

1999 HOUSE HUMAN SERVICES

HB 1212

1999 HOUSE STANDING COMMITTEE MINUTES

- BILL/RESOLUTION NO. HB 1212

House Human Services Committee

Conference Committee

Hearing Date January 18, 1999

| Tape Number | Side A | Side B | Meter # |
|-------------|--------|--------|-------------|
| 1 | X | | 36.6 - End |
| 1 | | X | 0.0 - 8.4 |
| 2 | | X | 28.1 - 37.7 |

Committee Clerk Signature *Susann Lundteigen*

Minutes: HB 1212 relates to adding a pre hospital emergency medical service provider to the health council.

Chairman CLARA SUE PRICE called the committee to order at 10:48 AM. Present were Reps. Robin Weisz, William Devlin, Pat Galvin, Dale Henegar, Roxanne Jensen, Chet Pollert, Todd Porter, Bruce Eckre, Ralph Metcalf, Carol Niemeier, and Wanda Rose. Absent were Amy Kliniske, Blair Thoreson, and Sally Sandvig due to inclement weather and bad road conditions.

TESTIMONY IN FAVOR

Rep. DEBRA LUNDGREN, District 28, testified EMS would like to have a member sit on the Health Council because the council is the licensing agency for ambulance services. It is important to have one member of the four from the ambulance service on the council.

Rep. DEVLIN stated there are several medical groups and asked if we should tell them which specific group should be on the council? Rep. LUNDGREN stated the reason is that the council

licenses the ambulance services in the state. Rep. DEVLIN asked if the group feels they have been unfairly treated by the board in the past? Rep. LUNDGREN said no, however they want someone there who can professionally address their concerns.

Rep. ROSE asked does EMS have a method to go through the Health Dept. to address some of their licensing issues. Rep. LUNDGREN stated someone goes to the Health Council with suggestions and the Health Council takes into consideration the suggestions. That is only for licensing of the vehicle. Rep. ROSE asked is the request for an individual or the service? Rep. LUNDGREN stated it is for the service.

Rep. WEISZ asked if there is something preventing the Governor from appointing someone from EMS, Dept. of Health, or Health Council? Rep. LUNDGREN said there is nothing but would like to make sure the Governor will do so.

Rep. NIEMEIER asked which professionals from health care are represented now? Rep. LUNDGREN stated there is a nurse and not sure of who the others are.

HOWARD ANDERSON, Chairman, Health Council, testified that there is a hospital administrator, nurse, pharmacist, long-term care individual (nurse). Rep. GALVIN asked is there an outline for the make-up of this board? Rep. LUNDGREN stated the statute requires four persons from the health care field, five consumers, one from energy, one from manufacturing, if possible. Rep. PRICE asked what is the time percentage of work of state health council that addresses this issue? Rep. LUNDGREN stated don't know. Rep. CLARA SUE PRICE stated this issue isn't on their meeting agenda. Rep. LUNDGREN she would request that information from the State Health Officer.

DEREK HANSON, ND Emergency Services Assn., testified. (Testimony attached.) This bill is vital as more hospitals close. EMS will be relied on more in the future. As a regulatory group for our agency, that is the difference when you consider the other people who are represented on the council.

Rep. PORTER asked do other states have procedures to dissolve all medical boards and combine them into one which could be called the ND State Board of Medicine? DEREK HANSON stated yes, there has been a lot of discussion on that.

MARK HAUGEN, ND EMS Assn., testified that he wanted to answer some questions. One potential issue before the Health Council was to require one emergency medical technician in the back of the ambulance for every service in ND. Some rural areas aren't able to train people to be EMT's. We have no voice on the council. There are tough decisions that have to be made. The council does discuss EMT issues, i.e., curriculum changes. We need to be proactive and have a voice.

NEUTRAL TESTIMONY

HOWARD ANDERSON, Chairman, State Health Council, testified. (Testimony attached.)

In answer to a previous question - the Health Council doesn't license anybody. We have oversight of the ND Health Department and they license hospitals, nursing homes, ambulances, etc. There was 17 members on the health council; 1995 Legislature reduced it to 9 members, majority are 5 consumers and 4 health care slots; 1997 Legislature provided the two that were mentioned earlier. The 4 health care slots are at the pleasure of the Governor. Many health care providers want those slots. Our concern is that if you identify one group to fill a slot, then all the

other professional groups are going to want a slot. It works well now and we like to see this process maintained.

