

2013 SENATE HUMAN SERVICES

SB 2157

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2157

1/21/13

Recording Job Number: 17425

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

Relating to the emergency commitment of mentally ill individuals.

Minutes:

You may make reference to "attached testimony."

Chairman Lee opens hearing on SB 2157.

Senator J. Lee introduces SB 2157 to the committee.

See attached testimony #1.

No questions from the committee for Senator Lee.

Tim Meyer, Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee, is first to testify in support of SB 2157.

See attached testimony #2.

(0:4:31) Senator Larsen inquires about expanding the role to community paramedics.

Mr. Meyer explains that this could be a role but it's a new concept for North Dakota and there's a long road to get it to maturity. What is being presented is happening right now it's a big issue.

(0:6:50) Senator Dever asks about Emergency Medical Service professionals in relation to volunteer personnel professionals.

Mr. Meyer explains that where the ambulance statutes are it describes EMS professionals as EMT's or Paramedics so it doesn't matter if they are volunteers or not.

(0:7:23) Senator Larsen asks for further clarification about how and when the calls for transport are needed.

Mr. Meyer states that the physicians are responsible because they put the hold on the individual. Although it's happening in practice it may not be legal so they are just looking to

clarify it. It's accurate to say that the doctor's order is still going to be the decision maker on whether or not the EMT transports the individual.

No further questions from committee for Mr. Meyer.

Sherman Syverson, Executive Director of F-M Ambulance Service, is next to testify in support of SB 2157.

See attached testimony #3.

Floor is opened for questions from the committee.

(0:11:17) Chairman Lee asks Mr. Syverson for further data regarding call volume relating to mental abuse so the committee understands it better.

Mr. Syverson explains that this kind of call volume has gone up steadily showing a 5-8% increase with no signs of slowing. During a recent audit it was discovered that 20 patients used the ambulance more than 10 times each in one month. Combine 50% of the call volume with most of the individuals being uninsured creates a chronic problem. These calls take the crews out of service for long periods of time taking them away from other potentially dangerous calls for the rest of the general public.

(0:14:17) Senator Anderson asks Mr. Syverson to explain what happens to the individuals who use the service multiple times a month.

Mr. Syverson explains that if the doctor determines that they aren't a threat to themselves once they've been evaluated they will get turned loose. The problem is the real ambiguous threats. The number one role is getting the individual out of harm's way. The care is in the physician's hands once it is turned over to them.

(0:16:44) Senator Dever asks if the law in Minnesota is similar and if there have been circumstances where the court has provided the clarification they are looking for.

Mr. Syverson is not aware of any clarification. On the Minnesota side, it's regional and he proceeds to explain the difference between Moorhead and ND in regards to this problem.

No further questions from the committee for Mr. Syverson.

No further testimony in favor or opposition.

Chairman Lee closes hearing on SB 2157.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2157

1/21/13

Recording Job Number: 17431

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

Relating to the emergency commitment of mentally ill individuals.

Minutes:

You may make reference to "attached testimony."

Committee action on SB 2157:

Senator Anness moves Do Pass.

Senator Dever seconds.

Roll call vote: 5-0, Do Pass.

Senator Anness carries Bill to the floor.

REPORT OF STANDING COMMITTEE

SB 2157: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2157 was placed on the Eleventh order on the calendar.

2013 HOUSE HUMAN SERVICES

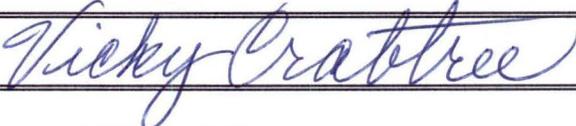
SB 2157

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2157
March 19, 2013
Job #20128

Conference Committee

Committee Clerk Signature	
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Explanation or reason for introduction of bill/resolution:

Relating to the emergency commitment of mentally ill individuals.

Minutes:

<i>Testimonies #1 and 2</i>

Chairman Weisz opened the hearing on SB 2157.

