COMMUNITY PARAMEDIC STUDY - BACKGROUND MEMORANDUM

The Health Services Committee has been assigned, pursuant to 2013 Senate Concurrent Resolution No. 4002 (Appendix A), a study of the feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas of the state, including the ability to receive third-party reimbursement for the cost of these services and the effect of these services on the operations and sustainability of the current emergency medical services (EMS) system.

BACKGROUND INFORMATION

North Dakota Century Code Chapter 23-27 (Appendix B) provides the State Department of Health is the licensing authority for emergency medical services operations and may designate their service areas.

Emergency Medical Services Licensing

Section 23-27-03 provides the fee for an emergency medical services operation license to operate an emergency medical services operation or a substation ambulance service operation must be set by the Health Council at a sum not to exceed $25 annually. The fee, currently set at $25, is to defray the administrative costs of the licensing program. All license fees must be paid to the State Department of Health, 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.

In addition to licensing five industrial ambulance services, which only respond to property owned by the company they serve, and 78 quick response units, the state also provides licenses for two levels of ground ambulance service--basic life support and advanced life support. Basic life support ambulances must have a minimum staff training level of an emergency medical technician and a driver certified in CPR, while advanced life support ambulances must have a minimum staff training level of a paramedic and an emergency medical technician. The state currently has 20 advanced life support ambulance services and 118 basic life support ambulance services, of which 8 basic life support ambulance services are substation ambulance services, meaning they are licensed as a secondary base location from which an ambulance can be dispatched, but 24-hour coverage is not required.

Emergency Medical Services Training and Certification

Section 23-27-04.2 requires the State Department of Health to assist, within the limits of legislative appropriations, in the training of emergency medical services personnel of certain emergency medical services operations and to financially assist certain emergency medical services operations in obtaining equipment. In addition, Section 23-27-04.3 requires the Health Council to adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for emergency medical services personnel, instructors, and training institutions.

Supervision of Emergency Medical Technician Hospital Personnel

Section 23-27-04.4 allows certified or licensed emergency medical technicians-intermediate and paramedics, who are employed by a hospital, to provide patient care within a scope of practice established by the State Department of Health. These emergency medical services professionals are under the supervision of the hospital's nurse executive.

The Legislative Assembly in 2011 House Bill No. 1044 created Chapter 23-46 (Appendix C) related to emergency medical services. Section 23-46-03 requires the State Department of Health to establish and update biennially a plan for integrated emergency medical services in the state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. In addition, Section 23-46-02 requires the State Department of Health to establish an Emergency Medical Services Advisory Council and consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the State Health Officer.

PREVIOUS STUDIES

The 2007-08 Public Safety Committee was directed to study the state's EMS system, including the funding, demographics, and impact on rural areas. The committee recommended 2009 Senate Bill No. 2049 relating to emergency medical services programs. The bill was not approved by the 2009 Legislative Assembly but would have provided a $4,524,000 appropriation from the insurance tax distribution fund to the State Department of

Health to provide emergency medical services operations grants, to implement an emergency medical services assessment process, to provide leadership training, and to develop a statewide emergency medical services recruitment drive. However, the Legislative Assembly in 2009 Senate Bill No. 2004 increased funding provided from the insurance tax distribution fund for emergency medical services by $1.5 million. Section 6 of the bill authorized $2.25 million for **emergency medical services operations grants** as provided in Chapter 23-40 during the 2009-11 biennium and $500,000 for a grant to contract with an organization to develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery; to develop, implement, and provide leadership development training; to develop, implement, and provide a biennial emergency medical services recruitment drive; and to provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors. This funding was in addition to $1.24 million provided for **emergency medical services training grants**, of which $940,000 was from the general fund and $300,000 was from the community health trust fund. The section also provided the State Department of Health require recipients of grants to provide information on the use of funds received as necessary for the State Department of Health to provide a report to the Legislative Management on the use of the funding.

The 2009-10 Public Safety and Transportation Committee was assigned a study, pursuant to Section 5 of 2009 Senate Bill No. 2050, of emergency medical services funding within the state, including state and local emergency medical services and ambulance service funding and the feasibility and desirability of transitioning to a statewide funding formula.

