

STUDY OF EMERGENCY MEDICAL SERVICES WITHIN NORTH DAKOTA - BACKGROUND MEMORANDUM

The Public Safety Committee has been assigned various responsibilities related to emergency medical services provided within North Dakota. These areas include:

- Section 8 of 2007 House Bill No. 1004 (Appendix A) provides for a Legislative Council study of the state's emergency medical services system, including the funding, demographics, and impact on rural areas.
- Subsection 1 of Section 2 of 2007 House Bill No. 1162 (Appendix B) provides for the Legislative Council to receive a report from the State Health Officer before July 1, 2008, regarding the outcome and recommendations of the State Health Council's study of the minimum requirements of reasonable emergency medical services coverage, taking into account the response time for emergency medical services.
- Subsection 4 of Section 1 of 2007 House Bill No. 1290 (Appendix C) provides for the Legislative Council to receive a report from the State Health Officer before July 1, 2008, on the findings and recommendations of the department's contractor's evaluation of the state's trauma system and the department's responses and proposed responses to the recommendations.
- Section 4 of 2007 House Bill No. 1296 (Appendix D) provides for the Legislative Council to receive a report from the State Department of Health by July 1, 2008, regarding the findings of the department's contractor's assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system.

PREVIOUS LEGISLATIVE COUNCIL STUDIES 1987-88 Budget Committee on Institutional Services

During the 1987-88 interim, the Budget Committee on Institutional Services studied the problems faced by and the funding of the North Dakota emergency medical services system and, in particular, volunteer ambulance services and the State Department of Health Division of Emergency Health Services. The committee recommended two bills relating to emergency medical services that were enacted in 1989. One bill extended the definition of "volunteer" as it applies to civil liability protection to emergency medical services providers who received nominal

payments for providing services. The other bill, as recommended, would have imposed a 25 cent per month excise tax on telephone access lines to provide financial assistance to licensed ambulance services, training, and equipment. The bill also provided for the creation of a statute that provided how money was to be distributed, and the bill appropriated emergency medical services money from the general fund. As passed, only the portion of the bill that created North Dakota Century Code Section 23-27-04.2 relating to the distribution of training and equipment grants to licensed ambulance services prehospital emergency medical services was enacted.

1995-96 Insurance and Health Care Committee

The 1995-96 interim Insurance and Health Care Committee was directed to study the feasibility and desirability of implementing recommendations by the North Dakota Health Task Force for improving the health status of North Dakotans, to monitor the ratio of health care cost increases, to review the impact of newly enacted programs to improve the health status of North Dakotans, and to address unmet needs in rural areas.

The State Health Council established the North Dakota Health Task Force in 1990 to identify and address the major health issues facing the state and to develop appropriate recommendations for change. The task force identified six critical areas in its review of the health care crises--cost, education and prevention, access, regulation, manpower, and health care policy and delivery systems. In June 1994 the task force submitted its final recommendations for improving the health status of North Dakotans, including the following relating to emergency medical services:

- Emergency medical services should be available within 5 minutes to 90 percent of the population in urban areas and within 10 minutes to 90 percent of the population in rural areas.
- A 911 emergency number system should be extended statewide.
- Access to primary care should be available within 30 minutes at least once per week to at least 90 percent of the rural population.

The committee urged the State Health Council to continue studying the implementation of the Health Task Force recommendations for improving the health status of North Dakotans.

1997-98 Insurance and Health Care Committee

The 1997-98 interim Insurance and Health Care Committee was directed to study emergency medical

services, including a review of the emergency medical services system, the training and equipment funding needs of emergency medical providers, and the role of emergency medical services in trauma care coordination.

The committee received testimony that specific emergency medical services areas in need of funding include retention and training of emergency medical services providers, transportation funding, equipment funding, and the state trauma plan. Testimony from a representative of an ambulance service indicated that most ambulance services have certain fixed costs regardless of the number of runs made; therefore, in order to provide equitable funding, instead of basing grants on run volume, grants should be based on the fixed costs of an ambulance service. The committee considered possible additional sources for emergency medical services, including funds from a telecommunications relay service surcharge, a wholesale or retail liquor tax, a surtax on health and accident insurance policies, and a gasoline tax.

Representatives of the North Dakota Emergency Medical Services Association testified that emergency medical services providers face a significant problem with reimbursement for services. Nationally there is a high percentage of bad debts written off by ambulance services. In addition, Medicare and Medicaid rules change rapidly, making it difficult for ambulance services to keep up to date with the rules.

The committee recommended 1999 House Bill No. 1038 to amend the law relating to the State Department of Health's distribution of grant money for prehospital emergency medical services, specifically requiring the equipment grant distribution formula to consider ambulance unit fixed costs and not rely entirely on run volume in the formula. The bill as passed by the Legislative Assembly provided that medical assistance (Medicaid) coverage must include prehospital emergency medical services benefits in the case of a medical condition that causes severe pain and which a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of medical attention to put the person's health in jeopardy.

The committee recommended 1999 House Bill No. 1039 to require that determination of insurance coverage of ambulance services for prehospital emergency medical services be based on a prudent layperson standard. The bill requires insurers to provide coverage for prehospital emergency medical services in cases involving an emergency medical condition. The bill was approved by the 1999 Legislative Assembly.

STATUTORY BACKGROUND

Emergency Medical Services System

North Dakota Century Code Chapter 23-27 provides that the State Department of Health is the licensing authority for emergency medical services operations. The section defines "emergency medical

services" as the prehospital medical stabilization and transportation of individuals who are sick, injured, wounded, or otherwise incapacitated or helpless by emergency medical services personnel with physician oversight. The term includes assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions.