Rep. BRUCE ECKRE asked for the four: doctor, pharmacist, nurse, and what? HOWARD ANDERSON stated nursing home administrator. Rep. TODD PORTER asked what is the term length? HOWARD ANDERSON stated three years. When the Governor changes, he may appoint a new council. We serve at the pleasure of the Governor. Rep. TODD PORTER asked is there a time length? HOWARD ANDERSON stated there is no set limit. Rep. CHET POLLERT asked do you look for representation for a subcommittee like the EMS Association? HOWARD ANDERSON stated yes, the Health Council uses a large number of ad hoc committees. When we rewrote the EMS standards in the state, most of that came from the industry. The Health Council is the most open and informal in the state. Rep. CAROL NIEMEIER said the hearings all public and asked how is notification on a specific issue is handled? HOWARD ANDERSON said the ND Health Council uses the same administrative procedures that are required across the state. We keep a list on persons interested on a particular issue and they are sent notices. Rep. WILLIAM DEVLIN asked how is the EMS group different than the other 25 medical groups as far as needing representation on that board? HOWARD ANDERSON stated they are different and the same. They are the same as the hospitals and nursing homes that the Health Department licenses. But. the Board of Pharmacy licenses pharmacists, the Board of Medical Examiners licenses physicians, and the Board of Nursing licenses nurses.

OPPOSITION

JACK MACDONALD, ND Respiratory Care Society, testified they are mildly opposed to the bill. There are 20 -25 health care professionals around the state. In 1995 this law did designate two physicians, two dentists, two nurses, two optometrists, two long-term care people, etc. In 1995 the legislature changed that from 17 to 9 and leave open the health care seats. We think that is a good way to do it right now and leave it the way it is.

CRAIG BOECKEL, ND Chiropractic Assn., testified (Testimony attached.)

PENNY WESTON, ND Nurses Assn., testified (Testimony attached.) specific point that no "one" professional should be guaranteed a seat on the council.

Hearing closed at 11:14 AM

Tape 2, Side B, Meter 28.1-37.7

Representative Blair Thoreson was present at about 3:00 PM

Rep. ROBIN WEISZ moved DO NOT PASS

Rep. CHET POLLERT second the motion.

Committee discussion.

ROLL CALL VOTE #2: 12 yeas, 1 nay, 2 absent and not voting.

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1212 Amendment to: _____

Requested by Legislative Council Date of Request: 1-8-99

- Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This bill will require that one of the eleven members of the health council be a prehospital emergency medical service provider. It does not add any additional members so there are no additional general fund costs. All other costs of the health council are included in our appropriation bill.

- State** fiscal effect in dollar amounts:

| | 1997-99 Biennium | | 1999-2001 Biennium | | 2001-03 Biennium | |
|---------------|------------------|---------------|--------------------|---------------|------------------|---------------|
| | General Fund | Special Funds | General Fund | Special Funds | General Fund | Special Funds |
| Revenues: | -0- | -0- | -0- | -0- | -0- | -0- |
| Expenditures: | -0- | -0- | -0- | -0- | -0- | -0- |

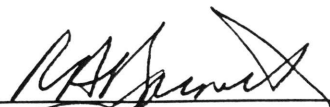
- What, if any, is the effect of this measure on the appropriation for your agency or department:

- For rest of 1997-99 biennium: N/A
- For the 1999-2001 biennium: -0-
- For the 2001-03 biennium: -0-

- County, City, and School District** fiscal effect in dollar amounts:

| 1997-99 Biennium | | | 1999-2001 Biennium | | | 2001-03 Biennium | | |
|------------------|--------|------------------|--------------------|--------|------------------|------------------|--------|------------------|
| Counties | Cities | School Districts | Counties | Cities | School Districts | Counties | Cities | School Districts |
| | -0- | | | -0- | | | -0- | |

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Robert A. Barnett

Department ND Department of Health

Phone Number 328-2392

Date Prepared: 1-12-99

HB 1212

Date: 1-18-1999
Roll Call Vote #: 21

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Human Services Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT PASS

