

2025 HOUSE HUMAN SERVICES

HB 1394

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1394
1/20/2025

Relating to the licensing of emergency medical services operations.

10:44 a.m. Chairman M. Ruby called the hearing to order.

Members present: Chairman M. Ruby, Vice Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Proposed amendments relating to ambulance substations.
- Substations

10:44 a.m. Representative Pat Heinert, District 32, testified in favor.

10:46 a.m. Bryan Barrett, North Dakota EMS Association, introduced Adam Parker.

10:46 a.m. Adam Parker on behalf of the North Dakota EMS Association, testified in favor, and submitted testimony. #30160.

11:04 a.m. Chris Price, Director of the North Dakota Department of Health and Human Services, testified in favor, and submitted testimony, #30165.

11:10 a.m. Corey Johnson, Assistant Fire Chief, City of Williston Fire Department, testified in opposition, and submitted testimony, #29974.

Additional testimony:

Tim Weidrich, Director of EMS for the Department of Health and Human Services, submitted testimony in favor, #30032.

11:13 a.m. Chairman Ruby closed the hearing.

Jackson Toman, Committee Clerk

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1622 East Interstate Avenue
Bismarck, ND 58503



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Testimony
House Bill 1394
House Human Services Committee
Monday, January 20, 2025
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Ruby and members of the committee. My name is Adam Parker, I represent the North Dakota Emergency Medical Services Association. The Association supports HB 1322.

The bill accomplishes two things. First, it makes ambulance licenses transferable. Second, it addresses issues relating to substations.

Currently, ambulance service licenses in North Dakota are non-transferable. This has created issues when ambulance services are sold, or when ambulance districts are created, and the ambulance service and district decide to consolidate into one entity. Allowing ambulance licenses to be transferable, subject to the approval of the department, will allow for a more seamless process when these situations arise.

Next, substations are generally former ambulance services that can no longer provide full-time coverage. In response, they partner with a neighboring ambulance service and become a substation. They maintain the ambulance service's originally assigned service area, and the headquarters ambulance service is required to cover the area when the substation is not available.

This plan was seen as a way to address issues within EMS; however, even those involved in the original planning of the substation model agree it did not materialize as expected. Furthermore, having part-time ambulance services has resulted in issues with reliability when ambulance services do not respond as expected.

Our proposed amendment, which further clarifies the language regarding ambulance locations and substations, will close the door to any new substations while allowing existing substations to continue for the time being. Then issues with current substations can be addressed through rulemaking which can be carefully tailored to not jeopardize the sustainability of the headquarters ambulance service while ensuring reliability of the substation ambulance service.

It is important to have a reliable EMS system that is proactive, rather than reactive. This bill helps to strengthen the reliability of the EMS system in North Dakota.

Thank you for the opportunity to testify, I would be happy to answer any questions you may have.

~~Except as otherwise provided under subsection 4, an~~ An emergency medical services operator operation must be separately licensed for each of its designated service areas. ~~the operator's emergency medical services operations and an operation that is headquartered from a separate location must be considered a separate operation.~~ Under this subsection, an operation ~~with a single headquarters site~~ may dispatch ~~position~~ vehicles and emergency medical services personnel ~~from at~~ more than one location within the emergency medical service operations designated service area. ~~if calls requesting services are received and orders for vehicle dispatch are made at the single headquarters site.~~

4. Notwithstanding subsection 3, an operator of an emergency medical services operation may operate one or more substation ambulance services operations under a single license if:

a. The substation ambulance services operation was designated before December 31, 2024, and remains continuously designated;

b. The headquarters ambulance services operation is not a substation ambulance services operation of another emergency medical services operation;

c. The substation ambulance services operation area borders the headquarters ambulance services operation area or borders another substation of the headquarters ambulance services operation;

d. The headquarters ambulance services operation and the substation ambulance services operation are dispatched by the same entity; and

e. The operator of the emergency medical services operation pays a license fee for each of its substation ambulance services operations.

"Substation ambulance service" means an ambulance station that has its own service area designated by the department and is not individually licensed as an emergency medical service operation.