The committee was also assigned to receive a report from the State Department of Health, pursuant to Section 6 of 2009 Senate Bill No. 2004, regarding the use of funding provided for grants to emergency medical services operations during the 2009-11 biennium. The committee learned in fiscal year 2010 a total of 41 ambulance services of the 147 licensed with the State Department of Health applied for emergency medical services operating grants. A total of $1,104,259 in grants was awarded to 39 ambulance services. The grants ranged from $2,080 to $45,000 with an average grant award of $28,314. Ambulance services were required to provide matching funds that ranged between 10 and 90 percent based on the needs of the ambulance service.

The committee learned the State Department of Health awarded a grant to SafeTech Solutions, LLP, pursuant to Section 6 of 2009 Senate Bill No. 2004, which identified $500,000 from the insurance tax distribution fund for a grant to contract with an organization to study emergency medical services issues. The committee learned eight one-day summits were held by SafeTech Solutions to receive input from local ambulance services regarding rural emergency medical services challenges, and a final report, including recommendations for changes, was made available in late 2011.

The committee received testimony regarding challenges faced by emergency medical services, including dangers faced by ambulance personnel; increasing number of calls in areas affected by oil and gas development; and the lack of personnel, adequate leadership, and funding.

The committee learned funding sources for emergency medical services include property taxes, county sales tax, federal homeland security grant funding, Medicaid payments, emergency medical services training grants, and emergency medical services operations grants. Other sources of revenue for ambulance services include donations, federal funds, and user fees that include insurance payments. Ambulance services may directly bill patients who are not covered by a third-party provider.

The committee explored funding options for emergency medical services, including increasing funding for Medicaid and a statewide funding plan for emergency medical services in which state funding for emergency medical services would be provided to an area of the state rather than to specific ambulance services. Each funding service area would allow ambulance services to collaborate and reduce redundancies, maintain local decisionmaking, and facilitate the integration of ambulance services if needed. Each service area would also provide matching funds which could be from sources as determined by the local area.

The committee recommended House Bill No. 1044 to provide the State Department of Health establish and biennially update a plan for emergency medical services in the state, establish an Emergency Medical Services Advisory Council to provide advice to the department regarding emergency medical services issues, ensure all areas of the state are covered by reasonable ground ambulance response, and allocate state financial assistance for each emergency medical services funding area based on the financial needs of each emergency medical services funding area and require local matching funds of at least $10 per capita. The bill included an appropriation of $12 million from the insurance tax distribution fund to the State Department of Health for providing state financial

assistance for emergency medical services and repealed Chapter 23-40 relating to the current process of providing financial assistance to emergency medical services.

As approved by the 2011 Legislative Assembly, House Bill No. 1044 repealed Chapter 23-40 relating to the current process of providing financial assistance to emergency medical services and created Chapter 23-46 related to emergency medical services. The bill directed the State Department of Health to establish and update a plan for integrated emergency medical services in the state, which includes designation of emergency medical services funding areas, and created an Emergency Medical Services Advisory Council to advise the State Department of Health on the state plan for integrated emergency medical services, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services. As approved, the bill appropriated $3 million from the general fund for state assistance grants to emergency medical services operations and related administrative costs to the State Department of Health during the 2011-13 biennium.

In addition, 2011 House Bill No. 1004 provided $1,250,000 from the insurance tax distribution fund for emergency medical services staffing grants and $940,000 from the general fund for emergency medical services training grants for the 2011-13 biennium. House Bill No. 1266 (2011) provided $100,000 from the general fund to support a comprehensive state trauma system and authorized the State Health Officer to appoint an emergency medical services and trauma medical director to provide medical oversight and consultation in the development and administration of the state EMS and trauma systems.

The 2011-12 Health Services Committee received information regarding the emergency medical services improvement grant to study rural emergency medical services issues awarded to SafeTech Solutions, LLP, from the Emergency Medical Services Advisory Council. The SafeTech Solutions, LLP, report on the challenges facing EMS in rural North Dakota expressed a concern regarding the lack of adequate rural, out-of-hospital EMS in North Dakota. The committee learned in rural areas, where volumes of medical transports are low, EMS relies on donations, local tax revenues, and volunteer labor. In western North Dakota, increasing demand for services is a concern, including a need for specific training and environmental challenges. In other parts of the state, the aging population is an issue.

