

# NORTH DAKOTA LEGISLATIVE COUNCIL

## Minutes of the

### PUBLIC SAFETY COMMITTEE

Wednesday and Thursday, June 11-12, 2008

Dickinson State University

Dickinson, North Dakota

Roughrider Room, State Capitol

Bismarck, North Dakota

Representative Todd Porter, Chairman, called the meeting to order at 9:00 a.m. (MDT) on Wednesday, June 11, 2008, in the Ballroom, Student Center, Dickinson State University, Dickinson.

**Members present:** Representatives Todd Porter, Mike Brandenburg, Ron Carlisle, James Kerzman, Don Vigesaa; Senators Joan Heckaman, Ralph L. Kilzer, Gary A. Lee, Elroy N. Lindaas

**Members absent:** Representatives Randy Boehning, Edmund Gruchalla, Pam Gulleeson, Joe Kroeber, Bob Martinson, Vonnie Pietsch, Clara Sue Price; Senator John M. Warner

**Others present:** Jim W. Smith, Legislative Council, Bismarck

Bill Bowman, State Senator, Bowman

Herbert Urlacher, State Senator, Taylor

Francis J. Wald, State Representative, Dickinson

Representatives Merle Boucher and Shirley Meyer, members of the Legislative Council, were also in attendance.

See attached [appendix](#) for additional persons present.

#### DELIVERY AND FUNDING OF VETERANS' SERVICES STUDY

The Legislative Council staff distributed a memorandum entitled [Summary of the Bill Draft \(Second Draft\) Relating to the Department of Veterans Affairs, the Veterans Home, and the Delivery of Veterans' Services](#). The memorandum provides a summary of the bill draft being considered by the committee relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services.

The Legislative Council staff presented a bill draft [\[90022.0200\]](#) relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services which:

- Requires county veterans' service officers to maintain accreditation by the National Association of County Veterans Service Officers within one year of appointment.
- Provides a \$20,000 general fund appropriation to the Department of Veterans Affairs for arranging for National Association of County Veterans Service Officers accreditation training.

- Requires two of the Department of Veterans Affairs' existing full-time equivalent (FTE) positions to be used for training officers for the 2009-11 biennium.
- Provides that the general supervision and governance of the Veterans Home is vested in a Veterans Home Governing Board, which consists of seven members appointed by the Governor.
- Provides that the commissioner of the Department of Veterans Affairs be appointed by the Governor.
- Requires the Department of Veterans Affairs be located in Bismarck or Mandan.
- Provides that any employee of the Department of Veterans Affairs may not be a conservator for a person receiving benefits or services from the department.
- Reduces the size of the Administrative Committee on Veterans Affairs from 15 individuals to 7 individuals with the commissioner of the Department of Veterans Affairs serving as the chairman of the committee.
- Revises the powers and duties of the Administrative Committee on Veterans Affairs to remove supervision of the Department of Veterans Affairs and the Veterans Home and to provide that the committee is to create and implement a strategic plan for the delivery of veterans' services in the state. The bill draft does not change the committee's duties relating to the administration of the veterans' postwar trust fund as provided in Section 25 of the Constitution of North Dakota and North Dakota Century Code (NDCC) Section 37-14-12 and administration of the veterans' aid fund as provided in Section 37-14-10.

Mr. Lonnie Wangen, Commissioner, Department of Veterans Affairs, provided comments regarding the bill draft relating to the Department of Veterans Affairs, the Veterans Home, and the delivery of veterans' services. A copy of the testimony is on file in the Legislative Council office. He said county veterans' service officer training is needed; however, he said, it may be more appropriate to allow county veterans' service officers to be accredited by the National

Association of County Veterans Service Officers, Veterans of Foreign Wars, American Legion, or Disabled American Veterans.

Mr. Wangen said Department of Veterans Affairs employees are not interested in moving from Fargo. If the department is required to be located in Bismarck or Mandan, he said, it is likely that new staff would need to be employed and trained. He said the Department of Veterans Affairs office should be located near the Fargo Veterans Affairs Medical Center and the federal Veterans Benefits Administration Fargo regional office.

Mr. Wangen said the Department of Veterans Affairs has a policy relating to conservatorships and guardianships. He said the policy provides that no employee, including the commissioner, may serve as a conservator or guardian. He said it is the position of the Administrative Committee on Veterans Affairs that the Department of Veterans Affairs not implement a conservatorship program, but, instead, continue efforts to include such a program in the state's guardianship program.

