2013 HOUSE HUMAN SERVICES

HB 1175

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1175
January 29, 2013
17906

☐ Conference Committee

Jocelyn Gallagher

Explanation or reason for introduction of bill/resolution:

A bill relating to an acute cardiovascular emergency medical system.

Minutes: attached testimonies 1,2,3,4,5,6

Chairman Weisz called the hearing to order on HB 1175.

June Herman: Regional VP of Advocacy for the American Heart Association testified in support of the bill. (See Testimony #1) (1:09 - 7:20)

Dr. Jeffrey A. Sather, MD Medical Director for Trinity Hospital's Emergency Trauma Center testified in support of the bill. (See Testimony #2) (7:42 - 11:39)

Rep. Silbernagel: Can you briefly explain STEMI?

Dr. Sather: Explained how STEMI process for cardiac treatment.

Rep. Mooney: This starts with the first paramedic on the scene?

Dr. Sather: The system has given us funding and the ability for all ambulance services in ND to do the 12 lead EKG, the tool that diagnoses the STEMI.

Dr. Robert Oatfield: An interventionalist cardiologist testified in support of the bill. (See Testimony #3) (15:33 - 20:24)

Mona Thompson: A rural paramedic from Kidder County testified in support of the bill. (See Testimony #4) (20:35 - 24:50)

Rep. Laning: What do you mean by opened up?

Mona Thompson: Explained what is done to the vessel to restore the blood flow back to the heart.

Curt Halmrast: Paramedic from Oakes, ND and President of ND Emergency Medical Services Association testified in support of the bill. (See Testimony #5) (25:47 - 27:48)

Janna Peitrzak and Jerilyn Alexander, RNs and STEMI coordinators: testified together in support of the bill. (See Testimony #6) (28:03)

Chairman Weisz: Further testimony in support of 1175? Any opposition? Closed hearing on HB 1175.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1175
February 6, 2013
Job #18362

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Relating to an acute cardiovascular emergency medical system.

Minutes: You may make reference to "attached testimony."

Chairman Weisz: We will look at HB 1175.

June Hermann: Regional Vice President of Advocacy for the American Heart Association. There is the need for some staffing and is reflected in the fiscal note. In the governor's budget there is an FTE that is slated to be part-time community paramedic support and for the STEMI program. Some issues we need to work through with the appropriations group.

Chairman Weisz: Where do you think the actual costs would be?

Hermann: We advocate for a full time position which also includes stroke coordination. The facilities have agreed to do the data entry and participate in the registry and licensing fee without reimbursement or funding.

Chairman Weisz: I'm the one who has to explain to appropriations about the fiscal note.

Hermann: I'd be happy to work with you on revised figures that could be presented.

Chairman Weisz: It will be necessary if this is a due pass.

Hermann: We had hoped after the hearing there would be a revised fiscal note available to the committee today.

Rep. Porter: With those commitments from the facilities, inside each subsection where it says that for a hospital to be a lifeline STEMI receiving center and to be accredited; do we need to put those costs into this bill? And that it is the health care facilities responsibilities for those duties in order to change the fiscal effects of that? Without amending that the Health Dept. would assume they do it.

Chairman Weisz: I understand your point.

Hermann: When we did a calculation on the statewide coordination support and convening of the stakeholders we came up with the total of $233,659.

Rep. Porter: If the committee feels this is the way to go maybe another amendment would be to dedicate a portion of that individual's time that is in the budget already. From the policy side of the bill we could just say. There would be no FTE side of this and would reduce that cost.

Chairman Weisz: I don't know how that position may or may not be identified. Is it specifically identified in the budget?

Hermann: It is specified within the budget.

Chairman Weisz: Do you need more time Rep. Porter?

Rep. Porter: If the committee thinks that will make it a better bill I'd be happy to do it.

Rep. Silbernagel: I support amending.

Chairman Weisz: The amendments would make it an easier sell in Appropriations. I'll give Rep. Porter time to work on this. Do it from two approaches, one, doing the hospital component and the FTE component and the other just doing the hospital component.

Rep. Porter: We will go through the bill and look for those mandates that are registry component that can go back to the hospitals and make a separate Section 2 and having to deal with the FTE language.

Chairman Weisz: If it works we will look at it later today.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1175
February 6, 2013
Job#18409

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Relating to an acute cardiovascular emergency medical system.

Minutes: *See Attachment #1*

Chairman Weisz: We will call the committee back to order. Let's take up HB 1175 again. You should have amendments handed out to you by Rep. Porter. It does not create a new FTE. (See Attachment #1)

Rep. Silbernagel: Were we putting language in related to the FTE that is already?

Chairman Weisz: Section 2.

Rep. Hofstad: I we to assume that fiscal note will be in the $230,000 area.

Chairman Weisz: That is my assumption.

Rep. Hofstad: I move the amendment 01001.

Rep. Looysen: Second.

VOICE VOTE: MOTION CARRIED

Rep. Looysen: I move a Do Pass as amended and re-referred to appropriations.

Rep. Anderson: Second.

ROLL CALL VOTE: 12 y 0n 1 absent

Bill Carrier: Rep. Looysen

FISCAL NOTE
Requested by Legislative Council
01/11/2013

Bill/Resolution No.: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$424,661		$433,955	
Appropriations			$352,698		$433,955	

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill requires the Department of Health (DoH) to establish and maintain a comprehensive emergency cardiovascular medical system. The Bill also requires the DoH to form an acute cardiovascular emergency medical system of care advisory committee.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The new chapter of NDCC requires the Department to establish and maintain a comprehensive emergency cardiovascular medical system for the state. The department will be required to maintain a statewide ST-evaluation myocardial infarction heart attack database. The chapter also establishes an acute cardiovascular emergency medical system of care advisory committee appointed by the state health officer.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Based on the responsibilities assigned to the department, it is estimated that it will take 1.0 FTE to accomplish the added workload for a total salary / benefit cost of $137,926. Operating costs include travel, licensing fees, professional development, one-time computer purchase and other general operating costs of $22,000 for the FTE along with $8,000 for travel costs of the advisory committee estimated to meet four times each year of the biennium. Total Operating Costs - $30,000. Grant costs of $256,735 to include licensing fees (ACTION registry) for the six tertiary hospitals ($76,735) and an incentive payment for entering information into the data system estimated at 50 monthly entries by each of the six hospitals monthly at a fee of $25 ($180,000) for each month of the biennium. Total 2013 – 2015 expenditures - $424,661. 2015 – 2017 Expenditures inflates the 2013-2015 costs and excludes the one-time computer purchase.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding has been included in the Department's appropriation bill (SB 2004) for a .50 FTE and related salary/benefits and operating expenses. Additional appropriation would be needed to make this a 1.0 FTE due to the increase in scope of the responsibilities as required by this bill. Appropriation would also be needed for the additional operating costs for the FTE, costs associated with the advisory committee and the licensing and incentive costs to be paid to the six tertiary hospitals.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/17/2013

13.0433.01001
Title.02000

Prepared by the Legislative Council staff for
Representative Porter
February 6, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1175

Page 1, line 2, after "system" insert "; to provide a statement of legislative intent; and to provide a continuing appropriation"

Page 1, line 11, after "**health**" insert "**- Continuing appropriation**"

Page 2, line 21, after "registry" insert "and shall pay associated fees charged by the department"

Page 2, after line 24, insert:

"3. The department shall charge designated receiving centers a system registries fee for licensing and administration of the database. The department shall deposit fees collected under this subsection in the operating fund and these moneys are appropriated as a standing and continuing appropriation to the department for the purpose of funding the system registries."