Testimony
House Bill No. 1394
House Human Services Committee
Representative Ruby, Chair
January 20, 2025

Chairman Ruby, and members of the House Human Services Committee, my name is Chris Price, and I serve as the Director of Emergency Medical Systems for the Department of Health and Human Services (Department). I am here today to express the Department's support for House Bill No. 1394, which introduces two important changes to existing EMS operations licensing provisions.

During the 2023 – 2025 legislative session, the legislature mandated that ambulance services, with limited exceptions, create rural ambulance service districts, a form of political subdivision like a fire district. This initiative was an effort to hedge against ambulance service closures, as no rural ambulance service districts have failed since the act permitting them was adopted in the 1970s. Because of the mandate, some non-profit

ambulance services have elected to wind down their organizations and transition to a district-operated model. Unfortunately, the inability to transfer the license from the non-profit organization to the rural ambulance service district has caused a delay in securing certain credentials from the federal government that allow reimbursement from federal healthcare programs for providing patient care. The ability to transfer an ambulance service license, with Department approval, remedies this situation.

Subsection 4 of Section 23-27-01 of the North Dakota Century Code permits ambulance services to operate substations. It appears this provision was a good intent effort by the legislature to reduce the burden on certain ambulance services by permitting them to align with another ambulance service that may have resources to provide support and oversight. Unfortunately, this resulted in substation ambulance services that were not always staffed, defaulting responses to the headquarter ambulance service and defeating the legislative intent to have reliable EMS

response. A sample of substation ambulance service responses from our data system indicate that they are responding less than fifty percent of the time that they are dispatched. Subdivision a of Subsection 4 of Section 23-27-01 addresses this by "grandfathering" existing substation ambulance services while prohibiting the establishment of new substation ambulance services that may compromise service delivery.

It is important to clarify that this change does not restrict licensed ambulance services from establishing additional stations within their service areas to address community needs. However, it does prevent failing ambulance services from transferring their operational responsibilities to neighboring services, which would increase service area demands and potentially lead to more failed responses.

In conclusion, House Bill No. 1394 strengthens the EMS system by ensuring operational continuity during transitions to district-based models and by addressing inefficiencies associated with substation ambulance services. These changes promote the

delivery of reliable and sustainable emergency medical services across North Dakota.

This concludes my testimony. I welcome any questions from the committee and am available to provide additional information as needed. Thank you.

Recommendation #1

Do not edit subsections 3 and 4. Add two new subsections stating:

5. The Department of Health and Human Services shall not issue any new substation ambulance services operations licenses pursuant to subsections 3 and 4. Current substation licenses shall be maintained and renewed, provided they are continuously licensed. Subsections 3 and 4 are repealed upon report from the Department of Health and Human Services when no active substation licenses exist.

6. An emergency medical services operation may operate one or more stations under a single license provided that:

- a. The emergency medical services operation designates a headquarters station and all other stations during the licensure process
- b. The emergency medical service operation has a response plan in place to provide for reliable response from each station

Recommendation #2

Remove the sunset date and re-engage through separate legislation to address subsections 3 and 4 discrepancies.

Recommendation #3

Replace subsections 3 and 4 with:

3. An emergency medical services operation may operate one or more substations under a single license provided that:

- a. The emergency medical services operation designates a headquarters station;
- b. The substation has a designated response area and is either dispatched directly by a public safety answering point or an internal dispatching procedure approved by the department that does not allow for significant delays;
- c. The dispatching procedure is provided by the same public safety answering point or internal dispatching process for the headquarters station and all substations.
- d. The emergency medical services operation has a standards of cover plan that is approved by the department upon licensure that includes;
 - 1. Designated sub-response area within the licensed emergency medical services operations designated response area
 - 2. Emergency response performance requirements
 - 3. Dispatching procedure for when service is not available

- e. The substation cannot act as a substation for multiple emergency medical services operations.

Recommendation #4

Replace subsection 3 with:

3. Notwithstanding subsection 4, an emergency medical services operation may operate multiple locations within its designated area. These locations are not considered substations, as outlined in subsection 4.



January 19th, 2025

House Human Services Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Opposition to HB 1394

Chairman Ruby & Committee Members,

Please accept this letter as opposition to HB 1394 as presented to the legislature. There is a discrepancy between the wording of NDCC 23-27-01 and current practices by the HHS Department's EMS Unit. This bill stands to eliminate the practice of operating ambulance substations by enacting a sunset date for licensure and does not settle the existing discrepancy.