The committee learned 86 percent of the ambulance services in the state rely primarily on volunteers whose labor cost would exceed an estimated $31 million per year. Aging volunteers and the decline in volunteerism has resulted in a shortage of EMS workers. The committee learned characteristics of successful rural services include engaged, trained, dedicated, and rested leaders; professional standards; recruitment and retention plans; organization; adequate funding; and well-maintained facilities and equipment. The advisory council was directed by the 2011 Legislative Assembly to make recommendations to the State Department of Health regarding the establishment of funding areas and criteria to determine funding levels for each area. The committee learned the Energy Infrastructure and Impact Office made $2 million of funding from the oil and gas impact grant fund available for EMS, and an additional $30 million contingent appropriation from the oil and gas impact grant fund was provided for oil and gas impact grants related to emergency services during the November 2011 special session.

The committee received information from the State Health Officer regarding community paramedics. The committee learned there is the potential for community paramedics to provide additional cost-effective clinical and public health services, particularly in rural areas of the state. The ability to receive reimbursement for these services could enhance the sustainability of the current EMS system. The committee learned EMS systems can function with volunteer personnel by responding to up to approximately 350 emergency calls per year, while fee-for-service systems are generally not sustainable until the service responds to at least 650 emergency calls per year. Increased demand is causing some communities with volunteer responders to increase to more than 350 emergency calls but still less than 650. The committee learned if the role of paramedics could be expanded to that of community paramedics, fee-for-service EMS systems could likely be sustained. The committee learned appropriately trained community paramedics could provide billable services, including:

1. Community mid-level clinical evaluation and treatment;
2. Community level call-a-nurse service and advice;
3. Chronic disease management support;
4. Case management of complex cases;
5. Worksite wellness facilitation and onsite clinical support; and
6. School wellness and mid-level clinical services.

The committee learned issues to be resolved relate to needs, certification, regulation, and reimbursement.

The committee recommended Senate Concurrent Resolution No. 4002 for a Legislative Management study of the potential for community paramedics to provide additional clinical and public health services particularly in rural areas of the state, including the ability to receive reimbursement for these services and the effect these reimbursements would have on the sustainability of EMS providers. The resolution, as approved, providing for the study was assigned to the Health Services Committee.

2013 LEGISLATION

Community Paramedic/Community Health Care Worker Pilot Project

The Governor recommended and the Legislative Assembly approved, in 2013 Senate Bill No. 2004, $276,600 from the general fund for one full-time equivalent (FTE) position ($135,000) for the State Department of Health to implement a community paramedic/community health care worker pilot project and educational startup costs ($141,600) during the 2013-15 biennium. The State Department of Health's request for the FTE position is to coordinate the ongoing community health care providers, establish a training program for the project, and coordinate ST-elevation myocardial infarction (STEMI).

The State Department of Health request for pilot project funding indicated the program would coordinate workers to utilize the downtime of paramedics between ambulance calls in order to assist community health workers. The department indicated there appears to be significant overlap between community health care workers and community paramedics, so it seems natural for these two divisions to collaborate on a new health care delivery system in both rural and urban areas. The department held a statewide stakeholder meeting asking for provider input regarding the concept of a patient-centered medical home model, or in some cases seeking a decrease of chronic use of ambulance transport or unnecessary utilization of emergency departments. This model is currently being utilized in some surrounding states, Minnesota and Montana, as well as rural areas (Eagle County, Colorado) utilizing both the urban and rural focus of this concept. The department indicated there is a need in the state to help transition patients from the clinical system into the community to avoid continued chronic disease readmissions into the clinical systems. Efforts throughout the country to establish an alternative to the existing health care delivery system include a medical home model or a transition model of care; however, most of the new models require an additional workforce and compensation. The department indicated collaboration between the community health worker and community paramedics would effectively use the workforce that currently exists with significant downtime between ambulance calls or transports. The emergency medical services workforce already exists and can possibly benefit from this concept which may keep ambulance services sustainable. The department indicated the project would fill the needs of the community by training the current workforce and reinforcing the dwindling number of volunteers by injecting some paid staff for ambulance services. The department indicated a curriculum exists for the training of the providers; however, changes to existing rules and statutes may be necessary to make the program fully functional.

