

Introduced by

Human Services Committee

(At the request of the Department of Health and Human Services)

1 | A BILL for an Act to amend and reenact ~~section~~sections 23-47-02 and 39-21-41.4 of the North
2 | Dakota Century Code, relating to system registries for a comprehensive emergency
3 | cardiovascular medical system and safety belt usage by emergency medical services
4 | personnel; and to provide for a legislative management study.

5 | **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 | **SECTION 1. AMENDMENT.** Section 23-47-02 of the North Dakota Century Code is
7 | amended and reenacted as follows:

8 | **23-47-02. Acute cardiovascular emergency medical system - Duties of department.**

- 9 | 1. Following consultation with and receipt of a recommendation of the acute
10 | cardiovascular emergency medical system of care advisory committee, the
11 | department shall establish and maintain a comprehensive emergency cardiovascular
12 | medical system for the state. The system must include standards for the following
13 | components:
- 14 | a. A system plan.
 - 15 | b. Prehospital emergency medical services.
 - 16 | c. Hospitals, for which the standards must include:
 - 17 | (1) Standards for designation, redesignation, and dedesignation of receiving
18 | and referring centers.
 - 19 | (2) Standards for evaluation and quality improvement programs for designated
20 | centers.
 - 21 | (3) Recognition of a hospital as a STEMI receiving center or as a STEMI
22 | referring center. In making such recognition, the standards must include
23 | consideration of whether the hospital is:

- 1 (a) Accredited as a mission: lifeline STEMI receiving center or mission:
2 lifeline STEMI referring center by the society of cardiovascular patient
3 care and the American heart association accreditation process; or
4 (b) Accredited by a department-approved, nationally recognized
5 organization that provides mission: lifeline STEMI receiving center
6 and mission: lifeline STEMI referring center accreditation or a
7 substantive equivalent.
- 8 d. System registries, for which the components must include a plan for achieving
9 continuous quality improvement in the quality of care provided under the
10 statewide system, including for STEMI response and treatment.
- 11 (1) In implementing this plan, the department shall maintain a statewide STEMI
12 heart attack database that aggregates information and statistics on heart
13 attack care. ~~The department shall utilize the ACTION registry get with the~~
14 ~~guidelines data platform, or other equivalent platform.~~
- 15 (2) To the extent possible, the department shall coordinate with national
16 voluntary health organizations involved in STEMI heart attack quality
17 improvement to avoid duplication and redundancy.
- 18 (3) Designated receiving centers shall participate in the registry.
- 19 2. The proceedings and records of the program are not subject to subpoena, discovery,
20 or introduction into evidence in any civil action arising out of any matter that is the
21 subject of consideration by the program.

22 **SECTION 2. AMENDMENT.** Section 39-21-41.4 of the North Dakota Century Code is
23 amended and reenacted as follows:

24 **39-21-41.4. Use of safety belts required in certain motor vehicles - Enforcement -**
25 **Evidence.**

26 Subject to the limitations of this section and section 39-21-41.5, a driver may not operate
27 upon a highway a motor vehicle designed for carrying fewer than eleven passengers, which
28 was originally manufactured with safety belts unless each front seat occupant is wearing a
29 properly adjusted and fastened safety belt. This section does not apply to a child in a child
30 restraint or safety belt in accordance with section 39-21-41.2; to drivers of implements of
31 husbandry; to operators of farm vehicles as defined in subsection 5 of section 39-04-19; to rural

1 mail carriers while on duty delivering mail; to an occupant with a medical or physically disabling
2 condition that prevents appropriate restraint in a safety belt, if a qualified physician, physician
3 assistant, or advanced practice registered nurse states in a signed writing the nature of the
4 condition and the reason restraint is inappropriate; to an occupant who is an emergency
5 medical services personnel, during the provision of direct patient care; or when all front seat
6 safety belts are in use by other occupants. A physician, physician assistant, or advanced
7 practice registered nurse who, in good faith, provides a statement that restraint would be
8 inappropriate is not subject to civil liability. A violation for not wearing a safety belt under this
9 section is not, in itself, evidence of negligence. The fact of a violation of this section is not
10 admissible in any proceeding other than one charging the violation.

11 **SECTION 3. LEGISLATIVE MANAGEMENT STUDY - EMERGENCY MEDICAL**

12 **SERVICES.** During the 2023-24 interim, the legislative management shall conduct a
13 comprehensive study of the delivery of emergency medical services in the state. The study
14 must include consideration of funding, taxation, access critical areas, demographics, volunteer
15 training, volunteer retention, systems approach to rural areas, employment options, including
16 access to a public safety pension, and educational reimbursements. The study shall also
17 include consideration of distressed ambulance services, which are ambulance services that
18 have indicated an intention to close or change their license level, or an ambulance service that
19 fails to meet performance standards as established by the department of health and human
20 services. The legislative management shall report its findings and recommendations, together
21 with any legislation to implement the recommendations, to the sixty-ninth legislative assembly.