Mr. Wangen said the Department of Veterans Affairs currently utilizes two of its FTE positions for training, although the positions do not spend 100 percent of their time on training. He said it is important for the positions responsible for training to continue to process claims to be proficient at training.

Mr. Wangen said the size of the Administrative Committee on Veterans Affairs and its subcommittees relating to the Department of Veterans Affairs and the Veterans Home is appropriate.

Mr. Gordy Smith, Audit Manager, State Auditor's office, provided information regarding the Administrative Committee on Veterans Affairs' implementation of performance audit recommendations relating to the governance of the Veterans Home. As a result of a followup review, he said, the State Auditor's office determined 26 of the 27 performance audit recommendations for the Department of Veterans Affairs and the Administrative Committee on Veterans Affairs and 40 of the 46 performance audit recommendations for the Veterans Home were at least partially implemented. He said the Department of Veterans Affairs, Administrative Committee on Veterans Affairs, and the Veterans Home have been focusing on implementing the recommendations.

Mr. Smith said the Administrative Committee on Veterans Affairs and its subcommittees relating to the Department of Veterans Affairs and the Veterans Home have become more engaged with the respective entities since the performance audit. He said the State Auditor's office believes the size of the Administrative Committee on Veterans Affairs is not as significant of an issue as previously reported.

In response to a question from Representative Kerzman, Chairman Porter said an individual who qualifies as a veteran but is not a member of a service organization may not serve on the Administrative

Committee on Veterans Affairs unless nominated by one of the service organizations.

In response to questions from Representative Vigesaa and Representative Porter, Mr. Smith said the audits of the Department of Veterans Affairs, Administrative Committee on Veterans Affairs, and the Veterans Home conducted prior to the 2004 performance audit were financial in nature. He said there are no requirements for another performance audit of the entities unless the State Auditor, Legislative Assembly, or Legislative Audit and Fiscal Review Committee would request an audit.

Mr. Jerry Samuelson, McKenzie County Veterans' Service Officer, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. He said county veterans' service officers are concerned with the accreditation requirement included in the bill draft. He said it may be difficult for county veterans' service officers to become proficient at filing claims when some officers file a limited number of claims. He said the Administrative Committee on Veterans Affairs is performing satisfactorily, and the Legislative Assembly should not change the committee's responsibilities. He said there are other issues relating to the delivery and funding of veterans' services, such as transportation, that should be addressed by the committee.

Chairman Porter said the committee is concerned with the delivery and funding of veterans' services. He said it is important for all county veterans' service officers to be adequately trained.

In response to a question from Representative Porter, Mr. Samuelson said the size of the Administrative Committee on Veterans Affairs may need to be increased to include representation from new veterans' groups such as Iraq and Afghanistan Veterans of America.

Mr. Mark Landis, Burleigh County Veterans' Service Officer, provided testimony regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. A copy of the testimony is on file in the Legislative Council office. He supports requiring all county veterans' service officers to be accredited by the National Association of County Veterans Service Officers. He said the association's training provides the veterans' service officers with the level of knowledge needed to effectively prepare claims and applications for benefits.

In response to a question from Representative Meyer regarding accreditation requirements, Mr. Landis said a county veterans' service officer must attend an accreditation training course and receive a score of at least 70 on an accreditation examination to complete the National Association of County Veterans Service Officers accreditation and certification process. He said the association has a team that

would travel to North Dakota to conduct the accreditation training.

In response to a question from Representative Vigesaa, Mr. Landis said county veterans' service officers who are accredited by the National Association of County Veterans Service Officers have access to assistance with claims from other service officers from across the country.

Mr. Greg Teschner, veteran, New Rockford, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. He said the forms to be completed for veterans' benefits are complex. He said the county veterans' service officer in his county was unable to assist him. He said he was fortunate to receive assistance from the Cass County veterans' service officer. He said requiring county veterans' service officers to be accredited is appropriate; however, he said, it may be difficult for some service officers to maintain proficiency due to the limited number of claims they may file.

Mr. Ted Becker, veteran, Almont, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. He said the Administrative Committee on Veterans Affairs receives appeals relating to the Department of Veterans Affairs; therefore, it may be a conflict of interest for the commissioner of the Department of Veterans Affairs to serve as the chairman of the Administrative Committee on Veterans Affairs.