Page 3, after line 26, insert:

"4. Except for a member of the acute cardiovascular emergency medical system of care advisory committee serving on the advisory committee in the member's capacity as a department employee and who is therefore entitled to receive reimbursement of mileage and expenses from the department, a member of the advisory committee serves without compensation or reimbursement of mileage and expenses from the department but may receive compensation and reimbursement from the advisory committee member's employer or sponsoring entity."

Page 3, after line 31, insert:

"**SECTION 2. FULL-TIME EQUIVALENT POSITION.** This Act does not create any new full-time equivalent positions. The state department of health shall use full-time equivalent positions included in section 1 of Senate Bill No. 2004 of the sixty-third legislative assembly to carry out the provisions of this Act."

Renumber accordingly

Date: 2-6-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1175

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Hofstad Seconded By Rep. Looysen

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) No

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent: adopt amendment 01001

Voice Vote
Motion Carried

Date: 2-6-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1175

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Looysen Seconded By Rep. Anderson

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	A				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Rep. Looysen

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1175: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1175 was placed on the Sixth order on the calendar.

Page 1, line 2, after "system" insert "; to provide a statement of legislative intent; and to provide a continuing appropriation"

Page 1, line 11, after "**health**" insert "**- Continuing appropriation**"

Page 2, line 21, after "registry" insert "and shall pay associated fees charged by the department"

Page 2, after line 24, insert:

"3. The department shall charge designated receiving centers a system registries fee for licensing and administration of the database. The department shall deposit fees collected under this subsection in the operating fund and these moneys are appropriated as a standing and continuing appropriation to the department for the purpose of funding the system registries."

Page 3, after line 26, insert:

"4. Except for a member of the acute cardiovascular emergency medical system of care advisory committee serving on the advisory committee in the member's capacity as a department employee and who is therefore entitled to receive reimbursement of mileage and expenses from the department, a member of the advisory committee serves without compensation or reimbursement of mileage and expenses from the department but may receive compensation and reimbursement from the advisory committee member's employer or sponsoring entity."

Page 3, after line 31, insert:

"**SECTION 2. FULL-TIME EQUIVALENT POSITION.** This Act does not create any new full-time equivalent positions. The state department of health shall use full-time equivalent positions included in section 1 of Senate Bill No. 2004 of the sixty-third legislative assembly to carry out the provisions of this Act."

Renumber accordingly

2013 HOUSE APPROPRIATIONS

HB 1175

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1175
2/14/13
Jobs 18973 and 19007

☐ Conference Committee

Committee Clerk Signature Meredith Trachsel

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to create and enact a new chapter to title 23 of the North Dakota Century Code, relating to an acute cardiovascular emergency medical system; to provide a statement of legislative intent; and to provide a continuing appropriation.

Minutes: You may make reference to "attached testimony."

Recording 18973
Rep. Robin Weisz, District 14: Introduced the bill.

Chairman Delzer: The way the bill is amended, there is a Fiscal Note, but it says that the hospitals have to pay it all, does it not?

Rep. Weisz: No, I don't believe that would be the affect. The database costs are being paid for by the hospitals.

Chairman Delzer: The latest FN shows the money coming in. What did we get for what we put in there last time? Did they just do this as the hospitals last time?

Rep. Weisz: Basically, we provided equipment for ambulances through the grant. EMS were able to purchase equipment that allowed them to transfer this information directly to a hospital, which was then able to come back tell them what to do.

Chairman Delzer: There is nothing that requires the hospital to do this, it's all voluntary?

Rep. Weisz: Correct, and because they believe in it, they are doing it. This sets up the committee to help on the standards, the duties of Department of Health. Everyone is basically supportive of this. Are we requiring specific things from the hospitals, no, but it sets up the registry, which everyone agrees is important.

Chairman Delzer: If no hospital stepped forward to help share in this, does the Health Department still have to do this?

Rep. Weisz: Well, they've agreed to do it, so I guess I can't answer the question.

Chairman Delzer: Questions by the committee? Thank you. We'll set that aside.

Recording 19007
Chairman Delzer: Does anybody have a problem with taking this bill up today? Any further information they want to gather? This has a hold even FN, the hospitals say they'll pay for it.

Rep. Nelson moved Do Pass, seconded by **Rep. Hawken**.

Chairman Delzer: Discussion? Even though this is supposedly covered by the hospitals, I hope it stays covered by the hospitals. It's a continuing appropriation because of line 12. I believe it goes into the operating fund. I don't like continuing appropriations, but I don't know how you'd do it any other way. Does this give them full continuing appropriation on that operating fund, and do they already have that?

Brady Larson, Legislative Council: Yes it would, for any fees that are deposited in the fund. I am not aware of a continuing appropriation for any other operations.

Chairman Delzer: It would only give them the continuing appropriation for this fee, for this fund.

Larson: That is correct.

Chairman Delzer: Further discussion? Seeing none, a roll call vote was done. The motion carried 22 Yes, 0 No, 0 Absent. **Rep. Holman** will carry the bill, and we'll return it to the Human Service carrier.

FISCAL NOTE
Requested by Legislative Council
02/08/2013

Revised
Amendment to: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill requires the Department of Health (DoH) to maintain an emergency cardiovascular medical system through a continuing appropriation. The Bill also provides authority to charge designated receiving centers for the licensing and administration of the database.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill has no fiscal impact on the Department of Health as the responsibilities are covered by a position within the Executive Budget Recommendation - SB 2004. Access to the existing database is provided through the American Heart Association at no cost to the Department.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Section 1 of the bill provides for a continuing appropriation for the Department and authority to charge designated receiving centers a system registries fee for licensing and administration of the database. At this time no such charges are necessary.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz
Agency: Department of Health
Telephone: 328-4542
Date Prepared: 03/06/2013

FISCAL NOTE
Requested by Legislative Council
01/11/2013

Bill/Resolution No.: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$424,661		$433,955	
Appropriations			$352,698		$433,955	

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	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
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Cities			
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2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

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B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The new chapter of NDCC requires the Department to establish and maintain a comprehensive emergency cardiovascular medical system for the state. The department will be required to maintain a statewide ST-evaluation myocardial infarction heart attack database. The chapter also establishes an acute cardiovascular emergency medical system of care advisory committee appointed by the state health officer.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Based on the responsibilities assigned to the department, it is estimated that it will take 1.0 FTE to accomplish the added workload for a total salary / benefit cost of $137,926. Operating costs include travel, licensing fees, professional development, one-time computer purchase and other general operating costs of $22,000 for the FTE along with $8,000 for travel costs of the advisory committee estimated to meet four times each year of the biennium. Total Operating Costs - $30,000. Grant costs of $256,735 to include licensing fees (ACTION registry) for the six tertiary hospitals ($76,735) and an incentive payment for entering information into the data system estimated at 50 monthly entries by each of the six hospitals monthly at a fee of $25 ($180,000) for each month of the biennium. Total 2013 – 2015 expenditures - $424,661. 2015 – 2017 Expenditures inflates the 2013-2015 costs and excludes the one-time computer purchase.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding has been included in the Department's appropriation bill (SB 2004) for a .50 FTE and related salary/benefits and operating expenses. Additional appropriation would be needed to make this a 1.0 FTE due to the increase in scope of the responsibilities as required by this bill. Appropriation would also be needed for the additional operating costs for the FTE, costs associated with the advisory committee and the licensing and incentive costs to be paid to the six tertiary hospitals.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/17/2013

Date: 2/14/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1175

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Hawken

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle	X	
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew	X		Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch	X				
Rep. Grande	X		Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt	X		Rep. Guggisberg	X	
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 22 No 0

Absent 0

Floor Assignment Rep. Holman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1175, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **DO PASS** (22 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1175 was placed on the Eleventh order on the calendar.

