memo file

Prepared by the North Dakota Legislative Council
staff for the Insurance and Health Care Committee
July 1997

EMERGENCY MEDICAL SERVICES - BACKGROUND MEMORANDUM

INTRODUCTION

Section 27 of Senate Bill No. 2004 (attached as Appendix "A") directs the Legislative Council to consider studying emergency medical services. The bill further provides that in conducting the study, the Legislative Council should include 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.

1997 LEGISLATION

Legislation Enacted

House Concurrent Resolution No. 3008 directed a study of the emergency medical services system to ensure the continued viability of this state's rural emergency medical services. The Legislative Council did not prioritize this resolution for study.

House Bill No. 1410 increases the size of the State Health Council from nine to 11 by adding a person from the energy industry and a person from the manufacturing and processing industry.

House Bill No. 1257 requires the State Health Council to adopt rules prescribing minimum quality review standards for emergency medical services personnel. The bill also provides that a certified emergency medical technician-intermediate or paramedic employed by a hospital and working in a nonemergency setting is under the supervision of the hospital's patient services management. A copy of House Bill No. 1257 is attached as Appendix "B".

Senate Bill No. 2004 provides for the appropriation for the State Department of Health. The bill provides that the funding source of the trauma care coordinator position is $57,033 from other funds. Grants for the emergency medical services grants were reduced to $470,000, compared to $500,000 for 1995-97, of which $300,000 was from the general fund. Funding for the 1997-99 emergency medical services grant is from the general fund.

Withdrawn Legislation

House Bill No. 1474 would have provided for an emergency medical technical award program. The bill was withdrawn.

LEGISLATIVE COUNCIL STUDIES

1987-88 Interim

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 Division of Emergency Health Services of the State Department of Health. 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 receive nominal payment for providing services. The other bill, as drafted by the committee, 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 moneys were to be distributed, and the bill appropriated emergency medical services moneys from the general fund. As passed, only the portion that created North Dakota Century Code Section 23-27-04.2 was enacted.

1991-92 Interim

Consideration of the need for and feasibility of adopting and implementing a state health policy for the purpose of providing basic medical and health care to all citizens of the state was assigned to the Health Care Committee during the 1991-92 interim. The committee did not focus on emergency medical services.

1993-94 Interim

During the 1993-94 interim, the Budget Committee on Government Finance studied the methods for funding state, county, and city law enforcement correctional and emergency medical technical training facilities and programs and the feasibility and desirability of establishing centralized training for law enforcement, correctional, emergency medical assistance personnel, and other emergency service providers. The committee focused its study on the centralization of training for licensed peace officers.

1995-96 Interim

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 interim committee made no recommendations as a result of its study.

EMERGENCY MEDICAL SERVICES

Emergency Medical Services System

North Dakota Century Code Chapter 23-27 provides that the State Department of Health is the licensing authority for surface ambulance services, testing and certification authority for emergency medical services personnel, the authority responsible for distributing emergency medical services grants, and the authority that adopts rules prescribing minimum quality review standards for emergency medical services personnel. The ambulance licensure, training, testing, certification of emergency medical services personnel, and quality review standards are accomplished through administrative rules adopted by the State Health Council. The emergency medical services grant statute provides for grant standards and distribution mechanisms established through State Department of Health policies.

The State Department of Health Division of Emergency Health Services is the agency responsible for developing and maintaining programs that address prehospital emergency care. Services provided by the division include:

- Licensure and inspection of surface ambulance services;
- Certification of quick response units based on a voluntary certification program;
- Certification of heavy rescue units based on a voluntary certification program;
- Holding and coordinating emergency medical services training, testing, and certification programs;
- Administration of emergency medical services grants to ambulance services;
- Maintenance of a data system to process ambulance report runs;
- Maintenance of an emergency medical services personnel data system;
- Providing direction and consultation to emergency medical services and personnel;
- Maintenance of a trauma care system; and
- Maintenance of a system for reporting significant exposure episodes for blood-borne, body fluid, or airborne pathogens.