Motion Made By Robin Weisz Seconded By Chet Pollert

| Representatives | Yes | No | Representatives | Yes | No |
|-------------------------------|-----|----|-------------------|-----|----|
| Clara Sue Price - Chairwoman | X | | Bruce A. Eckre | X | |
| Robin Weisz - Vice Chairwoman | X | | Ralph Metcalf | X | |
| William R. Devlin | X | | Carol A. Niemeier | X | |
| Pat Galvin | X | | Wanda Rose | X | |
| Dale L. Henegar | X | | Sally M. Sandvig | | |
| Roxanne Jensen | X | | | | |
| Amy N. Kliniske | | | | | |
| Chet Pollert | X | | | | |
| Todd Porter | | X | | | |
| Blair Thoreson | X | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total (Yes) 12 No 1

Absent 20

Floor Assignment Chet Pollert

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

REPORT OF STANDING COMMITTEE (410)
January 19, 1999 1:08 p.m.

Module No: HR-11-0829
Carrier: Pollert
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1212: Human Services Committee (Rep. Price, Chairman) recommends DO NOT PASS (12 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). HB 1212 was placed on the Eleventh order on the calendar.

1999 TESTIMONY

HB 1212



North Dakota EMS Association



HUMAN SERVICES COMMITTEE
Testimony in Support of HB 1212

Monday, January 18, 1999
Fort Union Room

By; Derek Hanson, President
ND EMS Association

The North Dakota EMS System has always played a vital role in emergency care in this state, but will play an even more important role in the future of health care. As Hospitals and other facilities close, EMS will be forced to serve the citizens of this state to help fill the gap in getting to the physician level.

Our organization works closely with the Department of Health and the Health Council on many issues. It has become apparent that the Health Council makes many decisions relating directly to the EMS personnel of this state. Just as other health care personnel have been included on the Health Council, EMS would like to be represented as well. Our organization serves more than 8,000 providers throughout the state.

We do not wish to add an additional person to the Health Council, but rather fill one of the current positions when the first position becomes vacant. This could be done through attrition no matter what the waiting period might be. We're not even that concerned about the reimbursement for this individual. Even though it is not protocol, our organization would be willing to cover the expenses of this position, that is how important this is to us.

EMS is changing rapidly, the system is under funded, and recruitment and retention will all be major concerns in how we deliver emergency medical care in the future. We would like to be a part in the decision making processes relating to EMS in the future.

I ask you for your consideration in a favorable "do pass" recommendation for HB 1212. Please don't hesitate to contact me anytime if you should have any further questions.

Thank you.

HOUSE BILL No. 1212 – HUMAN SERVICES COMMITTEE
JANUARY 18, 1999 – 10:00 AM – FORT UNION ROOM

Chairman Price, members of the House Human Services Committee, for the record I am Howard C. Anderson, Jr., R.Ph. I am here representing myself, as a member and the current chairman of the State Health Council.

The Health Council met January 12th, 1999 and along with our other work that day we reviewed pending legislation, including House Bill No. 1212. The consensus of the Council was that I bring their feelings to you.

The Health Council does not wish to take a position for or against this Bill, as our appointments are at the pleasure of the Governor and we try to carry out the directives and legislation passed on to us by the legislative assembly.

There are currently four healthcare slots on the State Health Council. As you will recall in 1995, the Health Council was reduced from 17 members, whose slots were indicated as either public members, of which there were 9, or specially designated interests within the healthcare community. The reduction from 17 to 9 was intended to streamline the Council, but, also to remove some of the specificity, which had been attached to each of the appointments. In 1997 the legislature saw fit to add two representatives, one from the energy industry and one from the manufacturing and processing industry.

Since 1995 the Health Council has been comfortable with the representation that each of their members give on the Council. The removal of the specific slots for different healthcare groups has allowed the appointed members to look at a broader context of healthcare issues, without feeling that they were there in a particular slot to represent a certain or particular industry or profession.

The current scenario gives the Governor the opportunity to appoint members to the Health Council who he feels will function in a broad context in the public interest.