Mr. Norris Braaten, veteran, Hankinson, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. A copy of the testimony is on file in the Legislative Council office. He said he is opposed to the proposed bill draft. He said the current governing board of the Veterans Home is an active committee that is functioning satisfactorily.

In response to a question from Senator Lindaas, Mr. Rudy Jenson, Chairman, Administrative Committee on Veterans Affairs, said the current Veterans Home Governing Board members are selected by the chairman and secretary of the Administrative Committee on Veterans Affairs and are approved by the full committee.

Mr. Harvey Peterson, American Legion member, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. He said a county veterans' service officer's willingness and ability to provide needed services are more important than accreditation. He said changes to the governance of the Veterans Home are not needed.

Mr. Daryl Beard, member, Veterans Home Governing Board, provided testimony regarding the committee's study of the delivery and funding of

veterans' services, including comments on the bill draft being considered by the committee. A copy of the testimony is on file in the Legislative Council office. He said the proposed bill draft reduces the Administrative Committee on Veterans Affairs to an advisory committee that is responsible for the administration of the veterans' postwar trust fund. He said the committee would be expected to make decisions on the use of funding in the veterans' postwar trust fund for veterans' programs without any oversight or control on how those programs are implemented. He said it is not necessary to provide compensation for members of the committee.

Mr. Ron Otto, Morton County Veterans' Service Officer, provided comments regarding the committee's study of the delivery and funding of veterans' services, including comments on the bill draft being considered by the committee. He said training and accreditation for county veterans' service officers are important. He said the training offered by the National Association of County Veterans Service Officers is effective.

## **STUDY OF THE DEPARTMENT OF EMERGENCY SERVICES**

Mr. Greg Wilz, Director, Division of Homeland Security, Department of Emergency Services, and Mr. Russ Timmreck, Director, Division of State Radio, Department of Emergency Services, provided information regarding:

- The status of the department's task force relating to the structure and capability of emergency services.
- Cost estimates for upgrading the speed of the department's mobile data terminal system.

A copy of the information presented is on file in the Legislative Council office.

Mr. Wilz said the task force assembled by the Adjutant General for the purpose of identifying the strategic structure and capability of emergency services in the state has held six meetings. He said the task force has established eight working groups for studying the following areas:

- Funding.
- Recruitment and retention.
- Program models.
- Training.
- Technology and equipment.
- Response capability definitions.
- Mutual aid agreements.
- Standards.

Mr. Wilz said the task force will provide the Public Safety Committee with recommended initiatives for possible consideration by the 2009 Legislative Assembly at the committee's next meeting.

Mr. Timmreck said the Division of State Radio has had discussions with Motorola regarding upgrading the speed of the division's mobile data terminal system. He said an upgrade would cost approximately \$2 million. He said the division is

considering the use of a wireless aircard system as an alternative.

Chairman Porter requested the Department of Emergency Services review mobile data systems used in other states.

Mr. Timmreck distributed the following information:

- The *North Dakota Statewide Communications Interoperability Plan* prepared by the Department of Emergency Services.
- An e-mail from the North Dakota Association of Counties regarding severe winter storm exercises completed in April and May 2008. The e-mail indicates that a lack of communications interoperability was observed during the exercises.
- The executive order establishing the North Dakota Statewide Interoperability Executive Committee. The committee is to coordinate and prioritize communications requirements in the state and provide recommendations to promote interoperability of communications systems.
- A listing of national statewide communications interoperability plan points of contact.
- North Dakota public safety answering point 911 annual call volumes.
- Correspondence from several entities relating to services provided by the Division of State Radio.

A copy of the information distributed is on file in the Legislative Council office.

Ms. Janelle Pepple, 911 Coordinator, Wells County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. She said Wells County does not support the Division of State Radio proposed fee increases based on the documentation provided by the department. She suggested the department schedule a meeting with the 22 contract counties for which the division serves as the public safety answering point to discuss the proposed fee increases.

Ms. Karla Germann, 911 Coordinator, Bowman and Slope Counties, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. A copy of her comments is on file in the Legislative Council office. She said Bowman and Slope Counties do not support the proposed Division of State Radio fee increases based on the documentation provided by the department. She said the division's service quality needs to improve, especially in the area of mapping capabilities. She said the current mapping technology used by the division is not current and is inaccurate. She suggested the committee review the division's current mapping system and the mapping system used by other public safety answering points at the committee's next meeting.