2013 SENATE HUMAN SERVICES

HB 1175

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1175
03/06/2013
19504

☐ Conference Committee

Committee Clerk Signature Kristin Thoma

Explanation or reason for introduction of bill/resolution:

Relating to an acute cardiovascular emergency medical system; to provide a statement of legislative intent; and to provide a continuing appropriation.

Minutes: See attached testimony.

Chairwoman J. Lee: Opens testimony for HB 1175

(0:00:17) Rep. Todd Porter district 34 of Mandan: is prime the sponsor of HB 1175 Helmsley Grant for buying the technology for ambulance services doing EKG's and transmitting the information to the hospitals and getting the patient the right care.

(0:04:32) Virgina Illich and is a STEMI survivor and is in favor of HB 1175. See attachment #1

(0:08:27) Senator Dever: Asks what would have been happened with STEMI in place.

(0:08:38) Virgina Illich: That the information could have sped up the process of getting to the Cath Lab.

(0:09:11) There is discussion about the time of transportation to Bismarck.

(0:10:54) Dan Schaefer a Paramedic was asked to speak in support of HB 1175 by the North Dakota Emergency Medical Services Association. See attachment #2

(0:15:14) Senator Dever: Wanted to know what the availability of the equipment and the training.

(0:15:33) Dan Schaefer: ND is about 80% covered and talked about the coordination of getting patients to the correct facility faster.

(0:16:48) Chairwoman J. Lee Asks for the definition of PCI hospitals

(0:16:58) Dan Schaefer A hospital that can provide cardiac Cathorization treatment, they can place Stents. There are 6 in North Dakota.

(0:17:38) Jerilyn Alexander a hospital RN and a STEMI coordinator for a large PCI hospital. She is testifying for a Do Pass HB 1175. See attachment #3

(0:20:35) Chairwoman J. Lee: ask for explanation of the chart of Attachment #3

(0:20:39) Jerilyn Alexander : This can show were target education and training.

(0:21:46) there is discussion about information on the chart.

(0:23:00) June Herman regional VP of Advocacy for the American Herat Association testifies in favor of HB 1175 See attachment #4, #5, and #6

(0:29:22) There is a discussion about the amendment on page 4 line 17.

(0:30:44) Senator Anderson: Clarification what will happen after the three years and what is the long term plan.

(0:31:10) June Herman: Was to get the equipment for the program and develop the program.

(0:32:19) Senator Anderson: What will happen after three years and upkeep and the costs?

(0:32:30) June Herman: The facilities would take care of the costs and funding.

(0:33:35) Mindy Cook Mission Lifeline director for the state of North Dakota explains longevity of the equipment, and the licensure to the hospitals.

(0:35:45) Chairwoman J. Lee: Asked Brenda Weiz for clarification of the Fiscal note.

(0:36:07) Brenda Weiz of the director of accounting Dept. Of Health. The Fiscal Note was larger and pays the licensure for the hospitals, and a stroke registry and included a FTE. In addition to an explanation of the amended fiscal note.

(0:38:34) Chairwoman J. Lee: asked about the community paramedic and how it fits in with the STEMI.

(0:38:56)Tim Wiednich second in chief for the emergency preparedness response section with the dept. of health they are EMS related in nature.

(0:39:55) Chairwoman J. Lee and Tim Wiednich: There is a discussion about the program and the community paramedic program.

(0:46:06) June Herman: Discussion about the fiscal note and the wording in the bill about the registry.

(0:46:58) Chairwoman J. Lee: Address the committee about attachment #7

Chairwoman J. Lee Closes hearing

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1175
3/13/13
19890

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to an acute cardiovascular emergency medical system; to provide a statement of legislative intent; and to provide a continuing appropriation.

Minutes:

Chairwoman J Lee opens the discussion

There is a discussion about a proposed amendment.

There is a discussion on funding and the Fiscal note

Senator Anderson . Motions to adopt amendment on HB 1175

Senator Larsen seconds

The amendment passes 5-0-0

Senator Larsen Motions for a DO PASS as Amended HB 1175

Senator Dever seconds

DO PASS as AMENDED 5-0-0

Senator Dever will carry

FISCAL NOTE
Requested by Legislative Council
03/14/2013

Amendment to: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill requires the Department of Health (DoH) to maintain an emergency cardiovascular medical system.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill has no fiscal impact on the Department of Health as the responsibilities are covered by a position within the Executive Budget Recommendation - SB 2004. Access to the existing database is provided through the American Heart Association at no cost to the Department.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz
Agency: Department of Health
Telephone: 328-4542
Date Prepared: 03/15/2013

FISCAL NOTE
Requested by Legislative Council
02/08/2013

Revised
Amendment to: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill requires the Department of Health (DoH) to maintain an emergency cardiovascular medical system through a continuing appropriation. The Bill also provides authority to charge designated receiving centers for the licensing and administration of the database.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill has no fiscal impact on the Department of Health as the responsibilities are covered by a position within the Executive Budget Recommendation - SB 2004. Access to the existing database is provided through the American Heart Association at no cost to the Department.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Section 1 of the bill provides for a continuing appropriation for the Department and authority to charge designated receiving centers a system registries fee for licensing and administration of the database. At this time no such charges are necessary.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz
Agency: Department of Health
Telephone: 328-4542
Date Prepared: 03/06/2013

FISCAL NOTE
Requested by Legislative Council
01/11/2013

Bill/Resolution No.: HB 1175

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$424,661		$433,955	
Appropriations			$352,698		$433,955	

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill requires the Department of Health (DoH) to establish and maintain a comprehensive emergency cardiovascular medical system. The Bill also requires the DoH to form an acute cardiovascular emergency medical system of care advisory committee.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The new chapter of NDCC requires the Department to establish and maintain a comprehensive emergency cardiovascular medical system for the state. The department will be required to maintain a statewide ST-evaluation myocardial infarction heart attack database. The chapter also establishes an acute cardiovascular emergency medical system of care advisory committee appointed by the state health officer.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Based on the responsibilities assigned to the department, it is estimated that it will take 1.0 FTE to accomplish the added workload for a total salary / benefit cost of $137,926. Operating costs include travel, licensing fees, professional development, one-time computer purchase and other general operating costs of $22,000 for the FTE along with $8,000 for travel costs of the advisory committee estimated to meet four times each year of the biennium. Total Operating Costs - $30,000. Grant costs of $256,735 to include licensing fees (ACTION registry) for the six tertiary hospitals ($76,735) and an incentive payment for entering information into the data system estimated at 50 monthly entries by each of the six hospitals monthly at a fee of $25 ($180,000) for each month of the biennium. Total 2013 – 2015 expenditures - $424,661. 2015 – 2017 Expenditures inflates the 2013-2015 costs and excludes the one-time computer purchase.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding has been included in the Department's appropriation bill (SB 2004) for a .50 FTE and related salary/benefits and operating expenses. Additional appropriation would be needed to make this a 1.0 FTE due to the increase in scope of the responsibilities as required by this bill. Appropriation would also be needed for the additional operating costs for the FTE, costs associated with the advisory committee and the licensing and incentive costs to be paid to the six tertiary hospitals.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/17/2013