Emergency Medical Services Grants

The Legislative Assembly did not change the executive recommendation for rural emergency medical services grants. Senate Bill No. 2004 (2013) provides a total of $7,340,000, of which $6,090,000 is from the general fund and $1,250,000 is from the insurance tax distribution fund, for rural emergency medical services grants, including training grants ($940,000). This level of funding represents an increase of $2.15 million from the general fund compared to the 2011-13 biennium. In addition, House Bill No. 1358 provides $7 million from the oil and gas impact grant fund for grants to emergency medical services providers for extraordinary expenditures that would mitigate negative effects of oil development affecting emergency medical services providers providing service in oil-producing counties, including the need for increased emergency medical services providers services, staff, funding, equipment, coverage, and personnel training.

Comprehensive State Trauma System

The Legislative Assembly in 2013 Senate Bill No. 2226 provided an appropriation of $332,000 from the general fund to the State Department of Health for a comprehensive state trauma system to provide a total of $432,000 from the general fund during the 2013-15 biennium. Funding is provided for a contracted emergency medical services and trauma medical director, advanced trauma life support training, development of the rural trauma team development course, trauma designation visits, and a state trauma registry.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding clinical and public health services that may be performed by community paramedics, particularly in rural areas of the state, including the types of services community paramedics could perform, additional training necessary to perform additional services, and any legislation required to allow community paramedics to perform additional services.
2. Gather and review information regarding the ability to receive third-party reimbursement for the cost of clinical and public health services performed by community paramedics and the effect of performing these services on the operations and sustainability of the current emergency medical services system.
3. Receive information from the State Department of Health regarding community paramedic programs operating in other states, including the benefits and challenges experienced by states implementing community paramedic programs and the status of the community paramedic and community health care worker pilot program.
4. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
5. Prepare a final report for submission to the Legislative Management.

ATTACH:3

Sixty-third Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 8, 2013

SENATE CONCURRENT RESOLUTION NO. 4002
(Legislative Management)
(Health Services Committee)

A concurrent resolution directing the Legislative Management to study the feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas of the state.

WHEREAS, the integration of public health and primary care at the community level may increase health care services to vulnerable citizens; and

WHEREAS, a shortage of clinical and public health providers exists in rural areas of the state; and

WHEREAS, demand for emergency medical services is increasing in many rural areas of the state; and

WHEREAS, emergency medical services systems in rural areas of the state are experiencing a shortage of volunteers; and

WHEREAS, emergency medical services systems in rural areas are often unable to generate sufficient operating revenues;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF NORTH DAKOTA, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN:

That the Legislative Management study the feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas of the state, including the ability to receive third-party reimbursement for the cost of these services and the effect of these services on the operations and sustainability of the current emergency medical services system; and

BE IT FURTHER RESOLVED, that the Legislative Management report its findings and recommendations, together with any legislation required to implement the recommendations, to the Sixty-fourth Legislative Assembly.

CHAPTER 23-27
EMERGENCY MEDICAL SERVICES OPERATIONS LICENSES

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

1. The state department of health shall license emergency medical services operations and may designate their service areas. The department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area. A license for an emergency medical services operation is nontransferable.
2. Emergency medical services may not be advertised, offered, or provided to the public except by an emergency medical services operator that provides the emergency medical services through emergency medical services personnel.
3. Except as otherwise provided under subsection 4, an emergency medical services operator must be separately licensed for each of 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 vehicles and emergency medical services personnel from more than one location 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 headquarters ambulance services operation is not a substation ambulance services operation of another emergency medical services operation;
   b. The substation ambulance services operation area borders the headquarters ambulance services operation area or borders another substation of the headquarters ambulance services operation;
   c. The headquarters ambulance services operation and the substation ambulance services operation are dispatched by the same entity; and
   d. The operator of the emergency medical services operation pays a license fee for each of its substation ambulance services operations.
5. The provisions of this chapter do not apply to an operator from another state which is headquartered at a location outside of this state and transports patients across state lines, but the operator may not treat patients within this state or pick up patients within this state for transportation to locations within this state, except as provided by rule.
6. The state health council shall adopt rules for special licenses and waiver provisions for an operator of an emergency medical services operation intended for industrial sites not available to the general public.