Mr. Gary Kostelecky, Emergency Manager and 911 Coordinator, Stark County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. He said the current mapping technology used by the division is not adequate. He said the state needs to consider providing funding for emergency communications improvements.

In response to a question from Representative Porter, Mr. Kostelecky said the Stark County Emergency Management and 911 Department also provides services to Dunn County. He said the department receives approximately 450 calls per month. He said Stark County charges Dunn County 75 cents per telephone line in the county for providing 911 services.

Mr. Dick Frederick, Deputy Sheriff, Slope County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. A copy of his comments is on file in the Legislative Council office. He said there is a communication problem between the division and local jurisdictions. He said the problems began when State Radio was transferred to the Department of Emergency Services. He said the committee should consider making State Radio a separate state agency or transferring it to a nonmilitary agency.

Mr. Clarence Tuhy, Sheriff, Stark County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. He said the division has not kept current with equipment. He said the Legislative Assembly should consider providing funding to improve emergency communications in the state.

Ms. Sheri Gartner, 911 Coordinator, LaMoure County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. She said LaMoure County is being proactive in emergency response by including mutual aid counties in quarterly meetings and applying for regional response grants. She suggested the division discontinue using military management methods. She said the division needs to provide additional information regarding the proposed fee increases.

Ms. Lynn Arthaud, 911 Coordinator, Billings County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. She said she concurs with comments provided by other 911 coordinators. She said the division needs to provide more information regarding the proposed fee increases.

Mr. Scott Steele, Sheriff, Golden Valley County, provided comments regarding the committee's study of the Department of Emergency Services, including Division of State Radio proposed fee increases. He said there are problems with the division that need to be addressed.

The committee recessed for lunch at 12:15 p.m. (MDT) and reconvened at 1:15 p.m. (MDT).

Chairman Porter said the committee will receive information regarding the Department of Emergency Services' mapping capabilities and proposed fee increases at the committee's next meeting.

### **EMERGENCY MEDICAL SERVICES SYSTEM STUDY**

Mr. Lynn Hartman, Dickinson Ambulance Service, provided comments regarding the committee's emergency medical services (EMS) system study. He suggested the Legislative Assembly consider the recommendations from the National Highway Traffic Safety Administration's evaluation of the state's EMS system and the American College of Surgeons' evaluation of the state's trauma system. He said the Legislative Assembly should also consider providing additional funding for EMS.

Mr. Kerry Krikava, McKenzie County Ambulance Service, provided comments regarding the committee's EMS system study. He said two major concerns of EMS in North Dakota are recruitment and reimbursements. He said it is difficult to find people willing to work for the ambulance service and reimbursements from Medicare and Medicaid are low.

Mr. Alan Hanson, Williston Fire Department and Ambulance Service, provided comments regarding the committee's EMS system study. He said the North Dakota EMS Association provides support to EMS personnel. He expressed concern with the low level of reimbursement from Medicare and Medicaid.

Ms. Dee Menke, West River Ambulance Service, provided comments regarding the committee's EMS system study. She said reimbursements from Medicare and Medicaid are not adequate to provide for the cost of fuel. She said the West River Ambulance Service received a grant from the State Department of Health for EMS operations. She said the ambulance service is using the funding to hire a full-time emergency medical technician (EMT).

The committee recessed at 1:45 p.m. (MDT) to travel to the Stark County Emergency Management and 911 Department, 66 Museum Drive West, Dickinson, and reconvened at 2:00 p.m. (MDT).

### **TOUR**

Mr. Kostecky provided information regarding the services of the Stark County Emergency Management and 911 Department. A copy of the information presented is on file in the Legislative Council office. He said the department dispatches for 23 agencies in Stark and Dunn Counties.

The committee conducted a tour of the Stark County Emergency Management and 911 Department facilities.

The committee recessed at 2:45 p.m. (MDT).

### **EMERGENCY MEDICAL SERVICES SYSTEM STUDY**

The committee reconvened at 9:00 a.m. on Thursday, June 12, 2008, in the Roughrider Room, State Capitol, Bismarck.