Emergency Medical Services System Statutes

North Dakota Century Code Section 23-27-04.2 provides for the establishment and duties of the Division of Emergency Medical Services of the State Department of Health. Section 23-27-04.2 provides:

> The health services branch of the state department of health shall assist in the training of personnel of certain prehospital emergency medical services as determined by the branch and financially shall assist certain prehospital emergency medical services as determined by the branch in obtaining equipment. Assistance provided under this section must be within the limits of legislative appropriation. The health services branch shall adopt criteria for eligibility for assistance in the training of personnel of various types of prehospital emergency medical services. To qualify for financial assistance for equipment, a prehospital emergency medical service shall certify, in the manner required by the health services branch, that the service has fifty percent of the amount of funds necessary for identified equipment acquisitions. The health services branch 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 health services branch may establish minimum and maximum amounts of financial assistance to be provided a prehospital emergency medical service under this section. If applications for financial assistance exceed the amount of allocated and available funds, the health services branch may prorate the funds among the applicants in accordance with criteria adopted by the health services branch. 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 authorizes the State Health Council to adopt rules regarding emergency medical services. This section provides:

> The state health council shall adopt rules prescribing minimum training, testing, certification, and quality review standards for emergency medical services personnel. Rules adopted must include a definition of minimum applicable standards, a definition of emergency medical services personnel, provide for a mechanism for certifying persons who have met the required standards, and provide a mechanism to review

and improve the quality of care rendered by emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

Trauma Care Coordination - Role of Emergency Medical Services

The 1995 Legislative Assembly enacted legislation authorizing the State Department of Health to create a trauma system. According to the 1997-2001 North Dakota EMS Plan, drafted by the State Department of Health Division of Emergency Health Services, North Dakota has a statewide trauma plan that includes trauma designation for hospitals, destination and transfer protocols, and a trauma registry. Of the 46 hospitals in the state, 22 are designated as Level II or Level IV trauma centers. To be designated a Level II trauma center, a hospital must successfully complete an American College of Surgeons application process and be designated as such by the State Department of Health. Level II trauma centers are "urban" hospitals and must have 24-hour in-house surgery, anesthesia, and emergency services available. Four regions in the state have achieved Level II trauma center status. Hospitals seeking Level IV trauma center designation must apply through the State Department of Health. Level IV trauma centers are generally located in rural areas and it is desirable that the centers have general surgery, anesthesia, and emergency services on call and promptly available. Using a 50-mile radius standard, Level II trauma centers serve 28.43 percent of the state and 47.09 percent of the population and Level IV trauma centers serve 86.19 percent of the state and 85.21 percent of the population. Combined, these trauma centers serve 91.26 percent of the state and 94.27 percent of the population.

According to the 1997-2001 North Dakota EMS Plan, the state does not currently have a state EMS plan. The last plan developed was for the years 1981 through 1985.

Trauma System Statute

North Dakota Century Code Section 23-01.2-01 provides for the establishment of a trauma system. This section provides:

> The health council, in conjunction with the state department of health, may establish and maintain a comprehensive trauma system for the state. The trauma system may include standards for the following components:
>
> 1. A system plan.
> 2. Prehospital emergency medical services.
> 3. Hospitals, for which the standards must include:
> a. Standards for designation, redesignation, and dedesignation of trauma centers.
> b. Standards for evaluation and quality improvement programs for designated trauma centers. The standards must require each trauma center to collect quality improvement data and to provide specified portions to the department for use in state and regional trauma quality improvement programs.
> c. Qualifications for trauma center personnel.
> 4. A trauma registry. Data in the trauma registry is not subject to subpoena or discovery or introduction into evidence in any civil action. Designated trauma centers must participate in the trauma registry. A hospital not designated as a trauma center must provide to the registry a minimum set of data elements for all trauma patients as determined by the health council.
> 5. A trauma quality improvement program to monitor the performance of the trauma system. The proceedings and records of the program are not subject to subpoena or discovery or introduction into evidence in any civil action arising out of any matter that is the subject of consideration by the program.

STUDY APPROACH

The 1997-2001 North Dakota EMS Plan may be a very important resource for this study. The plan covers regulation and policy, resource management, human resources and training, transportation, hospital facilities, communications, medical direction, public information and education, and a final evaluation. The plan includes the 1992 recommendations made by the National Highway Traffic Safety Administration and objectives and implementation strategies. A primary issue for this committee may be to establish a funding source for the emergency medical services system.

ATTACH:2

13. For an establishment operating one or more mobile food units or pushcarts, ~~twenty-five~~ fifty dollars.

14. For a salvaged food distributor, ~~twenty-five~~ fifty dollars.

15. For a food processing plant, not licensed and inspected by any other federal or local health unit, twenty-five dollars.

If a business operates more than one type of establishment on the same premises and under the same management, the department shall issue a single license ~~must be issued by the department~~ stating the types of establishments the business is licensed for and the maximum license fee charged may not exceed seventy-five dollars for an establishment with not more than five thousand square feet [464.52 square meters] and one hundred fifty dollars for an establishment over five thousand square feet [464.52 square meters]. The department shall waive all or a portion of the license fee for any ~~restaurant, limited restaurant, boardinghouse, or other~~ food or ~~food service~~ lodging establishment that is subject to a license fee by a city or district health unit if the local unit's sanitation, safety, and inspection rules are approved by the department. A reduced license fee in the amount of one-half the applicable license fee must be charged for a new food and lodging establishment beginning operations after July first of each year and for changes in ownership and location of such existing establishments after July first of each year.