13.0433.02001
Title.03000

Adopted by the Human Services Committee

March 14, 2013

3-14-13

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1175

Page 1, line 2, remove "; to provide a statement of"

Page 1, line 3, remove "legislative intent; and to provide a continuing appropriation"

Page 1, line 12, remove "**- Continuing appropriation**"

Page 2, line 21, replace "and shall pay" with an underscored period

Page 2, remove line 22

Page 2, remove lines 26 through 30

Page 4, remove lines 16 through 19

Renumber accordingly

Date: 3-13-12
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. ~~HB 1175~~ 1175

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0433.02001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☑ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By AND Seconded By Larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 3-13-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1175

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☑ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen Larsen Seconded By Dever

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment Sen Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1175, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1175 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "; to provide a statement of"

Page 1, line 3, remove "legislative intent; and to provide a continuing appropriation"

Page 1, line 12, remove "**- Continuing appropriation**"

Page 2, line 21, replace "and shall pay" with an underscored period

Page 2, remove line 22

Page 2, remove lines 26 through 30

Page 4, remove lines 16 through 19

Renumber accordingly

2013 TESTIMONY

HB 1175

#1

American Heart Association. | American Stroke Association.
Learn and Live.

House Bill 1175

House Human Services committee

Testimony

June Herman
American Heart Association

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am June Herman, Regional VP of Advocacy for the American Heart Association. I ask for your Do Pass recommendation on HB 1175.

The focus of my testimony is on the bill language and the fiscal note placed on this bill. Several others are here to speak to the impact and scope of the Mission: Lifeline 3 year initiative. The project was launched in August, 2011, through a combination of a major foundation grant ($4.4 million) and 1/3 match of foundation funds, in-kind hospital commitments, and $600,000 of state funding – for a $7.1 million 3-year initiative.

Currently in state code, North Dakota has:

- Trauma System - 23-01.2
- Stroke System - 23-43-01.

Elements of the existing systems include

- Trauma:
  - Advisory Group
  - Certification:
    - level I, level II or level III designation verification from the American college of surgeons.
    - Certification: level IV, V – in-state certification team
  - Data Registry: all hospitals must report
- Stroke:
  - Advisory Group
  - Certification: state recognition based on TJC (Joint Commission or similar organization)
  - Data Registry: voluntary – 83% participation – tertiary/CAHs, costs covered by General Funds

Emergency Cardiovascular Bill scope:

The legislation's intent is to continue the STEMI system work established through the 3-yr Mission: Lifeline initiative while allowing for other emergency cardiovascular care considerations - without needing to neither establish separate code language nor duplicate stakeholder groups. The stakeholder group would advise the department if other key cardiovascular care issues need to be addressed on a statewide level.

- Advisory Group – existing stakeholder groups: EMS/Interventionalists/STEMI coordinators
- Certification: voluntary by hospital
    - Recognition based on nationally recognized certification standards
    - STEMI Receiving/referring based on society of cardiovascular patient care and AHA accreditation
- Data Registry: Voluntary, but required if state certification is required
    - Action Registry – GWTG, or equivalent (all 6 PCI using ARG)
    - All 6 PCI facilities currently participate in ARG, allowing for aggregate data review.

As part of the Mission Lifeline initiative, we contracted with the 6 tertiary hospitals for both in-kind support on their end, (which counted towards the foundation's grant requirement), and for grant funding to go to them. The contract provided for:

- Action Registery – GWTG – Data entry: FTE Reimbursement - $75,000
    - Year 1- 50% funded
    - Year 2 - 25% funded
    - Year 3 - 0%
- 12-Lead Receiving Station Software - 5 year license @ $13,000 per year
- ACTION Registry - GWTG Program Software- 6 hospitals, $1,800 each license, annually plus $1000 per hospital in year 1 for set-up fee charged by vendor.

Fiscal Note Review:

Elements	Stroke	AHA ML Grant	SB 2004	DOH FN
Staffing Support	<20% FTE – CDC grant	1 FTE	Portion of 1 FTE	1 FTE
Registry	35 of 42 eligible (83%)	6 of 6 eligible		6 of 6
Licensing Fees	$110,344	$2,355/ $14,120 – 1 yr		$76,735
Data Entry	$100,000	- 0 - (in-kind)		$180,000

The fiscal note proposed is certainly a gold level investment for an emergency cardiovascular system of care. The scope of the base model we envisioned utilized the Community Paramedicine FTE within SB 2004 (Health Dept Budget) and the continued in-kind support of the 6 tertiary facilities who would potentially receive increased patient care numbers, and medical reimbursement.

It is Important to note that the Heart Disease and Stroke Program FTE is currently unfilled as of December 2012, due to:

1) The well-deserved promotion of the prior program director to a Division level role for cancer.
2) Federal HDSP grant ending June 2013 and uncertainty of federal funding or CDC grant requirements.

North Dakota would be better served by a state funded Heart Disease and Stroke FTE, allowing for system of care work for stroke, cardiovascular care and working with those partners on initiatives for prevention efforts. Something to keep in mind as this committee addresses HB 1433 later this morning.

I am happy to respond to any questions you may have at this time.

House Bill 1175

House Human Services committee

Jeffrey A. Sather, MD
Testimony

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Dr. Jeffrey Sather, Medical Director for Trinity Hospital's Emergency Trauma Center. I am here today to ask for your Do Pass recommendation on HB 1175.

One of my passions is emergency care, in particular in rural areas due to growing up in the Velva ND area. I began my career as a paramedic with Minot's Community Ambulance Service and later served as Chief Paramedic with Trinity's NorthStar Criticair Helicopter Ambulance. I continued my education and graduated from UND School of Medicine and Health Sciences and then received specialty training in Emergency Medicine in Toledo Ohio.

An emergency medicine physician receives training to care for patients with acute illnesses or injuries requiring immediate medical attention. We diagnose a variety of illnesses and undertake various interventions to stabilize patients. Strong, coordinated systems of care between emergency responders, emergency physicians and specialty care is essential for optimal outcomes of patients. North Dakota has recognized this importance by establishing in century code both the trauma and stroke systems of care; I participate in the work of both groups. HB 1175 seeks to add a third element to our acute response systems – acute cardiovascular emergency care – and in particular, support the continuation of the platform being built for STEMI systems of care.

A STEMI or ST segment elevation myocardial infarction is a heart attack of a type that is causing the rapid death of a portion of the heart muscle because of a sudden blockage in blood flow to the heart muscle. This is a time sensitive emergency and critical care and essential interventions need to be accomplished as soon as possible to prevent permanent heart muscle damage or death.

I participate in caring for patients not only at Trinity one of our Tertiary hospitals but I also at times work at Heart of America Medical Center in Rugby, ND. Therefore I also take care of patients that present to a critical access hospital. So I have experience in taking care of patients in both of those settings in our state.

I had the privilege of taking care of an elderly patient that presented to that rural hospital with an STEMI. I was notified of the patient's diagnosis and condition by the paramedics who were able to do the 12 lead EKG in the field prior to the patient arriving in the Rugby ER. This was a very sick patient who was at that time in heart failure and needed respiratory and cardiovascular support. Because of the new STEMI system implemented by Mission Lifeline we were prepared to deal with this patient in advance. The helicopter from Minot was on the way prior to the patient arriving in the Rugby ER because of this advanced warning. We were able to begin emergency lifesaving treatment and quickly trandfer the patient on to the cardiologist and cardiac interventional services this patient ultimately needed.