Mr. Tim Meyer, Director, Division of Emergency Medical Services, State Department of Health, provided:

- Department plans for implementing the recommendations of the National Highway Traffic Safety Administration's evaluation of the state's EMS system pursuant to Section 4 of 2007 House Bill No. 1296.
- Report on the findings and recommendations of the department's contractor evaluation of the state's trauma system and the department's responses to the recommendations pursuant to Section 1 of 2007 House Bill No. 1290.
- Report regarding the outcomes and recommendations of the Health Council's study of the minimum requirements of reasonable EMS coverage pursuant to Section 2 of 2007 House Bill No. 1162.

A copy of the information presented is on file in the Legislative Council office.

In regard to the National Highway Traffic Safety Administration evaluation, Mr. Meyer said the evaluation was completed in April 2008 and the recommendations have been reported to the Public Safety Committee. He said the department is evaluating the cost and any legislation needed to implement the recommendations. He said representatives of the department are planning to meet with the EMS Advisory Committee and other stakeholders to prioritize the recommendations. He said the department will provide additional information to the committee at a future meeting.

In response to a question from Representative Porter, Mr. Meyer said the estimated cost to implement the staffing recommendations in the National Highway Traffic Safety Administration's report, along with similar recommendations from the American College of Surgeons' trauma system evaluation, would be approximately \$1 million per biennium.

In response to a question from Representative Porter, Mr. Meyer said the state has a voluntary licensure requirement for quick response units (QRUs). He said more QRUs may choose to be licensed if the requirement that QRUs be available 24 hours a day 7 days a week was removed or lessened.

In regard to the department's evaluation of the state's trauma system, Mr. Meyer said the American College of Surgeons conducted an evaluation of the state's trauma system in April 2008. He said the assessment team focused on 18 essential components involved in a trauma system and held

dialogues and briefings with key trauma stakeholders across the states. He said the evaluation team developed a report with 73 recommendations. The following is a summary of the recommendations:

| Area   | Recommendations   |
|--|---|
| Injury epidemiology                                    | <p>Seek legislation to establish a statewide collection of hospital discharge data with E-codes.</p> <p>Identify resources to increase the availability of epidemiology support for a statewide injury program.</p> <p>Develop a comprehensive approach to injury assessment.</p> <p>Provide funding for the injury prevention program director to seek additional injury prevention and control education.</p>   |
| Statutory authority and administrative rules           | <p>Modify Level V trauma center criteria to ensure that all facilities can legitimately achieve and maintain verification at this level.</p> <p>Include trauma system participation at a level consistent with their resources and capabilities for all primary care or general acute hospitals as a condition of state licensure.</p> <p>Task a committee comprised of representatives of both the State Trauma Committee and the EMS Advisory Committee to conduct a detailed review of all regulations pertaining to trauma and EMS, to consider the rules changes recommended, and to identify any additional regulation modifications that might be necessary.</p> <p>Conduct a periodic review of all statutes, rules, and regulations pertaining to trauma and EMS to ensure that they are current.</p>  |
| System leadership                                      | <p>Strengthen the State Trauma Committee to enable it to assume its role as the lead advisory body for the trauma system.</p> <p>In absence of a state medical director, provide medical direction through a technical advisory group comprised of trauma center directors.</p> <p>Structure and empower regions to lead implementation of the state trauma plan at a regional level.</p>   |
| Coalition building and community support               | <p>Review the membership of the State Trauma Committee and consider partnering with other community leaders representing the media, health plans, payers, and industry who can further advocate for injury prevention and control and ongoing trauma system development.</p> <p>Expand opportunities for stakeholders to participate in trauma system development by creating technical advisory groups that function under the direction of the State Trauma Committee.</p> <p>Obtain a rules change to convert ad hoc members to voting members.</p>  |
| Lead agency and human resources within the lead agency | <p>The State Department of Health, Division of EMS, and State Trauma Committee should evaluate the recommendations contained in this report and the National Highway Traffic Safety Administration recommendations to identify focus areas for attention and develop a funding and staffing plan.</p> <p>Acquire personnel and additional funding for the state office to support the current staff needs to implement the North Dakota trauma system.</p> <p>Identify a state EMS medical director.</p> <p>Consider renaming the Division of EMS to incorporate trauma into the division title.</p> <p>Create strong ties with the injury prevention program within the State Department of Health and support each other's programs within the state system of resource allocation.</p> <p>Create stronger ties with the Center for Rural Health to support research and data analysis in addition to the current use of flex grants for hospital training.</p> <p>Work more closely with the University of North Dakota and North Dakota State University to maximize data analysis efforts as well as training opportunities.</p> |
| Trauma system plan<br>System integration               | <p>Update and modify the state trauma plan bringing it up to current standards.</p> <p>Develop a process for integration with the disaster preparedness infrastructure, including reciprocal committee membership and mutual plan development.</p> <p>Develop a process for integration with the injury and violence coalition and develop a shared vision and plan.</p> <p>Develop a process for integration with rural health and critical access hospital programs to optimize resource sharing, particularly in the areas of staffing, data collection, and quality assurance.</p> <p>Develop a process for integration with other public health and safety services including mental health, social services, transportation, fire, and law enforcement to facilitate resource sharing.</p>  |