Emergency Medical Services Licensing

The State Department of Health is responsible for licensing emergency medical services operations. North Dakota Century Code Section 23-27-03 provides that 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 not to exceed \$25 annually. This fee is to defray the costs of administration of the licensing program. 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. Emergency medical services personnel are not subject to a license fee. The State Department of Health annually licenses 143 ambulance services in North Dakota.

The State Health Council also is responsible for establishing rules for licensure. These rules must include:

- Time when operator's services must be available.
- Type of motor vehicle operator's license needed for drivers of ground vehicles.
- Training standards for operation personnel.
- Equipment and ground vehicle standards.
- Number of personnel required for each run.
- Other requirements as may be found necessary.

Emergency Medical Services Training and Certification

North Dakota Century Code Section 23-27-04.2 requires the State Department of Health to assist 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. The legislative history indicates personnel training services must be met before the department may financially assist ambulance units in obtaining equipment. This section provides:

- Assistance provided must be within the limits of legislative appropriation.
- The department is to adopt eligibility criteria for assistance in the training of emergency medical services personnel.
- To qualify for financial assistance for equipment, an emergency medical services operation is to certify, in the manner required by the department, that the operation has

50 percent of the amount of funds necessary for identified equipment acquisitions.

- The department is to adopt a schedule of eligibility for financial assistance for equipment.
- The department may establish minimum and maximum amounts of financial assistance to be provided to an emergency medical services operation. 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 developed 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.

North Dakota Century Code Section 23-27-04.3 requires the State Health Council to adopt rules prescribing minimum training, testing, certification, licensure, and quality review standards for emergency medical services personnel, instructors, and training institutions. Rules adopted must:

- Define minimum applicable standards.
- Define 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.
- Define minimum standards for emergency medical services training institutions.

Emergency Medical Services Funding Sources

The 2001 Legislative Assembly approved House Bill No. 1405 which increased the maximum mill levy rate for ambulance services from 5 mills to 10 mills. The North Dakota Century Code references relating to property tax rates for ambulance services include:

County - Section 57-15-06.7(23) provides that a county may levy a tax of up to 10 mills for county emergency medical services.

Township - Section 57-15-20.2(7) provides that a township may levy a tax of up to 10 mills for emergency medical services.

Rural ambulance service districts - Pursuant to Section 57-15-26.5, a rural ambulance service district may levy a tax not exceeding 10 mills on the taxable value of property within the district.

City - Pursuant to Section 57-15-51, a city may impose a levy of up to 10 mills upon its taxable valuation for the purpose of subsidizing city emergency medical services. Whenever a tax for county emergency medical services is levied, any city levying a tax for emergency medical services may be exempted from the county tax levy.

Attached as Appendix E is a summary of property taxes collected per county for emergency medical

services and ambulance services as provided in the Tax Department's *2006 Property Tax Statistical Report*.

Other sources of revenues for ambulance services include donations; federal funds; state grants and user fees, including insurance; and Medicare and Medicaid reimbursement. Total federal Homeland Security funding awarded to counties for ambulance services totaled \$2.3 million for the period from 2002 to 2006, including \$476,000 for 2006. Attached as Appendix F is a summary of federal Homeland Security funding awarded to counties for ambulance services.

House Bill No. 1004 (2007) includes a \$1,240,000 appropriation for emergency medical services training grants for the 2007-09 biennium, of which \$940,000 is from the general fund and \$300,000 is from the community health trust fund. The 2005-07 biennium appropriation for emergency medical services training grants was \$940,000 from the general fund. The 2007 Legislative Assembly also approved House Bill No. 1296, which appropriates \$1,250,000 from the insurance tax distribution fund for providing grants to emergency medical services operations (see Appendix D for detail regarding the grant program).

The total 2007-09 biennium appropriation for Medicaid reimbursement for ambulance services is \$2,680,542, of which \$965,805 is from the general fund and \$1,714,737 is federal funds. The total 2005-07 biennium Medicaid appropriation for ambulance services was \$1,821,144, of which \$645,893 was from the general fund and \$1,175,251 was federal funds.

QUICK-RESPONSE UNITS

The 2007 Legislative Assembly appropriated \$125,000 from the health care trust fund for the 2007-09 biennium, the same amount as provided for the 2005-07 biennium, for grants to emergency medical services quick-response units. Quick-response units are organizations that provide care to patients while an ambulance is enroute to the scene of an emergency. They may be part of a law enforcement agency, a fire department, or a stand-alone agency whose only purpose is to provide quick-response services. North Dakota Century Code Section 23-27-04.6 provides that State Department of Health licensure or certification as a quick-response unit is optional. The State Department of Health has established a voluntary certification program in response to requests from providers to establish standards.

The 2001 Legislative Assembly approved House Bill No. 1202 providing for the State Department of Health to create and implement a pilot program that creates incentives for basic life support ambulance services and advanced life support ambulance services to convert to quick-response unit services or create quick-response units in areas not already served. The quick-response unit pilot project was effective for the 2001-03 biennium. The 2001 Legislative Assembly appropriated \$225,000 from the

health care trust fund to the State Department of Health for funding the quick-response unit pilot program.

NORTH DAKOTA TRAUMA SYSTEM

North Dakota Administrative Code Section 33-38-01-01 defines "trauma" as tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy or by the absence of heat or oxygen. A "trauma center" is defined as a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center.