When this patient left my care to be transferred on for services I could not provide I did not expect this patient to survive. To my surprise and pleasure this patient not only survived he did relatively well and was able to go home to his wife and back to his normal life. This happened because a system was in place to rapidly diagnose and activate protocols that allowed us to quickly begin emergency treatment and timely transfer of this patient to meet the treatment goals within the timeframe recommended by national standards.

I cannot overstate how important an organized system of care for cardiac emergencies is to the people who live in, work in, or visit our state.

In closing, I encourage your Do Pass recommendation for HB 1175. I am happy to answer any questions you may have.

#3

House Bill 1175

House Human Services committee

Robert Oatfield, MD
Testimony

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Dr. Robert Oatfield, an interventionalist cardiologist based here in the Bismarck area. I'm also a long-time American Heart Association volunteer leader. I'm here today to ask for your Do Pass recommendation on HB 1175.

Each year, more than half a million Americans experience ST-elevation myocardial infarction (STEMI), out-of-hospital cardiac arrest or both. The majority of these patients fail to receive appropriate treatment for their life-threatening conditions within recommended timeframes.

Mission: Lifeline® was created by the American Heart Association as a response to missed opportunities for prompt, appropriate STEMI treatment. Recently, Mission: Lifeline expanded to help existing STEMI systems of care incorporate out-of-hospital cardiac resuscitation into their systems.

STEMI-receiving hospitals have the expertise, equipment, facilities and other resources to administer percutaneous coronary intervention (PCI), within the STEMI system of care. Nonetheless, they still face challenges, and improvements can be made for more seamless interaction with other healthcare providers within the STEMI system.

Mission: Lifeline helps STEMI-receiving centers leverage the capabilities of emergency medical services (EMS) and non-PCI hospitals for optimum treatment of STEMI patients. By working together under a shared set of guidelines and closing communication gaps about patient outcomes, the professionals within a STEMI system of care can save lives and improve the health of the communities they serve.

In the ideal system, pre-hospital ECG diagnosis of STEMI, ED notification and catheterization laboratory activation would occur according to standard algorithms that would facilitate a short ED stay or transport directly from the field to the catheterization laboratory. Similarly, single call systems from STEMI-referral hospitals with universal patient acceptance by STEMI-receiving hospitals would result in immediate activation of the catheterization laboratory team.

Significant work is underway to build the strength of each individual part of North Dakota's STEMI system, and then the connection between all elements. In the ideal STEMI system of care, all parties with a vested interest in the treatment of STEMI patients - from EMS providers to cardiologists, from hospital administrators to policymakers and from third-party payers to the public - share a common belief that quality and timely patient care is the top priority. There is a mutual respect for the critical role of each player in the STEMI system. Individual parties are not out to promote their own self-serving interests. Rather, everyone works together to build a consensus on what the ideal STEMI system looks like for their region, considering its unique challenges.

HB 1175 establishes the platform by which that work can continue to flourish once the current 3 year grant concludes (Summer 2014). I encourage your Do Pass recommendation on HB 1175.

#4

House Bill 1175

House Human Services Committee

Mona Thompson
Testimony

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Mona Thompson, a rural paramedic from Kidder County. Last fall, our ambulance service received 12 leads with the ability to transmit ECGs to the Bismarck tertiary facilities as part of the Mission Lifeline, STEMI initiative. The following is just one "thanks from the heart" of the difference the North Dakota legislature made last session in supporting a match for the Helmsley Foundation grant. You made a difference for communities around North Dakota. In just the first 3 months of our entry into the system, we had the following cases:

Case 1 in September
86 y/o female c/o SOB. Performed a 12 lead, had very slight ST elevation in 3 leads that I called in the field (didn't have transmission capabilities yet). Informed the ED, but ST elevation was gone by the time we got the patient in, however, the ED physician activated the STEMI team prior to our arrival & within a 1/2 hour, she presented with ST elevation again with 80% occlusion & was sent to the cath lab immediately. She met the 90 minute window.

Case 2 on December 21
55 y/o male sudden onset chest pain with significant ST elevation in 3 leads & STagain called in the field & I activated the STEMI team. Upon arrival, the ED was prepared, he was sent to the cath lab with an inferior infarct with 100% occlusion & was opened up within 25 minutes of our arrival.

Case 3 on December 26
68 y/o male sudden onset of shoulder pain (put off calling for 3 hours thinking it was a rotator cuff issue). He had significant ST elevation in 3 leads I called in the field & alerted STEMI team. Upon our arrival, we bypassed ED & took pt. to cath lab where he presented with an inferior infarct with 98% occlusion & was opened up within 15 minutes of our arrival.

I have been so impressed with how our system has worked, and I'm convinced that 2 of these patients may not have survived if there had been 1 element out of place. The patients are all doing great today, and are so thankful for being afforded quick response and intervention.

I just would like to thank you again for all you have done with this program. If such a difference can be made with my small service, imagine what can happen statewide!!!!!

Mona Thompson
Kidder County Ambulance

#5

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Testimony
House Bill 1175
House Human Services Committee
Tuesday, January 29, 2013; 9:00am
North Dakota Emergency Medical Services Association

Good morning, Chairman Weisz and members of the committee. My name is Curt Halmrast, and I am the President of the North Dakota Emergency Medical Services Association and work as a Paramedic with Oakes Ambulance Service. I am here today in support of HB 1175.

The state of North Dakota has benefited the past several years with a recognized state stroke system of care and an excellent state trauma system, which is often a model for other states to replicate. Representing the EMS industry we are in support of a cardiovascular system of care, as we've seen the value of both the stroke and trauma systems. With these established systems we have designated trauma and stroke receiving facilities that are adequately prepared to accept our patients, which does make transport decisions less complicated for our volunteer EMS providers. EMS has also been a benefactor of a significant amount of training that has been made available to healthcare providers, and because of an established system we have updated protocols which reflect the most current standard of care guidelines.

The passage of this bill would also establish an advisory committee. Those representing all realms of the healthcare system would verify that cardiovascular standards in hospitals are being met, the system plan would be continually updated as advances in medicine dictate, and a system that encourages continuous quality improvement would benefit our future patients. Notably EMS, urban and rural, would be represented on this advisory committee. As decisions are made that involve the treatment and transport of cardiac patients, it is essential that the concerns of EMS are being heard. With the placement of the 12 lead EKG on each ambulance in North Dakota it is imperative that we continually strive to improve patient outcomes, have methods that will allow for enhancements in communication between hospitals and EMS, and the ability to modify transport plans as industry standards evolve over time.

These efforts cannot be accomplished without the establishment of an acute cardiovascular system.

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

#6

House Bill 1175

House Human Services committee

Testimony

Janna Pietrzak, Jerilyn Alexander
STEMI Coordinators

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Janna Pietrzak, and I am Jerilyn Alexander. We are both RNs and STEMI coordinators for 2 different large PCI hospitals. We are here today to ask for your Do Pass recommendation on HB 1175.

As noted earlier, the three year Mission Lifeline project is building the base and consensus for the coordinated care of heart emergencies. Our ability to coordinate care is enhanced through:

- Statewide treatment protocols
- Early activation of our STEMI teams
- Quality measurements

Hospital Reports

Mission: Lifeline relies on data collected from receiving and referral centers through their participation in ACTION Registry®-GWTG™. The data is used to assess hospital teams' performance relative to guidelines developed by the American Heart Association and the American College of Cardiology for the management of STEMI patients. Each quarter, participating hospitals receive feedback reports from Mission: Lifeline to help them evaluate their progress and target areas for improvement.