| Area                                 | Recommendations  |
|--------------------------------------|--|
| Financing                            | <p>Acquire dedicated funding for additional positions needed to manage the trauma program.</p> <p>Acquire dedicated funding for an EMS medical director.</p> <p>Acquire one-time funding for an epidemiology consultant and fixing the state trauma registry.</p> <p>Create a trauma unit within the Division of EMS that has staff supervision responsibilities for the state trauma manager to manage the elements of the trauma system.</p> <p>Develop mechanisms for the collection of trauma payer data.</p>  |
| Prevention and outreach              | <p>Develop an implementation guide for the injury prevention plan that clarifies the role of trauma centers and other stakeholders as partners in the implementation process.</p> <p>Strengthen the relationship between the trauma system program and the injury prevention program, promoting a partnership that permits the injury prevention program to serve as the prevention arm of the trauma system.</p> <p>Seek a State and Territorial Injury Prevention Directors Association technical assessment or consultation in preparation for seeking a Centers for Disease Control and Prevention injury capacity-building grant.</p> <p>Develop a resource collection of evaluated and effective injury prevention programs for use by stakeholders.</p>   |
| Emergency medical services           | <p>Once the state EMS medical director is appointed, ensure that the individual's responsibilities include encouraging participation, assuring consistency, and providing adequate support to the local service EMS medical directors in their provision of medical oversight.</p> <p>Provide minimum training for local EMS medical directors that is readily accessible.</p> <p>Develop a listserv for local medical directors to encourage interaction and information sharing among the medical directors and to allow timely access by the department for dissemination of relevant information.</p> <p>Require licensure of all QRUs.</p> <p>Develop and institutionalize ongoing prehospital trauma educational opportunities to include special populations such as pediatric and geriatric patients.</p>                |
| Definitive care facilities           | <p>Mandate the participation of all primary care and general acute care hospitals in the trauma system and tie this requirement to hospital licensure.</p> <p>Develop a memorandum of understanding between the State Department of Health and the designated trauma centers outlining roles and responsibilities.</p> <p>Conduct an inventory of trauma centers' programs and services to direct triage and patient flow.</p> <p>Develop interfacility transfer criteria to ensure that patients with specialized needs are sent to facilities with matching resources.</p> <p>Facilitate access to educational opportunities through investments in novel approaches to learning.</p> <p>Review pediatric trauma care to assess the possibility of establishing an ACS-verified Level II pediatric trauma center.</p>          |
| System coordination and patient flow | <p>Conduct an inventory of all trauma centers' programs and services to direct triage and patient flow.</p> <p>Develop interfacility transfer criteria to ensure that patients with specialized needs are sent to facilities with matching resources.</p> <p>Develop advanced life support intercept protocols.</p> <p>Determine the impact on the appropriate utilization of advanced life support intercepts by basic life support services due to potential financial disincentives.</p> <p>Evaluate the need and feasibility for expanding air medical coverage for the state.</p> <p>Develop critical care ground transport capability.</p> <p>Develop dispatch criteria and protocols to expedite rotor wing ambulance and ground advanced life support injury scene response and intercept in interfacility transfer.</p> |
| Rehabilitation                       | <p>Functionally integrate rehabilitation into trauma system development.</p> <p>Conduct a resource assessment of specialized rehabilitation services to identify what state or regional resources are available.</p> <p>Develop criteria for interfacility transfer to rehabilitation centers to ensure access to specialized services when necessary.</p> <p>Link data between trauma registries and rehabilitation centers to provide information regarding patient access and outcomes.</p>   |