The City of Williston Fire Department [WFD] is a licensed ambulance service operating out of three stations, a headquarters station, and two additional stations. The HHS Department has never required the WFD to obtain substation licenses for our additional stations. The EMS Unit considers our operation a single ambulance service that operates out of multiple stations rather than an ambulance service that operates substations. NDCC 23-27-01 does not provide this definition. Arguably, the WFD and several other organizations should obtain substation licenses, but the EMS Unit does not require them under current operating practices.

The WFD fears that this discrepancy in definition could result in an unforeseen change in interpretation in the future. If HB 1394 is enacted as currently worded, the City of Williston could be forced to close EMS operations at two stations. The WFD has strategically deployed these resources to meet the needs of our community and ensure quick and reliable ambulance response to the 1,100 square miles of our response district.

Subsections 3 and 4 are confusing and contradictory as they are written. Adding a sunset date without an attempt to adequately define the difference between an ambulance substation and an ambulance service with multiple stations creates more significant confusion. This bill aims to address challenges with the transferability of licenses and poor-performing ambulance substations. Rather than eliminating the ability for an ambulance service to deploy, stage, or house resources accordingly throughout a response district, we recommend replacing this

sunset date with a provision that requires minimum response standards to be met. We also recommend removing licensure requirements for substations due to this requirement not being adequately defined and equally enforced throughout the state.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. Clark', with a large 'X' mark at the end.

Matthew Clark, Fire Chief
City of Williston Fire Department
(701) 572-3400 ext. 2312
mattc@ci.williston.nd.us



Testimony
House Bill No. 1394
House Human Services Committee
Representative Ruby, Chair
January 20, 2025

Chairman Ruby, and members of the House Human Services Committee, my name is Chris Price, and I serve as the Director of Emergency Medical Systems for the Department of Health and Human Services (Department). I am here today to express the Department's support for House Bill No. 1394, which introduces two important changes to existing EMS operations licensing provisions.

During the 2023 – 2025 legislative session, the legislature mandated that ambulance services, with limited exceptions, create rural ambulance service districts, a form of political subdivision like a fire district. This initiative was an effort to hedge against ambulance service closures, as no rural ambulance service districts have failed since the act permitting them was adopted in the 1970s. Because of the mandate, some non-profit

ambulance services have elected to wind down their organizations and transition to a district-operated model. Unfortunately, the inability to transfer the license from the non-profit organization to the rural ambulance service district has caused a delay in securing certain credentials from the federal government that allow reimbursement from federal healthcare programs for providing patient care. The ability to transfer an ambulance service license, with Department approval, remedies this situation.

Subsection 4 of Section 23-27-01 of the North Dakota Century Code permits ambulance services to operate substations. It appears this provision was a good intent effort by the legislature to reduce the burden on certain ambulance services by permitting them to align with another ambulance service that may have resources to provide support and oversight. Unfortunately, this resulted in substation ambulance services that were not always staffed, defaulting responses to the headquarter ambulance service and defeating the legislative intent to have reliable EMS

response. A sample of substation ambulance service responses from our data system indicate that they are responding less than fifty percent of the time that they are dispatched. Subdivision a of Subsection 4 of Section 23-27-01 addresses this by “grandfathering” existing substation ambulance services while prohibiting the establishment of new substation ambulance services that may compromise service delivery.

It is important to clarify that this change does not restrict licensed ambulance services from establishing additional stations within their service areas to address community needs. However, it does prevent failing ambulance services from transferring their operational responsibilities to neighboring services, which would increase service area demands and potentially lead to more failed responses.

In conclusion, House Bill No. 1394 strengthens the EMS system by ensuring operational continuity during transitions to district-based models and by addressing inefficiencies associated with substation ambulance services. These changes promote the

delivery of reliable and sustainable emergency medical services across North Dakota.

This concludes my testimony. I welcome any questions from the committee and am available to provide additional information as needed. Thank you.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1394
1/27/2025

Relating to the licensing of emergency medical services operations.

4:32 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Members Absent: Representative Rohr

Discussion Topics:

- Committee action
- Definitions of service areas.

