



# North Dakota Legislative Council

Prepared for the Health Services Committee  
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## STUDY OF THE DELIVERY OF EMERGENCY MEDICAL SERVICES

Section 3 of Senate Bill No. 2085 (2023) ([Appendix A](#)) provides for a study of the delivery of emergency medical services (EMS) in the state. The study must include consideration of funding, taxation, access critical areas, demographics, volunteer training, volunteer retention, systems approach to rural areas, employment options, including access to a public safety pension, and educational reimbursements. The study must also include consideration of distressed ambulance services, which are ambulance services that have indicated an intention to close or change their license level, or an ambulance service that fails to meet performance standards as established by the Department of Health and Human Services (DHHS). The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the 69<sup>th</sup> Legislative Assembly.

### BACKGROUND

North Dakota Century Code Chapter 23-27 ([Appendix B](#)) provides DHHS is the licensing authority for EMS operations and may designate their service areas.

#### Definition

Section 23-27-02 defines EMS as "the prehospital medical stabilization or transportation, including interfacility 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 or other appropriate medical destination."

#### Licensing

Section 23-27-03 provides the fee for a license to operate an EMS operation or a substation ambulance service operation may 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 DHHS, deposited with the State Treasurer, and credited to the general fund. Emergency medical service personnel are not subject to a license fee.

#### Emergency Medical Services Training and Certification

Section 23-27-04.2 requires DHHS to assist in the training of EMS personnel of certain EMS operations and to financially assist certain EMS operations in obtaining equipment. In addition, Section 23-27-04.3 requires DHHS to adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for EMS personnel, instructors, and training institutions.

Section 23-27-04.6 provides for the licensure of quick-response units and provides that 24-hour availability is not required for licensure of a quick-response unit.

#### Integrated Emergency Medical Services Plan

The 2011 Legislative Assembly, in House Bill No. 1044, created Chapter 23-46 ([Appendix C](#)) related to EMS. Section 23-46-03 requires DHHS to establish and update biennially a plan for integrated EMS

in the state. The plan must identify ambulance operations areas, EMS funding areas that require state financial assistance to operate a minimally reasonable level of EMS, and a minimum reasonable cost for an EMS operation.

Section 23-46-02 requires DHHS to establish an EMS advisory council to provide recommendations regarding:

- The plan for integrated EMS in the state;
- Development of EMS funding areas;
- The development of EMS funding area application processes and budget criteria; and
- Other issues relating to EMS.

Membership of the EMS advisory council includes:

- At least three members appointed by an EMS organization;
- One member appointed by the Commissioner of DHHS to represent basic life support;
- One member appointed by the Commissioner of DHHS to represent advanced life support; and
- Any additional members as appointed by the Commissioner of DHHS to provide for a maximum of 14 members on the council.

**FUNDING FOR EMS  
State Appropriations**

The 2023 Legislative Assembly appropriated a total of \$14,721,000 for EMS purposes during the 2023-25 biennium. Of this amount, \$6,596,000 is from the general fund, \$1,125,000 is from the insurance tax distribution fund, and \$7,000,000 is from the community health trust fund. Of this amount, \$846,000 is for training grants and \$13,875,000 is for rural EMS grants and assistance.

The following schedule details state appropriations for EMS since the 2015-17 biennium:

Biennium	General Fund	Insurance Tax Distribution Fund	Community Health Trust Fund	Total
2015-17	\$7,190,000	\$1,250,000		\$8,440,000
2017-19	\$6,596,000	\$1,125,000		\$7,721,000
2019-21	\$6,596,000	\$1,125,000		\$7,721,000
2021-23	\$6,596,000	\$1,125,000		\$7,721,000
2023-25	\$6,596,000	\$1,125,000	\$7,000,000	\$14,721,000

Section 23-46-04 requires EMS organizations requesting state assistance to submit fiscal information to DHHS for use in financial assistance allocations. The Department of Health and Human Services is to determine annual allocations for each medical services funding area based on the department's determination of the minimum annual funding necessary to operate in the funding area.

**Rural Ambulance District Levy**

Chapter 11-28.3 provides a rural territory may elect to form and maintain a rural ambulance service district upon approval of a majority of electors of the district. The chapter authorizes a levy of up to 15 mills as part of the creation of the district. Attached as [Appendix D](#) is a listing of 2022 mills levied for rural ambulance districts and the amount of funding received.

**County Tax Levy**

Section 57-15-50 authorizes a county to levy a tax for EMS subject to majority approval of the electors in the county. A tax levied under this section may not exceed 15 mills. Attached as [Appendix E](#) is a listing of 2022 mills levied by counties for EMS and the amount of funding received.