| Area  | Recommendations   |
|---|---|
| Disaster preparedness                       | Provide training for all trauma system health care providers from an all-hazards approach.<br>Maximize interaction between the trauma and EMS community and the emergency preparedness community at all levels to optimize disaster preparedness.   |
| Systemwide evaluation and quality assurance | Develop a trauma system performance improvement plan and start with simple screens.<br>Establish clear guidelines that describe the expectations of the regional committees for peer review and patient outcomes.<br>Appoint a PI technical advisory group to initiate quarterly meetings designed to review specific key measures and case reviews to identify opportunities for improving care.<br>Develop guidelines and a mechanism for the regions and state to gain concurrent information on significant trauma system and patient care issues.<br>Consider having the state trauma manager make occasional visits to the trauma centers each year to assess any trauma system or patient care concerns.<br>Utilize the existing teleconferencing capabilities in the region for case review with a continuing medical education format to encourage attendance. |
| Trauma management information systems       | Consider hiring outside registry companies if filling local registrar positions becomes difficult.<br>Utilize existing registry data to its fullest extent.<br>Identify solutions to improve the current data system.<br>Improve access to and the quality of UB-92 data.<br>Explore all existing datasets for information that may be useful in the planning, development, and evaluation of the trauma system.  |
| Research                                    | Engage the general medical community in the development of an agenda to identify the strategic priorities in injury research.<br>Encourage researchers within local academic centers to present new research findings at state trauma conferences to foster the development of academic-community partnerships.<br>Perform data linkage across datasets at the state level to facilitate evaluation of the continuum of care.   |

Mr. Meyer said the department is evaluating the cost and legislation needed to implement the recommendations and is planning to meet with the State Trauma Committee and other stakeholders to prioritize the recommendations. He said the department will provide additional information to the committee at a future meeting.

In response to a question from Representative Porter, Mr. Meyer said 7 of the state's 47 hospitals are not designated as trauma hospitals.

In response to a question from Representative Porter, Mr. Meyer said the state trauma plan was developed approximately 10 years ago.

In response to a question from Representative Vigesaa, Mr. Meyer said training requirements for practitioners are a common barrier for hospitals seeking a trauma designation.

In regard to the department's study of the minimum requirements of reasonable EMS coverage, Mr. Meyer said the department has determined that the following controllable factors affect reasonable EMS response coverage:

- Access to the EMS system.
- Emergency medical dispatch.
- Time from EMS notification to arrival on scene.

Mr. Meyer said the 911 system has been approved by every county in the state and is operational in all but Rolette County, which will be implementing its system soon. He said not all ambulance services have updated their dispatching process over the years. He said some ambulance services do not use

a radio or pager dispatch system, and some ambulance services use a third party, such as a hospital or nursing home, to page the ambulance. He said many ambulance services do not have scheduled personnel on call. He said the department's recommendations to improve access to the EMS system are as follows:

- Require through administrative rules that EMS agencies be dispatched directly by a public safety answering point by radio or pager.
- Require through administrative rules that EMS agencies have scheduled personnel on call at all times.

Mr. Meyer said NDCC Section 57-40.6-10(9) requires that every person who answers emergency 911 calls be trained in emergency medical dispatch and that every public safety answering point offer prearrival instructions. He said the department's recommendations to improve emergency medical dispatch are as follows:

- Establish in statute or rule a requirement that ambulance services have affirmative communications (hand-held radios) capable of communicating with each other and dispatch if they intend to respond with a fragmented crew.
- Public safety answering points must automatically dispatch the local EMS that serves the area. If the local ambulance provided is licensed at the basic life support level, the public safety answering points must also dispatch an advanced life support

ambulance service if the patient has major trauma, cardiac chest pain or acute myocardial infarction, cardiac arrest, or severe respiratory distress or respiratory arrest.

- If the incident occurs more than 20 miles from a helicopter air ambulance base of operations but not more than 100 miles, a helicopter air ambulance must be dispatched under the following conditions:

Prolonged extrication time.

Multiple victims.

Ejection from vehicle.

Pedestrian or bicycle struck by a vehicle traveling more than 20 miles per hour.

Burns covering more than 10 percent of the victim's body.

Stroke symptoms.