A common statewide registry platform allows for statewide leaders to view aggregate data in order to determine opportunities for improvement that are broader than any one facility's performance. Each facility however, is able to use its own hospital data with internal teams and evaluate our own STEMI process. Attached is a sample of the data we can use to evaluate our teams performance in comparison with the benchmarks of others. As STEMI Coordinators we have witnessed firsthand how quality data reports can drive process improvement, both in rural and metro settings.

Hospital Recognition

With the data we track, our facility is also able to seek performance recognition, and to pursue national accreditation for our facility's work. While a benefit to the hospital, the ultimate beneficiary are those for whom we provide care.

HB 1175 establishes the platform by which this work can continue to flourish once the current 3 year grant concludes (Summer 2014). Personally we have seen numerous people benefit from earlier STEMI diagnosis and faster access to life saving treatment as a result of the Mission:Lifeline project. We strongly encourage your Do Pass recommendation on HB 1175.

13.0433.01001
Title.

Prepared by the Legislative Council staff for
Representative Porter
February 6, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1175

Page 1, line 2, after "system" insert "; to provide a statement of legislative intent; and to provide a continuing appropriation"

Page 1, line 11, after "**health**" insert "**- Continuing appropriation**"

Page 2, line 21, after "registry" insert "and shall pay associated fees charged by the department"

Page 2, after line 24, insert:

"3. The department shall charge designated receiving centers a system registries fee for licensing and administration of the database. The department shall deposit fees collected under this subsection in the operating fund and these moneys are appropriated as a standing and continuing appropriation to the department for the purpose of funding the system registries."

Page 3, after line 26, insert:

"4. Except for a member of the acute cardiovascular emergency medical system of care advisory committee serving on the advisory committee in the member's capacity as a department employee and who is therefore entitled to receive reimbursement of mileage and expenses from the department, a member of the advisory committee serves without compensation or reimbursement of mileage and expenses from the department but may receive compensation and reimbursement from the advisory committee member's employer or sponsoring entity."

Page 3, after line 31, insert:

"**SECTION 2. FULL-TIME EQUIVALENT POSITION.** This Act does not create any new full-time equivalent positions. The state department of health shall use full-time equivalent positions included in section 1 of Senate Bill No. 2004 of the sixty-third legislative assembly to carry out the provisions of this Act."

Renumber accordingly

Attachment #1

House Bill 1175

Senate Human Services Committee

Thank you Chairman Lee and Senate Human Services Committee members, for allowing me to appear before you today to testify in support of HB 1175. My name is Virginia Illich and I am a STEMI survivor.

I first learned about the initiative that was developing statewide protocols for STEMI heart attack patients, including equipping ambulances with 12 lead EKG's after reading the Bismarck Tribune article titled "Helping the Heart" printed on September 28, 2012. I immediately contacted Metro Ambulance, talking to Dan Schaefer, to ask how I could help. Dan referred me to the American Heart Association. I was happy to learn that Mission Lifeline's goal is to open blocked arteries in 120 minutes or less to save lives and reduce damage to hearts.

I had a heart attack May 21, 2010 when working in Dickinson at the Stark County Courthouse - two years too early to benefit from the work of Mission Lifeline in North Dakota. According to my cardiologist, I am one of his "miracles". I beat the odds despite the common delays experienced by rural citizens with blocked heart arteries in 2010.

Let me briefly review my STEMI timeline. More than 270 minutes from ambulance arrival to opening of blocked heart arteries.

- 2:45 p.m. CT My secretary called 9-1-1 when I became very ill
- 3:00 p.m. CT Arrived via ambulance at St. Joseph's Hospital. Testing and intervention of clot buster drug.
- 5:15 p.m. CT Left St. Joseph's via ambulance to Bismarck for rescue angioplasty
- 6:30 p.m. CT Arrived at Medcenter One where the cardiologist was waiting, but time delays to assemble cardiac team, more testing including EKG, blood work, etc. I had to be resuscitated.
- 7:30 p.m. CT Cath Lab. Cardiologist identified and opened 3 severely blocked arteries (from 95-98 percent blockage).

My recovery was very slow and difficult. After 9 months of sick leave, I went into early retirement. I want to do all I can to make sure that no one else has to go through what I did. Time is "life". Please vote yes to HB 1175 to continue the work that is saving lives and saving hearts from damage, ultimately saving healthcare dollars.

Attachment #2

House Bill 1175

Senate Human Services Committee

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Dan Schaefer; I work as a paramedic in Bismarck but started my career as a volunteer of emergency services in the great state of North Dakota. I was asked by President of the North Dakota Emergency Medical Services Association, Curt Halmrast to speak in support of establishing an emergency heart system of care for North Dakota, recognizing further work is being proposed on HB 1175.

The emergency services provided to the people of North Dakota has advanced over the past several years with both a recognized state stroke system of care and an excellent state trauma system. Being part of both systems, I have experienced the positive impact they have made in the outcome of patients who have needed urgent care in our remote rural communities. They both make a difference. NDEMSA represents both rural and urban EMS communities and we support a cardiovascular system of care, as we've seen the value of both the stroke and trauma systems. With these established systems, designated trauma and stroke receiving facilities are adequately prepared to accept our patients. It makes life altering decisions less complicated for our volunteer EMS providers.

Let me share some of the recent successes of a rural service resulting from building a coordinated response system in North Dakota. Mona Thompson of Kidder County Ambulance provided the following cases.

Case 1 in September

86 y/o female c/o SOB. Performed a 12 lead, had very slight ST elevation in 3 leads that I called in the field (didn't have transmission capabilities yet). Informed the ED, but ST elevation was gone by the time we got the patient in, however, the ED physician activated the STEMI team prior to our arrival & within a 1/2 hour, she presented with ST elevation again with 80% occlusion & was sent to the cath lab immediately. She met the 90 minute window to save her heart tissue.

Case 2 on December 21

55 y/o male sudden onset chest pain with significant ST elevation in 3 leads & ST again called in the field & I activated the STEMI team. Upon arrival, the ED was prepared, he was sent to the cath lab with an inferior infarct with 100% occlusion & was opened up within 25 minutes of our arrival.

Case 3 on December 26

68 y/o male sudden onset of shoulder pain (put off calling for 3 hours thinking it was a rotator cuff issue). He had significant ST elevation in 3 leads I called in the field & alerted STEMI team. Upon our arrival, we bypassed ED & took pt. to cath lab where he presented with an inferior infarct with 98% occlusion & was opened up within 15 minutes of our arrival.

In North Dakota it is imperative that we continually strive to improve patient outcomes, we need methods that will allow for enhancements in communication between hospitals and EMS, and the ability to modify transport plans as industry standards evolve over time. These efforts cannot be accomplished without the establishment of an acute cardiovascular system.

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

ATTACHMENT # 3

House Bill 1175

Senate Human Services Committee

Testimony

Jerilyn Alexander
STEMI Coordinator

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Jerilyn Alexander, a hospital RN and STEMI coordinator for a large PCI hospital. I am here today to ask for your Do Pass recommendation on HB 1175, with removal of any charge to facilities for the state-level coordination of this program.