The State Department of Health under the auspices of the State Health Council maintains the North Dakota trauma system. The North Dakota trauma system began in 1993 with the development of a trauma system plan that identified the need for an organized trauma system for the state. The 1995 Legislative Assembly approved House Bill No. 1318, which appropriated \$100,000 to the State Department of Health for development of a comprehensive trauma and emergency medical system, including:

1. A State Trauma Committee and regional trauma committees.
2. A trauma designation system.
3. A statewide trauma registry system with a quality improvement process.
4. Prehospital trauma transport plans.

The North Dakota trauma system is an integrated comprehensive system designed to be inclusive to all health care providers in the state. The trauma system provides a state of readiness or a preplanned response for care of the injured victim. This response requires an entire spectrum of care delivery, from injury prevention to prehospital, hospital, and rehabilitative care.

North Dakota Administrative Code Section 33-38-01-10 provides for the membership makeup of the State Trauma Committee. Attached as Appendix G is the membership of the North Dakota State Trauma Committee.

North Dakota Administrative Code Section 33-38-01-06 provides for five levels of trauma center designation for hospitals. Trauma center designations are based upon American College of Surgeons standards, with the Level I designation being the highest standard level. Attached as Appendix H is a schedule of North Dakota trauma-designated hospitals in each of the four-state trauma regions.

RELATED LEGISLATION

House Bill No. 1290 - Trauma system review -

The 2007 Legislative Assembly approved House Bill No. 1290, which appropriated \$100,000, of which \$75,000 is from the health care trust fund and \$25,000 is from gifts, grants, or donations, to the State Department of Health for the purpose of contracting

with a professional organization to perform an evaluation of the trauma system in the state. In preparing the request for proposal and contract for the evaluation of the trauma system in the state, the department is to request the advice of an advisory committee consisting of the executive director of the North Dakota Medical Association, the president of the North Dakota Healthcare Association, and the senior policy director of the American Heart Association, North Dakota, or their designees. The contractor must be a professional organization that is national in scope and which has expertise in evaluation of state trauma systems and programs.

The evaluation of the state trauma system must include a comprehensive onsite review by a multidisciplinary team, a critical analysis of the current state trauma system, the state trauma system's interrelationship with the state's emergency management system and with homeland security all-hazard planning and program efforts, and recommendations for improvements and enhancements. This committee is to receive a report on any findings and recommendations by July 1, 2008.

House Bill No. 1296 - Emergency medical services review -

The 2007 Legislative Assembly approved House Bill No. 1296, which appropriated \$30,000 from the general fund to the State Department of Health for the purpose of funding an assessment of the state's emergency medical services system. The State Department of Health is to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; trauma systems; public information, education, and prevention; medical direction; and an evaluation.

House Bill No. 1296 also provides an appropriation of \$1,250,000 from the insurance tax distribution fund for providing grants to emergency medical services operations. To be eligible for funds, an applicant must be the licenseholder of an emergency medical services operation that has been licensed for a period of at least 12 months before the filing of the application, must bill for services at a level at least equivalent to the Medicare billing level, and must meet any additional requirements set by rule adopted by the State Health Council.

The bill provides that prior to distributing the grants, the State Health Officer is to establish guidelines for eligibility, levels of local matching funds, and amounts to be distributed in accordance with the department's strategic plan for providing emergency medical services in this state. The department is to establish a sliding percent formula for determining the applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and

consideration of the needs of emergency medical services operations in the applicant's neighboring service areas. The State Health Officer may not distribute funds to an applicant unless the applicant has verified the existence of local matching funds at the level determined by the State Health Officer which must be at least 10 percent but not more than 90 percent of the proposed distribution amount. The funds may not be used for capital expenses such as emergency vehicles and emergency medical services equipment. This committee is to receive a report on the findings by July 1, 2008.

House Bill No. 1161 - The 2007 Legislative Assembly approved House Bill No. 1161 relating to regulation of emergency medical services operations and emergency medical services personnel. The bill amended Section 23-27-01 to provide for an emergency medical services operation to operate one or more substation ambulance services operations under a single license. The operator of the emergency medical services operation must pay a license fee for each of its substation ambulance services operations. In addition, the bill also provides various definitions relating to emergency medical services, amends Section 23-27-04 relating to standards for emergency medical services operators, and amends Section 23-27-04.4 relating to supervision of certified or licensed emergency medical technician hospital personnel. House Bill No. 1161 is attached as Appendix I.

House Bill No. 1162 - The 2007 Legislative Assembly approved House Bill No. 1162 providing for the State Health Council to study the minimum requirements of reasonable emergency medical services. In addition, the bill provides that the board of county commissioners must conduct an annual review of the emergency medical services coverage within that county and submit an annual report to the State Health Officer. A taxing district that levies property taxes for support of emergency medical services is to ensure that every emergency medical services operation that operates in that taxing district receives a benefit of this tax. The committee is to receive the report on the findings by July 1, 2008.

UNIVERSITY OF NORTH DAKOTA CENTER FOR RURAL HEALTH STUDY OF RURAL EMERGENCY MEDICAL SERVICES

The University of North Dakota Center for Rural Health conducted two statewide surveys in 1999. The focus of the first survey was to gain a data set of characteristics of emergency medical technicians in North Dakota, including age, number of years served, number of years likely to continue serving, and other related information. The focus of the second survey was directed at workforce issues, including the supply and demand issues for rural emergency medical services. The surveys were supported by the Otto Bremer Foundation.