23-27-02. Definitions.

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

1. "Department" means the state department of health.
2. "Emergency medical services" means 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 term includes:
   a. Assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions; or
   b. Transporting a patient who is in a real or perceived acute medical condition to a hospital emergency room.
3. "Emergency medical services operation" means an entity licensed to offer and provide emergency medical services by emergency medical services personnel with physician oversight. The term includes basic life support ambulance services, advanced life

support ambulance services, air ambulance services, and quick response unit services.

4. "Emergency medical services personnel" means individuals who provide emergency medical services for emergency medical services operations. The term includes emergency medical services professionals, drivers, and department-certified emergency medical services providers, such as cardiopulmonary resuscitation drivers and first responders.
5. "Emergency medical services professional" means an individual licensed by the department as an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic.

23-27-03. License fees.

The fee for an emergency medical services operation license to operate an emergency medical services operation or a substation ambulance services operation must be set by the state health council at a sum of not more than twenty-five dollars annually, as may be required to defray the costs of administration of the licensing program. This operation license fee does not apply to licensure or certification of emergency medical services personnel. 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.

23-27-04. Standards for operators.

1. An emergency medical services operation within this state may not operate unless the operation is licensed in accordance with this chapter and rules adopted by the state health council. The rules must include:
   a. Time when operator's services must be available.
   b. Type of motor vehicle operator's license needed for drivers of ground vehicles.
   c. Training standards for operation personnel.
   d. Equipment and ground vehicle standards.
   e. Annual license fees.
   f. Number of personnel required for each run.
   g. The scope of practice for uncertified drivers, certified personnel, and emergency medical services professionals.
   h. Performance standards, which may include response time standards.
   i. Other requirements as may be found necessary to carry out the intent of this chapter.
2. An officer, employee, or agent of any prehospital emergency medical services operation may refuse to transport an individual for which transport is not medically necessary and may recommend an alternative course of action to that individual if the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual.

23-27-04.1. Emergency care or services rendered by officers, employees, or agents of emergency medical services operations - Physician medical direction.

1. An officer, employee, or agent of an emergency medical services operation and a physician licensed in this state who provides medical direction to an emergency medical services operation, who is a volunteer, who in good faith renders emergency care, services, or medical direction, is not liable to the recipient of the emergency care, services, or medical direction for any civil damages resulting from any acts or omissions by the person in rendering the emergency care, services, or medical direction provided the person is properly trained according to law.
2. For the purpose of this section, "volunteer" means an individual who receives no compensation or who is paid expenses, reasonable benefits, nominal fees, or a combination of expenses, reasonable benefits, and nominal fees to perform the services for which the individual volunteered, provided that the fees do not exceed ten thousand dollars in any calendar year.

3. For a volunteer physician providing medical overview to an emergency medical services operation and the operation's personnel, the ten thousand dollar maximum fees amount is calculated separately for each emergency medical services operation for which the physician volunteered medical overview. This section does not relieve a person from liability for damages resulting from the intoxication, willful misconduct, or gross negligence of the person rendering the emergency care or services.
4. An officer, employee, or agent of any emergency medical services operation and a physician licensed in this state who provides medical direction to any emergency medical services operation who in good faith does not render emergency care, service, or medical direction to an individual based on a determination that transport of that individual to a hospital is not medically necessary is not liable to that individual for damages unless the damages resulted from intoxication, willful misconduct, or gross negligence.

23-27-04.2. Emergency medical services - State assistance.