If we begin designating the four slots for healthcare providers for specific groups, we will today designate one specific group. Tomorrow others will come to you in efforts to cement their slot, to be sure that their representation is guaranteed. We will have once again opened up expansion to the perhaps 25 different healthcare professional groups within the state, who will feel that they also should have a slot on the Council.

Being from one of those healthcare groups, I am a pharmacist; I understand the feelings of the professions wanting to be represented on the Health Council. The procedures of the Health Council are very open and all of the rule making goes through separate hearings as well as at least two hearings before the Health Council itself. There is good opportunity for those of us who do not happen to be represented at any given time on the Health Council to bring our concerns forward. The members who are there look in a broad context and I believe have made good judgments in the public interest.

I certainly do not object to specific groups being represented. My concern is for the long term and future issues which this precedent will establish for all of the other groups out there.

Even our newest members who came to the Council with more specific slots, expressed a feeling that the Governor should have significant latitude in making appointments, providing flexibility for him to choose people who seem to be acting in the public interest as well as from time to time those who might be more concerned with current activities going on in the health care industry.

Thank you.

**TESTIMONY ON HB 1212
NORTH DAKOTA NURSES ASSOCIATION**

Senator Price and members of the House Human Services Committee. My name is Penni Weston and I am here today on behalf of the North Dakota Nurses Association. I am here to testify in opposition of HB 1212.

As you are aware, the Health Council designates that four of the eleven members be from the health care field. There are over 20 professions in the health care field who have an opportunity to be appointed by the Governor. We believe that no one profession or provider should be designated in statute to serve on this committee.

The opportunity currently exists for every profession to recommend to the Governor those people that they wish to have appointed to the Council. Letters of recommendation and support can be sent as well as other means of "lobbying" the Governor for appointment. There is no need for the designation this bill proposes.

I am pleased to say that the Nurses Association has enjoyed a good working relationship with our health care colleagues. There are times when professional "turf" seems to be an obstacle in a discussion, however, open communication and a willingness to do what is best for the patient soon bring a clear focus to why we are all at the table. I believe this bill has the potential for creating much unrest among professionals and care providers in the health care field.

Nurses have always viewed themselves as one entity in health care, equal in importance to our colleagues. No more, no less, but equal. There is no valid reason for one entity to have a guaranteed appointment.

The current appointment process has worked well in the past and we believe will in the future as well. We ask that you please vote DO NOT PASS on HB 1212.

Thank you for the opportunity to testify and I will be happy to answer any questions.

Prepared Testimony

TO: House Human Services Committee

FROM: Craig Boeckel
Lobbyist for the North Dakota Chiropractic Association

DATE: January 18, 1999

RE: HB 1212
Health Council

As you know, of the four persons presently serving on the Health Council from the health care field, HB 1212 would dictate that at least one would have to be a "prehospital emergency medical service provider". Even though it certainly respects that group, the North Dakota Chiropractic Association has asked me to express their grave concerns about implementing this type of mandate into the current statute.

The present statutory formula provides the Governor with the discretion to choose which groups from the health care field are represented on the Health Council, with input from trade, professional and consumer organizations. We believe this present process to be completely adequate, allowing the Governor the necessary flexibility to make appointments which reflect the overall health care picture in North Dakota.

To be candid, last year the North Dakota Chiropractic Association requested that the Governor appoint a doctor of chiropractic to the council. However, the association did not get its wish -- that time. Nonetheless, we respect the choices the Governor made, and the association will have the

opportunity to revisit this issue with the Governor at the next appropriate time. Obviously, if this bill is enacted into law it would seriously diminish that opportunity, and every other health care group's opportunity to serve on the council, since the Governor would have only three completely discretionary slots to fill from the health care field, rather than four.

Moreover, the approach this bill takes is really an invitation all to other health care groups to propose their own legislation to "guarantee" themselves a slot on the council. One can think of many groups which would want that guarantee -- physicians, osteopaths, nurses, dentists, optometrists, podiatrists, audiologists, pharmacists, hospitals, nursing homes -- the list goes on. To have those groups seek their own statutory guarantees is clearly undesirable, for obvious reasons.

The North Dakota Chiropractic Association urges you to recommend that HB 1212 "Do Not Pass".

Thank you for your considerations.