5:00 p.m. Representative Bolinske moved to amend the bill relating to definitions of service areas.

5:00 p.m. Representative Rios seconded the motion.

5:00 p.m. Voice vote undecided.

5:00 p.m. Chairman called for a roll call vote on amendments.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	AB

5:01 p.m. Motion passed 11-1-1.

5:01 p.m. Representative K. Anderson moved a Do Pass as amended.

5:01 p.m. Representative Beltz seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y

Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	AB

5:02 p.m. Motion passed 10-2-1.

Vice-Chairman Frelich will carry the bill.

5:03 p.m. Chairman M. Ruby adjourned the meeting.

Jackson Toman, Committee Clerk

January 27, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1394

Introduced by

Representatives Heinert, Bosch, Hauck, Karls, Meier, Porter

Senators Axtman, Cleary, Roers

JB 1-27-25
1083

1 A BILL for an Act to amend and reenact ~~section~~sections 23-27-01 and 23-27-02 of the North
2 Dakota Century Code, relating to the licensing of emergency medical services operations.

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

4 **SECTION 1. AMENDMENT.** Section 23-27-01 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **23-27-01. License required - Licensing of emergency medical services operations -**
7 **Exception - Waiver.**

- 8 1. The department of health and human services shall license emergency medical
9 services operations and may designate their service areas. The department shall limit
10 the issuance of a license for any new emergency medical services operation based on
11 the needs of the service area. A license for an emergency medical services operation
12 is ~~nontransferable~~transferable upon approval of the department.
- 13 2. Emergency medical services may not be advertised, offered, or provided to the public
14 except by an emergency medical services operator that provides the emergency
15 medical services through emergency medical services personnel.
- 16 3. ~~Except as otherwise provided under subsection 4, an~~An emergency medical services
17 ~~operator~~services operation must be separately licensed for each of the operator's
18 ~~emergency medical services operations and an operation that is headquartered from a~~
19 ~~separate location must be considered a separate operation~~the designated service
20 area of the operation. Under this subsection, an operation ~~with a single headquarters~~

JB 2 of 3

1 site may ~~dispatch~~ position vehicles and emergency medical services personnel from at
2 more than one location ~~if calls requesting services are received and orders for vehicle~~
3 ~~dispatch are made at the single headquarters site~~ within the designated service area of
4 an emergency medical services operation.

5 4. Notwithstanding subsection 3, an operator of an emergency medical services
6 operation may operate one or more substation ambulance services operations under a
7 single license if:

8 a. The substation ambulance services operation was licensed designated before
9 December 31, 2024, and remains continuously licensed designated;

10 b. The headquarters ambulance services operation is not a substation ambulance
11 services operation of another emergency medical services operation;

12 b.c. The substation ambulance services operation area borders the headquarters
13 ambulance services operation area or borders another substation of the
14 headquarters ambulance services operation;

15 e.d. The headquarters ambulance services operation and the substation ambulance
16 services operation are dispatched by the same entity; and

17 d.e. The operator of the emergency medical services operation pays a license fee for
18 each of its substation ambulance services operations.

19 5. The provisions of this chapter do not apply to an operator from another state which is
20 headquartered at a location outside of this state and transports patients across state
21 lines, but the operator may not treat patients within this state or pick up patients within
22 this state for transportation to locations within this state, except as provided by rule.

23 6. The department of health and human services shall adopt rules for special licenses
24 and waiver provisions for an operator of an emergency medical services operation
25 intended for industrial sites not available to the general public.

26 **SECTION 2. AMENDMENT.** Section 23-27-02 of the North Dakota Century Code is
27 amended and reenacted as follows:

28 **23-27-02. Definitions.**

29 For the purpose of this chapter, unless the context otherwise requires:

30 1. "Department" means the department of health and human services.