Sen. Judy Lee: From District 13 in West Fargo introduced and sponsored the bill. On page 1, line 7 it adds the line, "if a peace officer, physician, either in person or directing an emergency medical services professional, believes the respondent is not complying with, etc. Others are here to tell you of experiences of the emergency services providers and how it makes sense adding this language. It is going to enhance the ability of the emergency providers to work with individuals who are in need of an emergency commitment and authorize that commitment.

3:15

Tim Meyer: Co-Chair of the ND Emergency Medical Services Association's Advocacy Committee testified in support of the bill. (See Testimony #1)

5:15

Sherman Syverson: Executive Director of F-M Ambulance Service, Inc. testified in support of the bill. (See Testimony #2)

8:10

Rep. Laning: Do they still carry a strait jacket in ambulances?

Syverson: That is no longer common practice. We avoid restraining anybody.

Rep. Laning: What do you do with someone?

Syverson: BLS services rely on law enforcement. A rare occasion someone may have to be restrained with handcuffs. Medication may be given them to calm them.

Rep. Fehr: Would the EMS be looking for emergency physicians for support?

Syverson: That is correct. Emergency room physicians are usually the person the EMS personnel on scene will contact. We are to arrive on the scene, make that evaluation and in consultation with the emergency room physician's help place that hold. It gives the physicians a legal ground to stand on.

Rep. Fehr: This is already happening and this is to clarify it with law?

Syverson: Correct.

Rep. Fehr: Essentially this is not doing an emergency detention, but someone that is already under order and to have up to that 24 hour hold before another hearing?

Syverson: Not always the case. Some people might not be under any physician's care, but we can help law enforcement determine if the situation is a credible threat or not.

Rep. Fehr: That is under Section 2 is the emergency detention you are referring to.

Syverson: Correct.

Rep. Silbernagel: Typically is the hold procedure a 24 commitment hold?

Syverson: Most of the time it will be a 72 hour hold, but not always the case.

Rep. Anderson: In the bill it says in Section 2, line 23, "up to 23 hours".

Syverson: I'm not familiar with the 23 hour and don't know why it says that.

Chairman Weisz: That has to do with if they have to go into a private facility that has adequate resources.

NO OPPOSITION

Vice-Chair Hofstad closed the hearing on SB 2157.

15:09

Chairman Weisz: Let's take up SB 2157.

Rep. Silbernagel: I'm unfamiliar with the terminology, commitment procedure. Is that synonymous with commitment hold?

Rep. Porter: I'll address it from what this language is going to do and Rep. Fehr can address it from what the rest of the bill really does. The situations that arise in EMS; that ambulance crew always under the auspices of a physician. They can't do anything without a written standing order of authority. EMS has a written handbook called, their standing orders. This addresses when the ambulance crew is on the scene and knows the person has a problem. Not all calls would have a law enforcement officer there. If you have a situation where someone refuses to go with the EMS, they can call law enforcement and they can discuss the situation. Law enforcement can tell them to take him to the hospital.

That has been the standard practice forever. They were reviewing some of the provisions of the law and saw that there was a gray area EMS was stepping over if law enforcement was not on the scene, they shouldn't take that person. This bill still keeps the physician in the loop and allows the physician to use that extender to carry out their part of the job. When they arrive at the hospital and turn the care over to the emergency department or directly admitted to a psychiatric unit; then they are placed under the care of that physician.

Rep. Fehr: There are three categories; regular commitment, emergency and detention and commitment and there are the people who are not complying with the order. The biggest concerns are those in a crisis.

Rep. Hofstad: I move a Do Pass on SB 2157.

Rep. Silbernagel: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Fehr

Date: 3-19-13
Roll Call Vote #: _____

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2157

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. Silbernagel

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) 13 No 0

Absent 0

Floor Assignment Rep. Fehr

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

REPORT OF STANDING COMMITTEE

SB 2157: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2157 was placed on the
Fourteenth order on the calendar.