The report on the survey findings indicated that emergency medical services comprise a system of care for victims of sudden and serious injury or illness. Formally organized in the 1960s to reduce traffic-related and cardiac deaths, emergency medical services has been found to reduce human suffering and save lives. Emergency medical services play a particularly crucial health care role in rural and frontier areas. Delays in receiving care in sparsely populated areas put many rural Americans at greater risk of permanent injury or death than those who reside in urban areas. There are substantial difficulties in providing rural emergency medical services, including:

- Fewer tax dollars to fund health programs.
- Increasing health care demands from aging population.
- Organizational instability.
- Poor access to training and medical supervision.
- Volunteer shortages.
- High response times.
- Lower levels of training.
- Dated equipment.
- Inadequate insurance reimbursement for services.
- Insufficient public access and communications systems.

The University of North Dakota Center for Rural Health is currently working with the North Dakota EMS Association on a plan to conduct additional research on rural emergency medical services in North Dakota. The study will be contingent on the availability of federal funding. If the funding is made available, the study would start in September 2007. The focus of the research is still under discussion, but the Center for Rural Health indicated that it is possible that one of the products would be to replicate the 1999 study to understand how the emergency medical services demographics and issues associated with recruitment and retention have changed.

PROPOSED STUDY PLAN

The following is a study plan the committee may want to consider in its study of emergency medical services.

1. Receive a report from the State Department of Health by July 1, 2008, on the findings and recommendations of the department's contractor's evaluation of the trauma system in the state and the department's responses and proposed responses to the recommendations (required by House Bill No. 1290).
2. Receive a report from the State Department of Health by July 1, 2008, regarding the findings of the department's contractor's assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide

- emergency medical services system (required by House Bill No. 1296).
3. Receive a report from the State Department of Health by July 1, 2008, regarding the outcome and recommendations of the State Health Council's study of the minimum requirements of reasonable emergency medical services coverage, taking into account the response time for emergency medical services (required by House Bill No. 1162).
 4. Receive a report from a representative of the North Dakota EMS Association regarding the state's rural ambulance services system, including areas and number of people served and problems faced by rural ambulance service operations.
 5. Receive a report from a representative of the University of North Dakota Center for Rural Health regarding its study, if conducted, of rural emergency medical services in North Dakota.
 6. Receive testimony from other interested organizations and individuals regarding the committee's study of emergency medical services.
 7. Develop committee recommendations and any related bill drafts.
 8. Prepare a final report for submission to the Legislative Council.

ATTACH:9

SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES. The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative H. B. No. 1004 - Page 3 council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**Sixtieth Legislative Assembly of North Dakota
In Regular Session Commencing Wednesday, January 3, 2007**

HOUSE BILL NO. 1162
(Representatives Haas, D. Johnson, Monson, Schmidt)
(Senators J. Lee, Warner)

AN ACT to create and enact a new section to chapter 23-27 of the North Dakota Century Code, relating to a state health council study of emergency medical services, county reporting of emergency medical services coverage, and use of property tax levies for emergency medical services; to amend and reenact section 14-10-17.1 of the North Dakota Century Code, relating to consent for a minor to receive emergency medical care; and to provide for a report to the legislative council.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 14-10-17.1 of the North Dakota Century Code is amended reenacted as follows:

14-10-17.1. Minor's emergency care. ~~Any~~ A minor may contract for and receive emergency examination, care, or treatment in a life-threatening situation without ~~permission, authority, or the consent of a~~ the minor's parent or guardian. ~~If a minor has an emergency medical condition or the potential for an emergency medical condition, consent to emergency examination, care, or treatment of the minor is implied if reasonable steps to contact the minor's parent or guardian are unsuccessful.~~ This section does not authorize a minor to withhold consent to emergency examination, care, or treatment.

SECTION 2. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Study of standards of reasonable coverage - County reporting - Use of property tax levies.

1. During the 2007-08 interim, the state health council shall study the minimum requirements of reasonable emergency medical services coverage which must take into account the response time for emergency medical services. Before July 1, 2008, the state health officer shall report to the legislative council the outcome and recommendations of this study.
2. 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.
3. A taxing district that levies property taxes for support of emergency medical services shall ensure that every emergency medical services operation that operates in that taxing district receives a benefit of this tax.

**Sixtieth Legislative Assembly of North Dakota
In Regular Session Commencing Wednesday, January 3, 2007**

HOUSE BILL NO. 1290
(Representative Price)
(Senator J. Lee)

AN ACT to provide for the state department of health to contract for an evaluation of the state trauma system; to provide for a legislative council report; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. STATE DEPARTMENT OF HEALTH - TRAUMA SYSTEM CONSULTATION - REPORT TO LEGISLATIVE COUNCIL.

1. During the 2007-08 interim, the state department of health shall contract with a professional organization to perform an evaluation of the trauma system in the state. In preparing the request for proposal and contract for the evaluation of the trauma system in the state, the department shall request the advice of and receive the consent of an advisory committee consisting of the executive director of the North Dakota emergency medical services association, the executive director of the North Dakota medical association, the president of the North Dakota healthcare association, and the senior policy director of the American heart association, North Dakota, or their designees. The contractor must be a professional organization that is national in scope and which has expertise and experience in evaluating state trauma systems and programs.
2. The evaluation of the state trauma system must include a comprehensive onsite review by a multidisciplinary team, a critical analysis of the current state trauma system, the state trauma system's interrelationship with the state's emergency management system and with homeland security all-hazard planning and program efforts, and recommendations for improvements and enhancements.
3. The state department of health shall provide necessary staffing and assistance to the contractor.
4. Before July 1, 2008, the state health officer shall report to the legislative council on the contractor's findings and recommendations resulting from the state trauma system evaluation and the state department of health's responses and proposed responses to these recommendations.