The state department of health shall assist in the training of emergency medical services personnel of certain emergency medical services operations as determined by the department and financially shall assist certain emergency medical services operations as determined by the department in obtaining equipment. Assistance provided under this section must be within the limits of legislative appropriation. The department shall adopt criteria for eligibility for assistance in the training of emergency medical services personnel of various types of emergency medical services operations. To qualify for financial assistance for equipment an emergency medical services operation shall certify, in the manner required by the department, that the operation has fifty percent of the amount of funds necessary for identified equipment acquisitions. The department shall adopt a schedule of eligibility for financial assistance for equipment. The schedule must provide for a direct relationship between the amount of funds certified and the number of responses during the preceding calendar year for the purpose of rendering medical care, transportation, or both, to individuals who were sick or incapacitated. The schedule must require that as the number of responses increases, a greater amount of funds certified is required. The schedule must classify responses and the financial assistance available for various classifications. The department may establish minimum and maximum amounts of financial assistance to be provided to an emergency medical services operation under this section. 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 adopted 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.

23-27-04.3. Emergency medical services personnel training, testing, certification, licensure, and quality review - Penalty.

The state health council shall adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for emergency medical services personnel, instructors, and training institutions. Rules adopted must include a definition of minimum applicable standards, a definition of emergency medical services 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 emergency medical services personnel, and define minimum standards for emergency medical services training institutions. Licensing as an emergency medical services training institution is optional. It is a class B misdemeanor for an individual to willfully misrepresent that individual's certification or licensing status as emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

23-27-04.4. Supervision of certified or licensed emergency medical technician hospital personnel.

Certified or licensed emergency medical technicians-intermediate and paramedics, who are employed by a hospital may provide patient care within a scope of practice established by the department. Under this section, these emergency medical services professionals are under the supervision of the hospital's nurse executive.

23-27-04.5. Quick response unit service pilot program.

Expired under S.L. 2001, ch. 246, § 14.

23-27-04.6. Quick response units.

Department licensure as a quick response unit is not optional. The department's standards under section 23-27-04 for the time when a quick response unit's services must be available may not require twenty-four hour availability.

23-27-04.7. County reporting - Use of property tax levies.

The board of county commissioners of every county in this state shall conduct an annual review of the emergency medical services coverage within that county and shall submit an annual report to the state health officer in a format approved by the state department of health. A taxing district that levies a special emergency medical services or ambulance service levy shall allocate all of the special tax levy revenue collected in a particular township to the ambulance service that serves the largest area within that township.

23-27-04.8. Emergency medical services operation communications.

The department may regulate the communications methods and protocols for emergency medical services operations in a manner consistent with the protocols established by the department of emergency services.

23-27-04.9. Administration of influenza vaccination.

1. A licensed emergency medical technician-paramedic working for a hospital or an emergency medical services operation may administer the influenza vaccine to an individual who is at least eighteen years of age if:
    a. The physician providing oversight for the emergency medical services operation or the hospital medical director has established protocols that meet department standards that may be based on the advisory committee on immunization practices of the federal centers for disease control and prevention; and
    b. The emergency medical technician-paramedic has satisfactorily completed a department-approved course on administering vaccines.
2. If a hospital or emergency medical services operation allows the administration of vaccines under this section, the hospital or emergency medical services operation shall maintain records documenting the emergency medical technician-paramedic's completion of the training required under subsection 1. These records are subject to review by the department.

23-27-05. Penalty.

Any person violating the provisions of this chapter is guilty of an infraction.

CHAPTER 23-46
EMERGENCY MEDICAL SERVICES

23-46-01. Definitions.

For purposes of this chapter:

1. "Emergency medical services funding area" means a geographic area eligible for state assistance and includes one or more licensed ambulance operations.
2. "Minimum reasonable cost" means the cost of operating one transporting ambulance service or the sum of the cost to operate one transporting ambulance service and any combination of one substation and one quick response unit.
3. "Required local matching funds" means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services.

23-46-02. Emergency medical services advisory council.

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership.

23-46-03. Emergency medical services funding areas.

The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code.

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of:

1. The minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.
2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.

23-46-05. State financial assistance for emergency medical services - Distribution limit.

Repealed by S.L. 2013, ch. 35, § 10.