## PREVIOUS LEGISLATIVE STUDIES

### 2007-08 Interim

The 2007-08 Public Safety Committee studied the state's EMS system, including the funding, demographics, and impact on rural areas. The committee recommended Senate Bill No. 2049 (2009) relating to EMS 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 EMS operations grants, to implement an EMS assessment process, to provide leadership training, and to develop a statewide EMS recruitment drive. However, the 2009 Legislative Assembly, in Senate Bill No. 2004, increased funding provided from the insurance tax distribution fund for EMS by \$1,500,000. Section 6 of the bill authorized \$2,250,000 for EMS 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 EMS delivery; to develop, implement, and provide leadership development training; to develop, implement, and provide a biennial EMS recruitment drive; and to provide regional assistance to ambulance services to develop a quality review process for EMS personnel and a mechanism to report to medical directors. This funding was in addition to \$1,240,000 provided for EMS 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.

### 2009-10 Interim

The 2009-10 Public Safety and Transportation Committee was assigned a study, pursuant to Section 5 of Senate Bill No. 2050 (2009), of EMS funding within the state, including state and local EMS 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 Senate Bill No. 2004 (2009), regarding the use of funding provided for grants to EMS 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 EMS 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 explored funding options for EMS, including increasing funding for Medicaid and a statewide funding plan for EMS in which state funding for EMS 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 (2011) to provide the State Department of Health establish and biennially update a plan for EMS in the state, establish an Emergency Medical Services Advisory Council to provide advice to the department regarding EMS issues, ensure all areas of the state are covered by reasonable ground ambulance response, and allocate state financial assistance for each EMS funding area based on the financial needs of each EMS 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 EMS and repealed Chapter 23-40 relating to the current process of providing financial assistance to EMS.

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 EMS and created Chapter 23-46 related to EMS. The bill directed the State Department of Health to establish and update a plan for integrated EMS

in the state, which includes designation of EMS funding areas, and created an Emergency Medical Services Advisory Council to advise the State Department of Health on the state plan for integrated EMS, development of EMS funding areas, development of the EMS funding areas application process and budget criteria, and other issues relating to EMS. As approved, the bill appropriated \$3 million from the general fund for state assistance grants to EMS operations and related administrative costs to the State Department of Health during the 2011-13 biennium.

In addition, House Bill No. 1004 (2011) provided \$1.25 million from the insurance tax distribution fund for EMS staffing grants and \$940,000 from the general fund for EMS 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 EMS and trauma medical director to provide medical oversight and consultation in the development and administration of the state EMS and trauma systems.

#### **2011-12 Interim**

The 2011-12 Health Services Committee received information regarding the EMS improvement grant to study rural EMS 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 recommended Senate Concurrent Resolution No. 4002 (2013) 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.

#### **2013-14 Interim**

Pursuant to Senate Concurrent Resolution No. 4002 (2013), the 2013-14 Health Services Committee studied 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 EMS system.

The committee recommended, and the Legislative Assembly approved, Senate Bill No. 2043 (2015) to require the Department of Human Services adopt rules regarding payments to licensed community paramedics for health-related services provided to recipients of medical assistance, subject to limitations and exclusions.

#### **2017-18 Interim**

The 2017-18 Government Administration Committee studied EMS funding in the state. The committee reviewed the amount of funding provided for EMS programs. The committee also reviewed the criteria used by the State Department of Health to distribute grants to ambulance services. The committee did not make any recommendations.

### **STUDY PLAN**

The following is a proposed study plan for the committee's consideration in its study of the state's EMS system:

1. Receive information from DHHS regarding the state's EMS system, including a review of the availability of EMS statewide, services that are considered access critical, EMS providers that have recently closed, and EMS providers indicating an intention to close or change license levels.

2. Receive information from DHHS regarding state assistance for rural EMS, including grants provided to rural EMS providers during the 2021-23 biennium and estimated assistance to be provided during the 2023-25 biennium.
3. Receive information from DHHS regarding training provided to EMS providers, EMS personnel demographics, and the use of paid EMS personnel in rural areas.
4. Receive information from EMS providers regarding the study, including the effectiveness of state assistance for EMS, the ability to recruit and retain EMS personnel, and how education reimbursement and access to a pension plan may affect recruitment and retainment.
5. Receive testimony from interested persons regarding the study.
6. Develop recommendations and any bill drafts necessary to implement the recommendations.
7. Prepare a final report for submission to the Legislative Management.

ATTACH:5