SECTION 2. APPROPRIATION. There is appropriated out of any moneys from special funds the sum of \$75,000, or so much of the sum as may be necessary, from the health care trust fund and \$25,000, or so much of the sum as may be necessary, from gifts, grants, donations, and other special fund sources to the state department of health for the purpose of contracting for and assisting with an evaluation of the state trauma system under section 1 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009.

**Sixtieth Legislative Assembly of North Dakota
In Regular Session Commencing Wednesday, January 3, 2007**

HOUSE BILL NO. 1296
(Representatives Haas, Boe, Vigesaa, Wald)
(Senators Andrist, Warner)

AN ACT to create and enact chapter 23-40 of the North Dakota Century Code, relating to distribution of insurance premiums tax collections to emergency medical services operations; to amend and reenact section 18-04-04.1 and subsection 1 of section 26.1-03-17 of the North Dakota Century Code, relating to the insurance premiums tax collections; to provide for a report; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 18-04-04.1 of the North Dakota Century Code is amended and reenacted as follows:

18-04-04.1. Insurance tax distribution fund. The insurance tax distribution fund is a special fund in the state treasury. The portion of revenue provided in section 26.1-03-17 must be deposited in the fund for disbursement as provided in this chapter and chapter 23-40, subject to legislative appropriation.

SECTION 2. Chapter 23-40 of the North Dakota Century Code is created and enacted as follows:

23-40-01. Eligibility. To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the medicare billing level, and must meet any additional requirements set by rule adopted by the state health council.

23-40-02. Application. Before November first of each year, the licenseholder of an emergency medical services operation shall file a complete application with the state department of health on a form provided by the department. The application must include an affirmation of the operation's billing levels, documentation of the availability of local matching funds, and other information as may be required by the department.

23-40-03. Strategic plan. The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume.

23-40-04. Eligibility for distribution of funds. The state health officer shall make eligibility determinations, level of local matching funds determinations, and distribution amount determinations under this chapter in accordance with the department's strategic plan for providing emergency medical services in this state. The department shall establish a sliding percent formula for determining the percentage of an applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and consideration of the needs of emergency medical services operations in the applicant's neighboring service areas. Eligibility for funds under this chapter is not an entitlement. The state health officer may not distribute funds to an applicant unless the applicant has verified the

existence of local matching funds at the level determined by the state health officer, but which must be at least ten percent but not more than ninety percent of the proposed distribution amount.

23-40-05. Allocation for distribution of funds. During the first year of the biennium, the state health officer may not distribute more than one-half of the biennial legislative appropriation and during the second year of the biennium the state health officer may distribute the remainder of the biennial legislative appropriation.

23-40-06. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment.

SECTION 3. AMENDMENT. Subsection 1 of section 26.1-03-17 of the North Dakota Century Code is amended and reenacted as follows:

1. Before issuing the annual certificate required by law, the commissioner shall collect from every stock and mutual insurance company, nonprofit health service corporation, health maintenance organization, and prepaid legal service organization, except fraternal benefit and benevolent societies, doing business in this state, a tax on the gross amount of premiums, assessments, membership fees, subscriber fees, policy fees, service fees collected by any third-party administrator providing administrative services to a group that is self-insured for health care benefits, and finance and service charges received in this state during the preceding calendar year, at the rate of two percent with respect to life insurance, one and three-fourths percent with respect to accident and health insurance, and one and three-fourths percent with respect to all other lines of insurance. This tax does not apply to considerations for annuities. The total tax is payable on or before March first following the year for which the tax is assessable. Collections from this tax must be deposited in the insurance tax distribution fund under section 18-04-04.1 but not in an amount exceeding one-half of the biennial amount appropriated for distribution under ~~section~~ sections 18-04-05 and 23-40-05 in any fiscal year. Collections from this tax exceeding the amount deposited in the insurance tax distribution fund each fiscal year must be deposited in the general fund in the state treasury. If the due date falls on a Saturday or legal holiday, the tax is payable on the next succeeding business day.

SECTION 4. ASSESSMENT OF STATE'S EMERGENCY MEDICAL SERVICES SYSTEM - REPORT. The state department of health shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation. The department shall report the findings to the legislative council no later than July 1, 2008.

SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the insurance tax distribution fund in the state treasury, not otherwise appropriated, the sum of \$1,250,000, or so much of the sum as may be necessary, to the state department of health for the purpose of making payments of insurance premiums tax collections to emergency medical services operations, for the biennium beginning July 1, 2007, and ending June 30, 2009.

SECTION 6. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services system under section 4 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009.