As noted earlier, the three year Mission Lifeline project is building the base and consensus for the coordinated care of heart emergencies. Our ability to coordinate care is enhanced through:

- Statewide treatment protocols
- Early activation of our STEMI teams
- Quality measurements

Hospital Reports

Mission: Lifeline relies on data collected from receiving and referral centers through their participation in ACTION Registry®-GWTG™. The data is used to assess hospital teams' performance relative to guidelines developed by the American Heart Association and the American College of Cardiology for the management of STEMI patients. Each quarter, participating hospitals receive feedback reports from Mission: Lifeline to help them evaluate their progress and target areas for improvement.

A common statewide registry platform allows for statewide leaders to view aggregate data in order to determine opportunities for improvement that are broader than any one facility's performance. Each facility however, is able to use its own hospital data with internal teams and evaluate our own STEMI process. Attached is a sample of the data we can use to evaluate our teams performance in comparison with the benchmarks of others. As a STEMI Coordinator I have witnessed firsthand how quality data reports can drive process improvement, both in rural and metro settings.

Hospital Recognition

With the data we track, our facility is also able to seek performance recognition, and to pursue national accreditation for our facility's work. While a benefit to the hospital, the ultimate beneficiary is those for whom we provide care.

HB 1175 establishes the platform by which this work can continue to flourish once the current 3 year grant concludes (Summer 2014). I think it is important to note that PCI hospitals are already providing significant invest support through hiring in-hospital coordinators such as myself, paying for the registry licensing fee, and having staff enter data that would then be available for the state to assess aggregate data as to broader opportunities that are not the responsibility of any one facility. The half-time FTE in the fiscal note is a great example of a position that should be a state level investment. I feel the Governor spoke to the state's role in STEMI when he recommended the STEMI/community paramedicine FTE in his budget recommendation, which was recently part of SB 2004 approved by the Senate last week.

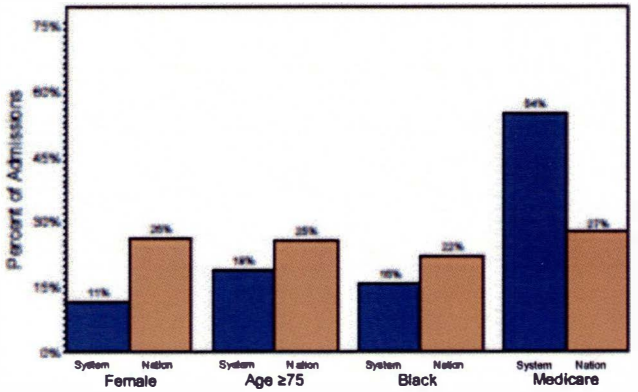
Personally I have seen numerous people benefit from earlier STEMI diagnosis and faster access to life saving treatment as a result of the Mission:Lifeline project. I strongly encourage your Do Pass recommendation on HB 1175, with adjustments to the fiscal note.

I am happy to respond to any questions you may have.

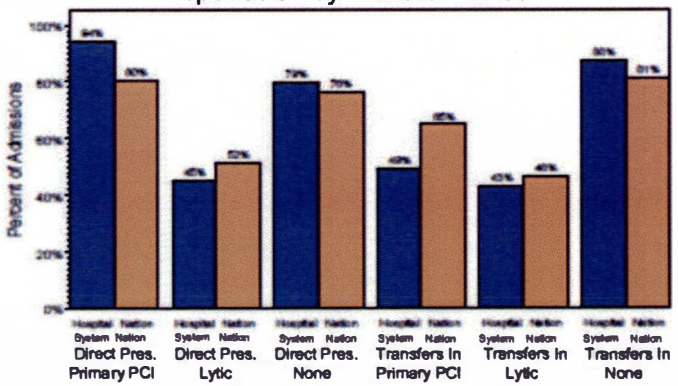
System Name: Q1/11
Patient Demographics and Reperfusion Method

	System		State	Nation
	Prev Qrt	Prev 12 Mn		
Patient Demographics				
Age (years)				
Median	63.5	64.1	64.0	67.4
75+ years old	21%	20%	17%	11%
Gender				
Male	67%	67%	67%	63%
75+ years old	3%	2%	8%	8%
Female	31%	31%	31%	31%
75+ years old	3%	2%	8%	8%
Race				
White	87%	86%	89%	84%
Black or African American	0%	1%	3%	12%
American Indian or Alaska Native	8%	7%	5%	1%
Native Hawaiian/Pacific Islander	0%	1%	8%	8%
Asian	0%	1%	1%	1%
Hispanic Ethnicity	5%	5%	12%	2%
Diagnosis				
First ECG obtained Pre-Hospital[1]	70%	74%	74%	53%
STEMI Noted on First ECG	75%	85%	88%	89%
Reperfusion Method[2]				
Primary PCI	17%	19%	19%	12%
Direct Presentation	4%	5%	6%	5%
Transfers In	0%	1%	9%	12%
Fibrinolysis	17%	19%	19%	12%
Direct Presentation	4%	5%	6%	5%
Transfers In	0%	1%	9%	12%
No Reperfusion	17%	19%	19%	12%
Direct Presentation	4%	5%	6%	5%
Transfers In	0%	1%	9%	12%

Patient Demographics



Reperfusion by Transfer Status



FOOTNOTES:
[1] Among patients arriving via EMS.
[2] Among patients eligible for reperfusion

Attachment #4

American Heart Association. | American Stroke Association.
Learn and Live.

House Bill 1175

Senate Human Services Committee

Testimony

June Herman
American Heart Association

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am June Herman, Regional VP of Advocacy for the American Heart Association. I ask for your Do Pass recommendation on HB 1175, amended to remove charges to participating facilities and to clarify funding source for implementation needs from SB 2004. SB 2004 is the Health Department budget passed just last week by the full Senate, and contains the Governor's recommended new FTE for community paramedicine/STEMI support.

The focus of my testimony is on the bill language and the fiscal note placed on this bill. Several others are here to speak to the impact and scope of the Mission: Lifeline 3 year initiative. The project was launched in August, 2011, through a combination of a major foundation grant ($4.4 million) and 1/3 match of foundation funds, in-kind hospital commitments, and $600,000 of state funding – for a $7.1 million 3-year initiative.

Currently in state code, North Dakota has:

- Trauma System - 23-01.2
- Stroke System - 23-43-01.

Elements of the existing systems include

- Trauma:
  - Advisory Group
  - Certification:
    - level I, level II or level III designation verification from the American college of surgeons.
    - Certification: level IV, V – in-state certification team
  - Data Registry: all hospitals must report

- Stroke:
    - Advisory Group
    - Certification: state recognition based on TJC (Joint Commission or similar organization)
    - Data Registry: voluntary – 83% participation – tertiary/CAHs, costs covered by General Funds

Emergency Cardiovascular Bill scope:

The legislation's intent is to continue the STEMI system work established through the 3-yr Mission: Lifeline initiative. The stakeholder group would advise the department of key cardiovascular care issues need to be addressed on a statewide level.

- Advisory Group – existing stakeholder groups: EMS/Interventionalists/STEMI coordinators
- Certification: voluntary by hospital
    - Recognition based on nationally recognized certification standards
    - STEMI Receiving/referring based on society of cardiovascular patient care and AHA accreditation
- Data Registry: Voluntary, but required if state certification is as a STEMI Receiving Hospital is sought.
    - Action Registry – GWTG, or equivalent (all 6 PCI using ARG)
    - All 6 PCI facilities currently participate in ARG, allowing for aggregate data review.
    - Only hospitals can be licensed for ARG, the health department is ineligible.