JB 303

- 1 2. "Emergency medical services" means the prehospital medical stabilization or
2 transportation, including interfacility transportation, of an individual who is sick, injured,
3 wounded, or otherwise incapacitated or helpless, or in a real or perceived acute
4 medical condition, by a person that holds oneself out to the public as being in that
5 service or that regularly provides that service. The term includes:
 - 6 a. Assessing, stabilizing, and treating life-threatening and non-life-threatening
7 medical conditions; or
 - 8 b. Transporting a patient who is in a real or perceived acute medical condition to a
9 hospital emergency room or other appropriate medical destination.
- 10 3. "Emergency medical services operation" means an entity licensed to offer and provide
11 emergency medical services by emergency medical services personnel with physician
12 oversight. The term includes basic life support ambulance services, advanced life
13 support ambulance services, air ambulance services, and quick response unit
14 services.
- 15 4. "Emergency medical services personnel" means individuals who provide emergency
16 medical services for emergency medical services operations. The term includes
17 emergency medical services professionals, drivers, and department-certified
18 emergency medical services providers, such as cardiopulmonary resuscitation drivers
19 and first responders.
- 20 5. "Emergency medical services professional" means an individual licensed by the
21 department under this chapter.
- 22 6. "Substation ambulance services" means an ambulance station that has its own service
23 area designated by the department and is not individually licensed as an emergency
24 medical services operation.

**REPORT OF STANDING COMMITTEE
HB 1394**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.1075.01001](#)) and when so amended, recommends **DO PASS** (10 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1394 was placed on the Sixth order on the calendar.

2025 SENATE HUMAN SERVICES

HB 1394

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1394
3/5/2025

Relating to the licensing of emergency medical services operations.

10:37 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Private Ambulance Services
- Substations Assignments

10:37 a.m. Bill Kalanek, ND EMS Association, testified in favor and submitted testimony #38722.

10:41 a.m. Senator Roers moved Do Pass.

10:41 a.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion Passed 6-0-0.

Senator Lee will carry the bill.

Additional written testimony:

Corey Johnson, Assistant Chief for City of Williston Fire Department, submitted testimony in favor #38561.

10:42 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

**REPORT OF STANDING COMMITTEE
ENGROSSED HB 1394 ([25.1075.02000](#))**

Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1394 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.



March 3rd, 2025

Senate Human Services Committee
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Support for HB 1394

Chairman Lee & Committee Members,

Please accept this letter as support for HB 1394 as amended in the House. The Williston Fire Department originally submitted opposition to this bill because the original wording did not provide adequate definitions and conflicted with other subsections of NDCC 23-27-01. As initially written, it would have prohibited our organization, and others, from operating multiple stations or staging locations within our jurisdiction. Our organization worked with the ND EMS Association to develop a proposal for an amendment that the House Human Services committee implemented.

The amended version of HB 1394 before you provides better clarification and allows organizations to continue operating out of multiple locations without any confusion about their status as substations. Although the issue of substations does not directly impact us, the clarity that HB 1394 is essential to the ongoing management of our operation. Therefore, we request your support by recommending HB 1394 as a "do pass."

Sincerely,

A handwritten signature in black ink that reads "Corey A. Johnson". The signature is fluid and cursive.

Corey A. Johnson, Assistant Chief of Operations
City of Williston Fire Department
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coreyj@ci.williston.nd.us

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Testimony
House Bill 1394
Senate Human Services Committee
Wednesday, March 5, 2025.
North Dakota Emergency Medical Services Association

Good morning, Madame Chair and members of the committee. My name is Bill Kalanek, I am here today on behalf of the North Dakota Emergency Medical Services Association in support of HB 1394.

The bill before you does two things. First, it makes ambulance licenses transferable with the approval of the Department (DHHS). Second, it addresses some issues with regard to substations.

Currently, North Dakota's licensed ambulance services are non-transferable. This creates issues when ambulance services are sold, when ambulance districts are created or when a private ambulance service consolidates with a district into one entity. Allowing ambulance licenses to be transferable, with Department approval, will allow for a more seamless process when these situations arise.

The other issue addressed in this bill has to do with the term "substation". The bill as written closes the door to formation of NEW substations with assigned service areas. It has been proven out by experience that assigning service areas to substations is not always appropriate.

Service areas are assigned to the Licensed Ambulance Service by the Department, how the service chooses to deliver coverage to an area is their decision. Regardless of how the Ambulance chooses to deliver services, they are responsible for the area assigned. What method an Ambulance employs may include what they term a "substation" but that office or substation will not be assigned a specific response area by the Department going forward.

It is important to have a reliable and responsive EMS system in North Dakota. This bill helps to strengthen the reliability of that system.

Thank you.