Prepared by the North Dakota Legislative Council
staff for the Public Safety Committee
July 2007

PROPERTY TAXES COLLECTED FOR AMBULANCE SERVICES
FOR THE YEAR 2006

County	EMS County Taxes	Ambulance Service Township	Ambulance Service City	Rural Ambulance District	Total
Adams					
Barnes	37,960.94				\$37,960.94
Benson			2,243.76		\$2,243.76
Billings					\$0.00
Bottineau				53,122.13	\$53,122.13
Bowman					\$0.00
Burke		249.51		19,306.65	\$19,556.16
Burleigh				35,141.84	\$35,141.84
Cass					\$0.00
Cavalier	42,701.67				\$42,701.67
Dickey	61,121.22	248.64			\$61,369.86
Divide				27,713.02	\$27,713.02
Dunn				22,251.46	\$22,251.46
Eddy	25,924.93				\$25,924.93
Emmons	28,607.21				\$28,607.21
Foster	2,445.81				\$2,445.81
Golden Valley	27,985.50				\$27,985.50
Grand Forks	970,536.46				\$970,536.46
Grant	17,843.01				\$17,843.01
Griggs	9,379.75				\$9,379.75
Hettinger			579.25		\$579.25
Kidder	51,115.27				\$51,115.27
LaMoure	44,030.75				\$44,030.75
Logan			1,346.76		\$1,346.76
McHenry					\$0.00
McIntosh	29,936.41		2,786.94		\$32,723.35
McKenzie				419.49	\$419.49
McLean				112,739.91	\$112,739.91
Mercer					\$0.00
Morton					\$0.00
Mountrail			6,004.21	15,870.42	\$21,874.63
Nelson				18,170.18	\$18,170.18
Oliver	22,090.28				\$22,090.28
Pembina	155,878.09				\$155,878.09
Pierce	29,156.80				\$29,156.80
Ramsey					\$0.00
Ransom	30,559.31				\$30,559.31
Renville				12,258.48	\$12,258.48
Richland			27,640.18	111,110.10	\$138,750.28
Rolette	64,518.21				\$64,518.21
Sargent	125,695.00			12,767.90	\$138,462.90
Sheridan				15,506.20	\$15,506.20
Sioux				10,784.17	\$10,784.17
Slope					\$0.00
Stark					\$0.00
Steele					\$0.00
Stutsman					\$0.00
Towner	57,842.55				\$57,842.55
Traill	107,498.86				\$107,498.86
Walsh					\$0.00
Ward					\$0.00
Wells					\$0.00
Williams				25,113.36	\$25,113.36
Total	\$1,942,828.03	\$498.15	\$40,601.10	\$492,275.31	\$2,476,202.59

Ambulance Services Homeland Security Funds (2002-2006)

Jurisdiction	2002	2003	2003 Suppl	2004	2005	2006	Totals
Adams					\$ 7,704.00		\$ 7,704.00
Barnes				\$ 22,000.00	\$ 18,000.00	\$ 14,317.00	\$ 54,317.00
Benson				\$ 11,367.40	\$ 11,747.00	\$ 875.00	\$ 23,989.40
Billings			\$ 10,379.55				\$ 10,379.55
Bottineau			\$ 5,966.15	\$ 56,939.22	\$ 13,300.70		\$ 76,206.07
Bowman						\$ 15,192.48	\$ 15,192.48
Burke						\$ 1,618.00	\$ 1,618.00
Burleigh	\$ 36,122.56	\$ 27,000.00	\$ 44,745.03	\$ 95,159.00	\$ 6,250.00	\$ 39,688.00	\$ 248,964.59
Cass	\$ 56,580.00				\$ 51,491.00	\$ 5,464.00	\$ 113,535.00
Cavalier				\$ 26,246.00	\$ 9,397.00	\$ 15,614.43	\$ 51,257.43
Dickey			\$ 10,021.38	\$ 17,114.64	\$ 10,329.00	\$ 5,900.00	\$ 43,365.02
Divide						\$ 4,395.00	\$ 4,395.00
Dunn			\$ 18,300.06	\$ 27,540.00		\$ 4,960.00	\$ 50,800.06
Eddy					\$ 2,457.00	\$ 10,172.86	\$ 12,629.86
Emmons			\$ 3,089.37	\$ 14,570.00	\$ 2,560.00	\$ 1,475.00	\$ 21,694.37
Foster			\$ 5,000.00		\$ 10,378.00	\$ 4,812.31	\$ 20,190.31
Golden Valley				\$ 4,918.17	\$ 1,129.00		\$ 6,047.17
Grand Forks			\$ 16,000.00	\$ 15,500.00	\$ 4,600.00	\$ 3,050.00	\$ 39,150.00
Grant			\$ 9,198.00	\$ 5,135.31	\$ 3,129.78		\$ 17,463.09
Griggs			\$ 2,662.93	\$ 25,821.00	\$ 12,714.00	\$ 10,300.00	\$ 51,497.93
Hettinger			\$ 12,563.48	\$ 10,527.43	\$ 9,642.00	\$ 2,165.45	\$ 34,898.36
Kidder			\$ 3,070.07	\$ 17,078.16	\$ 11,616.00		\$ 31,764.23
LaMoure			\$ 6,000.00	\$ 33,224.07			\$ 39,224.07
Logan			\$ 6,646.00	\$ 11,737.45	\$ 8,342.00	\$ 6,533.00	\$ 33,258.45
McHenry							\$ -
McIntosh				\$ 21,103.64	\$ 10,308.00	\$ 12,000.00	\$ 43,411.64
McKenzie					\$ 12,765.00		\$ 12,765.00
McLean						\$ 6,017.00	\$ 6,017.00
Mercer			\$ 12,330.00	\$ 24,859.50	\$ 12,366.00	\$ 14,905.95	\$ 64,461.45
Morton						\$ 15,532.00	\$ 15,532.00
Mountrail							\$ -
Nelson			\$ 2,095.00	\$ 13,533.31	\$ 11,710.51	\$ 10,210.09	\$ 37,548.91
Oliver			\$ 281.00	\$ 9,862.00		\$ 11,625.00	\$ 21,768.00
Pembina				\$ 29,625.65	\$ 24,536.00	\$ 20,430.58	\$ 74,592.23
Pierce				\$ 25,107.97			\$ 25,107.97
Ramsey				\$ 12,566.91			\$ 12,566.91
Ransom						\$ 2,373.00	\$ 2,373.00
Renville			\$ 8,293.65	\$ 25,053.34	\$ 10,927.92	\$ 6,380.48	\$ 50,655.39
Richland			\$ 13,900.00	\$ 3,000.00	\$ 10,374.00	\$ 7,600.85	\$ 34,874.85
Rolette				\$ 26,182.00	\$ 9,029.13	\$ 2,085.00	\$ 37,296.13