As part of the Mission Lifeline initiative, we contracted with the 6 tertiary hospitals for both in-kind support on their end, (which counted towards the foundation's grant requirement), and for grant funding to go to them. The contract provided for:

- Action Registery – GWTG – Data entry: FTE Reimbursement - $75,000
    - Year 1- 50% funded
    - Year 2 - 25% funded
    - Year 3 - 0%
- 12-Lead Receiving Station Software - 5 year license @ $13,000 per year
- ACTION Registry - GWTG Program Software- 6 hospitals, $1,800 each license, annually plus $1000 per hospital in year 1 for set-up fee charged by vendor.

Fiscal Note Review:

Elements	Stroke	AHA ML Grant	SB 2004	1st DOH FN	2nd DOH FN
Staffing Support	<20% FTE – CDC grant	1 FTE	½ FTE	1 FTE	½ FTE, funded by a hospital fee assessed on 6 hospitals.
Registry	35 of 42 eligible (83%), and DOH super-user access	6 of 6 eligible PCI hospitals		6 of 6	
Licensing Fees	$110,344	$2,355/ $14,120 – 1 yr		$76,735	Licensing fee for DOH (ineligible)
Data Entry	$100,000	- 0 - (in-kind)		$180,000	

The first fiscal note proposed is certainly a gold level investment for an emergency cardiovascular system of care. The scope of the base model we envisioned utilized the Community Paramedicine FTE within SB 2004 (Health Dept Budget) and the continued in-kind support of the 6 tertiary facilities.

For HB 1175, we recommend this committee reaffirm the role of the FTE allocated to the Community Paramedicine/STEMI position, recently passed by the full Senate, and remove the fiscal note.

I do feel It is Important to note that the Heart Disease and Stroke Program FTE is currently unfilled as of December 2012, due to:

1) The well-deserved promotion of the prior program director to a Division level role for cancer.
2) Federal HDSP grant ending June 2013 and uncertainty of federal funding or CDC grant requirements.

North Dakota would be better served by a state funded Heart Disease and Stroke FTE, allowing for system of care work for stroke, cardiovascular care and working with those partners on initiatives for prevention efforts. We will be advocating for state funding in SB 2004 as the House Appropriations Committee takes their turn with the Health Department's budget.

I am happy to respond to any questions you may have at this time.

Attachment #5

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1175

Page 2, line 21, after "registry" remove "and shall pay associated fees charged by the department"

Page 2, , remove lines 26 through 30 -

"3. The department shall charge designated receiving centers a system registries fee for licensing and administration of the database. The department shall deposit fees collected under this subsection in the operating fund and these moneys are appropriated as a standing and continuing appropriation to the department for the purpose of funding the system registries."

Page 4, on line 17, after "positions." Insert "Upon recommendation of the advisory committee"

Page 4, on line 18, after "positions" insert "and department community paramedicine/STEMI resources"

Attachment #6

House Bill 1175

Senate Human Services Committee

Robert Oatfield, MD
Testimony

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Dr. Robert Oatfield, an interventionist cardiologist based here in the Bismarck area. I'm also a long-time American Heart Association volunteer leader. I'm here today to ask for your Do Pass recommendation on HB 1175, with elimination of the charge to PCI facilities.

Each year, more than half a million Americans experience ST-elevation myocardial infarction (STEMI), out-of-hospital cardiac arrest or both. The majority of these patients fail to receive appropriate treatment for their life-threatening conditions within recommended timeframes.

Mission: Lifeline® was created by the American Heart Association as a response to missed opportunities for prompt, appropriate STEMI treatment. Recently, Mission: Lifeline expanded to help existing STEMI systems of care incorporate out-of-hospital cardiac resuscitation into their systems.

STEMI-receiving hospitals have the expertise, equipment, facilities and other resources to administer percutaneous coronary intervention (PCI), within the STEMI system of care. Nonetheless, they still face challenges, and improvements can be made for more seamless interaction with other healthcare providers within the STEMI system.

Mission: Lifeline helps STEMI-receiving centers leverage the capabilities of emergency medical services (EMS) and non-PCI hospitals for optimum treatment of STEMI patients. By working together under a shared set of guidelines and closing communication gaps about patient outcomes, the professionals within a STEMI system of care can save lives and improve the health of the communities they serve.

In the ideal system, pre-hospital ECG diagnosis of STEMI, ED notification and catheterization laboratory activation would occur according to standard algorithms that would facilitate a short ED stay or transport directly from the field to the catheterization laboratory. Similarly, single call systems from STEMI-referral hospitals with universal patient acceptance by STEMI-receiving hospitals would result in immediate activation of the catheterization laboratory team.

Significant work is underway to build the strength of each individual part of North Dakota's STEMI system, and then the connection between all elements. In the ideal STEMI system of care, all parties with a vested interest in the treatment of STEMI patients - from EMS providers to cardiologists, from hospital administrators to policymakers and from third-party payers to the public - share a common belief that quality and timely patient care is the top priority. There is a mutual respect for the critical role of each player in the STEMI system. Individual parties are not out to promote their own self-serving interests. Rather, everyone works together to build a consensus on what the ideal STEMI system looks like for their region, considering its unique challenges.

HB 1175 establishes the platform by which that work can continue to flourish once the current 3 year grant concludes (Summer 2014). Governor Dalrymple demonstrated support of that work by designating a half-time FTE for STEMI work as part of the community paramedicine/STEMI FTE in SB 2004, the Health Department budget.

I encourage your Do Pass recommendation on HB 1175, with fiscal note elimination. I'm happy to answer and questions you may have at this time.

NDLA, S HMS - Dvorak, Kirsten

Attachment #7

From: Lee, Judy E.
Sent: Tuesday, March 05, 2013 10:32 AM
To: NDLA, S HMS - Dvorak, Kirsten
Subject: FW: HB 1175

Please make copies of this message for our books.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Vastag,John [mailto:John.Vastag@sanfordhealth.org]
Sent: Tuesday, March 05, 2013 9:35 AM
To: Lee, Judy E.
Cc: Walth,Marnie; 'June Herman'; Joel Gilbertson; 'Levi D. Andrist'; 'Casey Ryan'; James,Diana; 'Dave Molmen'; 'John Kutch'; Millirons,Dennis
Subject: HB 1175

Good Morning Senator Lee:

First of all, let me apologize for bothering you during your cross over break. I try very hard not to do that, but HB 1175 is up in your committee at 10:30 tomorrow.

I will not be in Bismarck for this hearing, therefore, I wanted to provide you with our position on the bill.

HB 1175 is the "STEMI" bill. We (HPC) are very supportive of the STEMI program and of this bill with the exception of the amendment that the DOH added on to fund an additional .50 FTE although the Governor's budget already contains a .50 FTE for this program.

The DOH amendment would be for a .50 FTE at a cost of $94,990 for 2013-2015. There plan to fund this is to collect $7,916 annually from each of the six tertiary hospitals and for 2015-2017 they would collect $8,111 annually from each of the six tertiary hospitals.

In speaking with June Herman, she was unaware of this late amendment addition and when I spoke with Jerry from NDHA he was also totally unaware of this amendment. From what I can gather, no one from DOH has spoken to any representatives from the hospitals prior to adding this amendment. I do have a call in to Brenda Weisz, but have not heard back from her at this point.

June Herman is planning to testify at the hearing and offer an amendment which we would fully support.

W ask that you please give Ms. Herman's amendment a do pass and then pass the bill as amended.

Thank you for the opportunity to have input on this bill.