- Provide statutory authority to the State Department of Health to establish these regulations for public safety answering points through administrative rules.
- Study the issue of dispatching multiple ground transporting agencies to determine an equitable process to alleviate "unfunded" ambulance transports.

Mr. Meyer said the department has determined that the response time measurement should be divided into two segments--time from dispatch to time of EMS en route and time en route to time on scene. He said standards for response time need to consider population density and hospital location. He said the department's recommendations in the area of response time are as follows:

- Cities with a hospital must have an ambulance service.
- Cities with a population of at least 1,000 that are more than 15 miles from another city of 1,000 must have an ambulance. Cities with a population of 500 to 999 and that are fewer than 25 miles from an ambulance must have an EMS agency. Gaps in coverage will need to be addressed on an individual basis by using the "access critical" ambulance service criteria.
- Establish in administrative rules that urban ambulance services must have a response time standard of arriving on scene in less than nine minutes 90 percent of the time.
- Establish in administrative rules that rural and transportation corridor ambulance services must have an en route time of 10 minutes or less 90 percent of the time and an overall response time of less than 20 minutes 90 percent of the time.
- Establish in administrative rules that frontier ambulance services must have an en route time of 10 minutes or less 90 percent of the time and an overall response time of less than 30 minutes 90 percent of the time.

Chairman Porter said public safety answering points should be contacting ambulance services directly. He said NDCC Section 57-40.6-10(3) provides that an emergency 911 telephone system must access and dispatch law enforcement, fire service, and emergency medical services. He said the Legislative Assembly may want to consider a statutory change to specifically indicate that the entities should be dispatched by radio or pager.

In response to a question from Representative Porter, Mr. Meyer said the department certifies public safety answering point dispatchers in emergency medical dispatch. He said the department has assisted the North Dakota 911 Association to develop the medical instruction flip cards used by dispatchers.

In response to a question from Representative Porter, Mr. Meyer said the department will consider adding licensed QRUs to the EMS coverage map.

Mr. Mark Weber, President, North Dakota EMS Association, provided information regarding the association's proposed EMS system model, including information on implementation steps, estimated costs, and a map of proposed service areas. A copy of the information presented is on file in the Legislative Council office. He said the association believes the development of EMS systems will be important to maintaining access to prehospital care for all the state's citizens. He said a local EMS system would consist of a network of EMS organizations with a central ambulance service acting as the lead agency.

In order to implement an EMS system model, Mr. Weber said the state needs to:

- Define what reasonable EMS is.
- Identify critical ambulance services.
- Build a foundation of basic life support and advanced life support services.
- Assist all other EMS services.
- Develop a consistent funding source.

Chairman Porter asked the State Department of Health and the North Dakota EMS Association to provide the committee with any statutory changes and estimated funding needed to implement the proposed changes to the state's EMS system.

The Legislative Council staff presented a bill draft [\[90148.0100\]](#) relating to emergency medical training grants. The Legislative Council staff said the bill draft provides a \$100,000 general fund appropriation to the State Department of Health for the purpose of providing emergency medical training grants to rural law enforcement and individuals choosing to become licensed first responders during the 2009-11 biennium. For the purposes of the bill draft, rural law enforcement means licensed officers from city police departments of cities with a population less than 6,500 and licensed officers from county sheriffs' offices of counties with a population less than 14,000.

Representative Carlisle said the committee may want to consider allowing all county sheriffs' offices to be eligible for the grants. Representative Vigessaa said the amount of the appropriation may need to be increased if this change is made.

Chairman Porter asked the Legislative Council staff to determine the amount of funding necessary for providing emergency medical training grants to rural law enforcement including all county sheriffs' offices.

### **COMMITTEE DISCUSSION AND STAFF DIRECTIVES**

Chairman Porter asked the Legislative Council staff to survey each of the public safety answering points to determine how the entities are dispatching EMS.

Chairman Porter distributed information prepared by Alltel regarding the entity's wireless priority service. A copy of the information distributed is on file in the Legislative Council office. He said wireless priority service is an enhancement to basic wireless service that allows authorized user profiles to receive

preferred wireless network access when wireless networks are congested.

No further business appearing, Chairman Porter adjourned the meeting at 11:55 a.m.

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Roxanne Woeste  
Assistant Legislative Budget Analyst and Auditor

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Allen H. Knudson  
Legislative Budget Analyst and Auditor

ATTACH:1