency communications between all stakeholders, including State Radio, counties, and policymakers.

In response to a question from Representative Carlisle, Mr. Timmreck said the committee could survey each of the PSAPs to address the following four questions:

- How much funding is spent by the PSAP from the local government's general fund?
- How much funding is spent by the PSAP from the local government's 911 funds?
- How many 911 calls are received?
- How many other calls are received?

Chairman Porter asked the Legislative Council staff to survey each of the PSAPs to address the previously stated questions and to gather information on radio frequencies, infrastructure, and coverage maps.

Mr. Terry Traynor, Assistant Director, North Dakota Association of Counties, provided a report from the Emergency Services Communications Committee regarding the use of the assessed communications services fee revenue. He said NDCC Section 57-40.6-12 establishes the Emergency Services Communications Committee. He said the 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.

A copy of the report is on file in the Legislative Council office.

Mr. Traynor said all citizens of North Dakota are connected to law enforcement, fire departments, and emergency medical responders through 23 PSAPs in North Dakota and one in South Dakota. He said NDCC Chapter 57-40.6 allows city and county governing bodies to impose a 911 fee that does not exceed \$1 per month on telephone service in the state for an emergency services communications system.

Mr. Traynor provided the following summary of revenue and expenditures for calendar year 2007:

	State Radio Dispatched Jurisdictions	Non-State Radio Dispatched Jurisdictions
Landline revenue	\$402,509	\$3,326,509
Wireless revenue	378,840	4,043,142
Other funds and previous reserves	168,932	5,148,519
Total funds available	\$950,281	\$12,518,170
Total expenditures	\$851,728	\$12,369,223

Mr. Mike Ressler, Deputy Chief Information Officer, Information Technology Department, provided information regarding outside access to the Bismarck/Burleigh Emergency Management and Combined Communications Center's GeoCast web application. He said the department is implementing a secured socket layer virtual private network to allow individuals from outside the state's wide area network to access the Bismarck/Burleigh Emergency Management and Combined Communications Center's GeoCast web application. A copy of the information presented is on file in the Legislative Council office.

Mr. Jerry Bergquist, 911 Coordinator, Stutsman County, provided comments regarding the committee's study of the Department of Emergency Services. He said all state and local radio communications systems were initially designed

around a Division of State Radio communications plan that was written in 1972. He said that plan has never been updated. A copy of his comments is on file in the Legislative Council office.

Mr. Bergquist said the Legislative Assembly, in the mid-1980s, determined that 911 should be a local government decision. Therefore, he said, even though each jurisdiction developed its 911 system using similar standards, the systems vary from jurisdiction to jurisdiction based on the local decisions that were made as each system was developed.

Mr. Bergquist said local jurisdictions are able to work together and the recent 911 wireless project is an example of the collaboration between jurisdictions. He said the North Dakota 911 Association partnered with the North Dakota Association of Counties to develop a single statewide contract for the technology and services. Through a series of joint powers agreements, he said, each jurisdiction pays its share of the costs.

Mr. Bergquist said the Emergency Services Communications Coordinating Committee could develop statewide operational standards if it is authorized by the Legislative Assembly.

### OTHER BUSINESS

**It was moved by Representative Vigesaa, seconded by Representative Gruchalla, and carried on a roll call vote to request the Legislative Council staff to prepare a bill draft to provide a \$100,000 general fund appropriation to the State Department of Health to expand the department's EMS training grant program to provide emergency medical training to rural law enforcement and to enhance first responder capabilities across the state.** Representatives Porter, Carlisle, Gruchalla, Kerzman, Kroeber, Pietsch, Price, and Vigesaa and Senators Heckaman and Lindaas voted "aye." No negative votes were cast.

Chairman Porter said the Legislative Council staff is preparing a second draft of the bill draft being considered by the committee relating to the Department of Veterans Affairs and the delivery of veterans' services. He said the revised bill draft will be provided to the committee members prior to the committee's next meeting.

Chairman Porter said the next Public Safety Committee meeting is tentatively scheduled for Wednesday and Thursday, June 11-12, 2008. He said the first day will be in Dickinson and the second day in Bismarck.

The committee recessed for lunch at 11:40 a.m., and reconvened at 1:00 p.m. at the Best Western Seven Seas Inn, Mandan, to participate in the State Department of Health state trauma system evaluation meeting.

### EMERGENCY MEDICAL SERVICES STUDY

Dr. Robert J. Winchell, Team Leader, American College of Surgeons Consultation Site Visit Team, provided a summary of the team's evaluation of the

state's trauma system. A copy of the information presented is on file in the Legislative Council office. He said the objective of the evaluation is to help promote a sustainable effort in the graduated development of an inclusive trauma system for North Dakota. The following is a summary of the team's recommendations:

Area	Recommendations
Trauma system policy and oversight	Mandate participation of all acute care hospitals as a condition of licensure Strengthen the State Trauma Committee
Trauma plan	Update and modify the State Trauma Plan
Financing	Acquire dedicated funding for additional positions needed to manage the trauma program Acquire dedicated funding for an EMS medical director Acquire funding to improve and maintain the state trauma registry
EMS	Appoint a state EMS medical director Encourage participation, assure consistency, and provide adequate support for EMS medical directors in their provision of medical oversight Develop automatic dispatch protocols to expedite rotor wing ambulance and ALS injury scene response and intercepts Evaluate the impact of the utilization of ALS intercepts by BLS services due to potential financial disincentives
Definitive care	Create memoranda of understanding between the State Department of Health and trauma centers outlining their roles and responsibilities Develop an inventory of each facility's resources and capabilities to better direct triage and patient flow Develop specific interfacility transfer criteria Review pediatric trauma care to assess the possibility of establishing an ACS verified Level II pediatric trauma center in North Dakota
System evaluation and performance improvement	Develop a performance improvement plan. Appoint a multidisciplinary performance improvement TAG
Trauma information systems	Utilize existing registry data to its fullest extent Identify solutions to improve current system
Prevention	Consider replacement of existing system if above fails, recognizing significant costs in both time and money Develop a comprehensive approach to injury control Strengthen the relationship between the state trauma system program and the injury prevention program Seek a STIPDA technical assessment or consultation in preparation for seeking a CDC injury capacity-building grant Obtain the services of an epidemiology consultant to help identify and utilize existing resources and develop a template for an annual statewide injury report

Area	Recommendations
Research	Develop an agenda to identify the strategic priorities in injury research Encourage the presentation of new finding from researchers within local academic centers to foster the development of academic-community partnerships Link across datasets to facilitate evaluation of the continuum of care

No further business appearing, Chairman Porter adjourned the meeting at 2:10 p.m.

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Roxanne Woeste  
Assistant Legislative Budget Analyst and Auditor

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Allen H. Knudson  
Legislative Budget Analyst and Auditor

ATTACH:1