Ambulance Services Homeland Security Funds (2002-2006)

Jurisdiction	2002	2003	2003 Suppl	2004	2005	2006	Totals
Sargent			\$ 6,250.00	\$ 16,000.00		\$ 6,200.00	\$ 28,450.00
Sheridan			\$ 10,347.59	\$ 2,915.00		\$ 25,222.00	\$ 38,484.59
Sioux							\$ -
Slope				\$ 13,287.51	\$ 11,970.50	\$ 7,664.00	\$ 32,922.01
Spirit Lake							\$ -
Standing Rock							\$ -
Stark				\$ 4,454.00	\$ 5,763.00	\$ 67,228.00	\$ 77,445.00
Steele			\$ 4,264.28	\$ 16,178.44	\$ 10,695.50	\$ 1,613.00	\$ 32,751.22
Stutsman		\$ 45,204.00		\$ 14,700.00	\$ 23,300.00	\$ 16,600.00	\$ 99,804.00
Three Affiliated					\$ 50,522.13	\$ 5,755.29	\$ 56,277.42
Towner				\$ 11,763.71		\$ 9,025.00	\$ 20,788.71
Trails				\$ 11,460.00	\$ 18,732.00	\$ 8,365.00	\$ 38,557.00
Turtle Mt.							\$ -
Walsh			\$ 5,121.83	\$ 24,692.60		\$ 21,952.00	\$ 51,766.43
Ward	\$ 24,850.00	\$ 26,166.66	\$ 94,750.00			\$ 34,756.70	\$ 180,523.36
Wells			\$ 5,510.50	\$ 45,312.38	\$ 8,094.45	\$ 15,088.00	\$ 74,005.33
Williams		\$ 98,741.68		\$ 13,919.00	\$ 4,860.00	\$ 1,000.00	\$ 118,520.68
Totals	\$ 117,552.56	\$ 197,112.34	\$ 316,785.87	\$ 760,454.81	\$ 430,740.62	\$476,161.47	\$ 2,298,807.67
<p>Note: 2002-2004 are actual funds expended because these grants have been closed with DHS. 2005 & 2006 are funds that have been awarded but not all funds have been expended because the grant closing date is Sep 30, 2007,</p>							

Chair

Kent Hoerauf, MD
 ND Medical Association
 West River Regional Medical Center
 Hettinger, ND

Co-Chair

Steve Hamar, MD
 ND Committee on Trauma- American College of Surgeons
 Mid Dakota Clinic
 Bismarck, ND

David Antonenko, MD
 UND School of Medicine
 Grand Forks, ND

Shelly Killen, MD
 Accredited Trauma Rehabilitation Facilities
 Bismarck, ND

Craig Lambrecht, MD
 ND Chapter, American College of Emergency Physicians
 Medcenter One
 Bismarck, ND

Waldemar Storm, MD
 Ad-Hoc American Academy of Pediatrics
 Meritcare Children's Hospital
 Fargo, ND

Dan Hunt, MD
 American Healthcare Association
 SE Regional Trauma Chair
 Innovis Health
 Fargo, ND

Diana Larocque
 Indian Health Service
 Aberdeen Area Office
 Aberdeen, SD

Rhonda Bugbee, RN
 Trauma Consultant
 Minot, ND

Terry Hoff
 American Healthcare Association
 Trinity Medical Center
 Minot, ND

Cheryl Underhill
 Ad-Hoc Emergency Preparedness and Response
 Southwest Central Health
 Bismarck, ND

Beth Ashmore
 Trauma Coordinator
 Innovis Health
 Fargo, ND

Mary Jagim, RN
 ND Emergency Nurses Association
 Meritcare Hospital
 Fargo, ND

Todd Porter
 Ad-Hoc Legislative Representative
 Mandan, ND

Kathy Seidel, RN
 ND Nurses Association
 St. Alexius Medical Center
 Bismarck, ND

Wayne Fahy
 ND EMS Association-ALS
 St. Aloisius Hospital
 Harvey, ND

Derek Hanson
 ND EMS Association-BLS
 St. Alexius Medical Center
 Bismarck, ND

Cheryl Korsmo
 NE Regional Trauma Chair
 Northwood Deaconess Health
 Northwood, ND

Sandy Boschee
 NW Regional Trauma Chair
 Trinity Health

ND Trauma Designated Hospitals and Expiration Dates

SOUTHWEST REGION:

Level II Trauma Hospitals

St. Alexius Medical Center – Bismarck (5/31/09)
Medcenter One – Bismarck (5/05/10)

Level III Trauma Hospitals

St. Joseph's Hospital – Dickinson (5/12/10)

Level IV Trauma Hospitals

Ashley Medical Center – Ashley (5/02/08)
West River Regional Medical Center – Hettinger (3/16/08)
Sakakawea Medical Center – Hazen (3/16/08)
SW Health Care Services – Bowman (9/13/09)
St. Aloisius Medical Center – Harvey (9/13/09)