SECTION 21. AMENDMENT. Section 23-09-18 of the 1995 Supplement to the North Dakota Century Code is amended and reenacted as follows:

23-09-18. Failure to comply with ~~provisions of~~ chapter - Notice - How served. Whenever the proprietor of any ~~hotel, restaurant, lodginghouse, or boardinghouse~~ food or lodging establishment fails to comply with this chapter, the proprietor must be given notice of the time within which the proprietor must meet the requirements. The notice must be in writing and delivered personally by an inspector of the department or sent by registered mail.

SECTION 22. AMENDMENT. Section 23-09-20.1 of the North Dakota Century Code is amended and reenacted as follows:

23-09-20.1. Guest record. A record must be kept in each ~~hotel or lodginghouse~~ lodging establishment in which every individual patronizing ~~such hotel or lodginghouse~~ the lodging establishment shall write ~~his or her~~ that individual's name and address and the number of members in ~~his or her~~ the party who will occupy a room or rooms therein.

SECTION 23. AMENDMENT. Section 23-09-21 of the North Dakota Century Code is amended and reenacted as follows:

23-09-21. Penalty - General. Any person operating a ~~hotel, restaurant, lodginghouse, or boardinghouse~~ food or lodging establishment in this state, or letting a building used for such business, without first having complied with ~~the provisions of~~ this chapter, is guilty of a class B misdemeanor.

SECTION 24. AMENDMENT. Section 23-09-22 of the 1995 Supplement to the North Dakota Century Code is amended and reenacted as follows:

23-09-22. License canceled. Whenever the proprietor of a ~~hotel, restaurant, lodginghouse, or boardinghouse~~ food or lodging establishment has been convicted of a violation of ~~any provision of~~ this chapter and for a period of ten days after the conviction fails to comply with any provision ~~thereof~~ of this chapter, the department may cancel the proprietor's license.

SECTION 25. REPEAL. Section 23-09-12 of the North Dakota Century Code is repealed.

SECTION 26. EFFECTIVE DATE - EXPIRATION DATE. Section 19 of this Act becomes effective on January 1, 1998, and expires as of January 1, 1999. Section 20 of this Act becomes effective on January 1, 1999.

SECTION 27. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES. The legislative council shall consider studying emergency medical services during the 1997-98 interim. If

conducted, the study should include 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.

SECTION 28. LEGISLATIVE INTENT. It is the intent of the legislative assembly that women, infants, and children food payments be budgeted as a separate line item in the department of health's 1999-2001 budget request.

SECTION 29. LEGISLATIVE COUNCIL STUDY - RELOCATION OF THE STATE CRIME LABORATORY. If the legislative council studies the criminal justice system pursuant to Senate Concurrent Resolution No. 4020 during the 1997-98 interim, the study should include a review of the feasibility of placing the administrative responsibility for the state crime laboratory with the office of the attorney general.

Approved April 11, 1997
Filed April 11, 1997

Fifty-fifth Legislative Assembly, State of North Dakota, begun in the Capitol in the City of Bismarck, on Monday, the sixth day of January, one thousand nine hundred and ninety-seven

HOUSE BILL NO. 1257
(Representatives Delmore, S. Kelsh, Kretschmar)
(Senators DeMers, W. Stenehjem, Traynor)

AN ACT to create and enact a new section to chapter 23-27 of the North Dakota Century Code, relating to supervision of emergency medical services personnel; and to amend and reenact section 23-27-04.3 of the North Dakota Century Code, relating to emergency medical services personnel.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 23-27-04.3 of the North Dakota Century Code is amended and reenacted as follows:

23-27-04.3. Emergency medical services personnel training, testing, ~~and~~ certification, and quality review. The state health council shall adopt rules prescribing minimum training, testing, ~~and~~ certification, and quality review standards for ~~prehospital~~ emergency medical services personnel. Rules adopted must include a definition of minimum applicable standards, a definition of ~~prehospital~~ emergency medical services personnel, ~~and~~ provide for a mechanism for certifying persons who have met the required standards, and provide a mechanism to review and improve the quality of care rendered by emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

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

Supervision of certified emergency service personnel. Certified emergency medical technicians-intermediate and paramedics, who are employed by a hospital and who are working in a nonemergency setting are under the supervision of the hospital's patient services management.

Approved April 3, 1997
Filed April 3, 1997