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Testimony – Public Safety Interim Committee

North Dakota EMS Association

Mark Weber, NDEMSEA

Good afternoon Chairman O’Connell and members of the committee. My name is Mark Weber; I represent the North Dakota Emergency Medical Services (EMS) Association. Thank you for the opportunity to testify today.

I was asked to provide comments on the draft bill as presented by legislative council. Thank you for your work on this draft bill, we believe we are very close to solving our access issues.

- We have a clarification on the 88 primary service areas. In areas where there is only one ambulance service, (62 of the 88) we believe we should “designate” or “license” that service as the primary ambulance service for that area. In areas where multiple ambulance services exist, the oversight committee can help determine the level of service needed in that area.
- When a service area requests funding from the state there should be a process of analyzing a budget and business/service area plan (a template developed by the Department) to determine who is eligible for state funding assistance. The oversight committees would assist the department of health in determining if the ambulance service or services were providing the minimum standards (using a template checklist developed by the department)
- We would like to see the definition of reasonable EMS consistent throughout ND and would suggest that we include the current criteria in the statute or the criteria be defined in rule. (p.1, line 19)

- We would like to clarify that oversight boards would not set the standards for EMS, that is done by DEMST through the rule making process. The oversight board would set standards to the state minimum and if they would like to add standards, they would have that right.
- p.2, line 16; Minimum annual funds for operation of one transporting ambulance service for the primary service area. We need to clarify that the definition of reasonable EMS could include a QRU or sub-station ambulance service in a primary service area. We would also like to suggest setting a minimum funding level of \$160,000 (budgeted amount) for an ambulance service, \$25,000 for a sub-station ambulance service and \$8,000 for a QRU.
- We would like to include a maximum local match amount not to exceed \$10 per capita in each primary service area.
- The distribution of funds has been our most difficult issue to solve. We want an efficient way to distribute the funds while not putting a bunch of work on the counties or DEMST. A suggestion has been made to distribute the funds to the oversight board then to the EMS agencies in the primary service area. We believe either of the ideas would give the legislature assurance the funds were being appropriately spent.

Chairman O'Connell, thank you for this opportunity to testify and I would be happy to answer questions the committee may have.