Level V Trauma Hospitals

Community Memorial Hospital - Turtle Lake (9/13/08)
Jacobsen Memorial Hospital – Elgin (3/16/08)
McKenzie County Health Systems – Watford City (9/13/08)
Linton Hospital – Linton (10/19/08)
Wishek Community Hospital – Wishek (6/26/09)

SOUTHEAST REGION:

Level II Trauma Hospitals

MeritCare Hospital – Fargo (4/28/09)
Innovis Health – Fargo (6/04/07)

Level IV Trauma Hospitals

Jamestown Hospital – Jamestown (12/14/08)
Mercy Hospital - Valley City (12/08/07)
St. Francis Medical – Breckenridge, MN (4/21/08)
Oakes Community Hospital – Oakes (6/21/09)
Carrington Health Center – Carrington (6/21/09)
Lisbon Area Health Services – Lisbon (12/13/09)

Level V Trauma Hospitals

Union Hospital - Mayville (3/07/09)

NORTHWEST REGION:

Level II Trauma Hospitals

Trinity Hospital – Minot (10/29/07)

Level IV Trauma Hospitals

Heart of America Medical Center – Rugby (7/06/08)
Garrison Memorial Hospital – Garrison (7/28/07)
Towner County Medical Center – Cando (4/05/09)
St Andrews Medical Center – Bottineau (7/28/07)
Quentin Burdick Health Care Facility - Belcourt (3/07/09)
Mercy Medical – Williston (6/21/08)

Level V Trauma Hospitals

Tioga Medical Center – Tioga (10/19/08)
Kenmare Community Hospital – Kenmare (5/05/07)
Mountrail County Medical Center – Stanley (6/21/09)

NORTHEAST REGION:

Level II Trauma Hospitals

Altru Hospital - Grand Forks (2/04/08)

Level IV Hospitals

Unity Hospital – Grafton (12/13/08)
St. Ansgar's Hospital - Park River
(12/14/08)
Pembina County Memorial Hospital –
Cavalier (12/08/07)

Level V Trauma Hospitals

Northwood Deaconess Health Center –
Northwood (3/16/08)
Mercy Hospital – Devils Lake (9/13/09)

**Sixtieth Legislative Assembly of North Dakota
In Regular Session Commencing Wednesday, January 3, 2007**

HOUSE BILL NO. 1161
(Representatives Uglem, DeKrey, Froelich, Vigesaa)
(Senators Bowman, Krauter)

AN ACT to amend and reenact sections 23-27-01, 23-27-02, 23-27-03, and 23-27-04, subsections 2 and 3 of section 23-27-04.1, and sections 23-27-04.2 and 23-27-04.4 of the North Dakota Century Code, relating to regulation of emergency medical services operations and emergency medical services personnel.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

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

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. After June 30, 2001, the department shall limit the issuance of a license for any new emergency medical services operation based on the needs of the service area if the applicant for the new license was licensed before July 1, 2001, and was subsequently relicensed under section 23-27-04.5. A license for an emergency medical services operation is nontransferable.
2. Emergency medical services may not be advertised, offered, or provided to the public ~~unless the except by an emergency medical services operator of the services is licensed as an emergency medical services operation by the department that provides the emergency medical services through emergency medical services personnel. A license for an operator of an emergency medical services operation is nontransferable and the~~
3. Except as otherwise provided under subsection 4, an emergency medical services operator must be separately licensed for each operation that operator operates. 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; however, 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 service 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.
- 3- 5. The provisions of this chapter do not apply to an operator from another state ~~who~~ 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.
- 4- 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.

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

23-27-02. ~~Definition of emergency medical services~~ Definitions. For the purpose of this chapter, "emergency unless the context otherwise requires:

1. "Department" means the state department of health.
2. "Emergency medical services" means the prehospital medical stabilization ~~of~~ and transportation of ~~persons~~ individuals who are sick, injured, wounded, or otherwise incapacitated or helpless by any person who holds out to the public as being in that service or who regularly provides that service emergency medical services personnel with physician oversight. The term includes assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions.
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.

SECTION 3. AMENDMENT. Section 23-27-03 of the North Dakota Century Code is amended and reenacted as follows:

23-27-03. License fees. The fee for a an emergency medical services operation license to operate an emergency medical services operation ~~and perform emergency medical services 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. ~~Individuals providing~~ This operation license fee does not apply to licensure or certification of emergency medical services may not be assessed this license fee 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.

SECTION 4. AMENDMENT. Section 23-27-04 of the North Dakota Century Code is amended and reenacted as follows:

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. 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 ~~service~~ 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.

SECTION 5. AMENDMENT. Subsections 2 and 3 of section 23-27-04.1 of the North Dakota Century Code are amended and reenacted as follows:

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 ~~twenty-four hundred~~ ten thousand dollars in any calendar year.
3. For a volunteer physician providing medical ~~direction~~ overview to an emergency medical services operation and the operation's personnel, the ~~twenty-four hundred ten thousand~~ dollar maximum fees amount is calculated separately for each emergency medical services operation for which the physician volunteered medical ~~direction~~ 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.

SECTION 6. AMENDMENT. Section 23-27-04.2 of the North Dakota Century Code is amended and reenacted as follows:

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.

SECTION 7. AMENDMENT. Section 23-27-04.4 of the North Dakota Century Code is amended and reenacted as follows:

23-27-04.4. Supervision of certified or licensed emergency ~~service~~ medical technician hospital personnel. Certified or licensed emergency medical technicians-intermediate and paramedics, who are employed by a hospital and who are working in a nonemergency setting 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 patient services management nurse executive.