2013 TESTIMONY

SB 2157

Attachment #1
Sen. Judy Lee

SB 2157

SB 2157 clarifies the role of emergency medical services (EMS) professionals in the commitment of mentally ill individuals. As it stands now, the statute is silent on the role EMS plays in this process which can lead to conflicting opinions on this role. The current practice generally involves a paramedic or EMT consulting with a physician in an emergency room and the physician giving an order to the paramedic or EMT to transport the mentally ill patient to the emergency room to be evaluated.

Bystanders or family members often call 911 when they are concerned for the welfare of people that seem to be mentally ill. Sometimes law enforcement is the appropriate public safety entity to deal with these issues but often it falls on EMS. This bill will allow EMS professionals to transport mentally ill patients without their consent, only if they have an order from a physician to do so.

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Testimony
Senate Bill 2157
Senate Human Services Committee
Monday, January 21 2013; 9:15 a.m.
North Dakota Emergency Medical Services Association

Good morning, Madam Chair and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. I am here today in support of SB 2157.

The transporting of mentally ill patients is fast becoming the most common ambulance call in our state. In urban areas it likely is the most common ambulance call and the frequency is increasing in the rural areas as well.

The problem that this bill will address is that currently the individuals that can legally put a mental health commitment hold on a person is limited to; peace officers, physicians, psychiatrists, clinical psychologists, or any mental health professional. Out of this list only law enforcement is typically at the scene of an emergency but quite often the patients have an underlying medical condition and law enforcement is not comfortable making a medical decision. Therefore emergency medical services (EMS) is left with the responsibility of taking care of these folks and transporting them to the hospital to be evaluated. Since EMS professionals provide pre-hospital care as an extension of a physician's practice it has been thought that this was a legal extension of that system. However legal experts have given conflicting advice on this topic. We feel that the language in SB 2157 will clarify the role of EMS.

Without legal authority to transport these persons to a hospital for evaluation we are concerned that mentally ill people will be left in their homes or in public where their condition may deteriorate to a dangerous level. We are not looking to have police powers to detain the mentally ill, we are only asking for clarity in statute to allow the physician to make the decision remotely and direct EMS professionals at the scene accordingly. EMS providers are taught that they have a duty to respond, treat, and transport those in need. It's against our nature to leave a person that we know has a dangerous condition. We ask your support so that EMS professionals in the field can do the right thing for people in a crisis.

This concludes my testimony, I am happy to answer any questions you may have.

F-M AMBULANCE SERVICE

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Testimony

Senate Bill 2157

Senate Human Services Committee

Monday, January 21, 2013; 09:15 a.m.

F-M Ambulance Service, Inc.

Good morning, Madam Chair and members of the committee. For the record, my name is Sherman Syverson, and I am the Executive Director of F-M Ambulance Service located in Fargo. I am here today in support of Senate Bill 2157.

Nearly one-half of the 18,000 calls to which F-M Ambulance Service responds annually involve patients who are mentally ill. It is either the primary or secondary reason necessitating their need for emergency medical services (EMS). Throughout North Dakota, EMS personnel often find themselves in the difficult position of evaluating patients who pose either a threat to the welfare of themselves or others. In most cases that occur in the pre-hospital environment, these evaluations are conducted as a joint effort involving a minimum of EMS and law enforcement. If questions arise about whether or not a mental health commitment hold should be initiated, common practice dictates that the EMS personnel on the scene are obligated to seek out physician support for their recommendations and any subsequent decision to place a commitment hold. The reason for this consultation with a physician is that emergency medical technicians of all levels of practice have long been considered an extension of physicians. This is a nation-wide standard with very few exceptions. A recent legal review of this long accepted and adopted standard operating procedure has called into question the legality of EMS personnel being able to function in this manner.

Senate Bill 2157 will clarify the role EMS has been playing with regard to helping those with mental illnesses. Specifically, it recognizes EMS personnel not as individuals that can independently initiate a commitment hold, but rather as individuals who can function as the eyes, ears and voice of the physicians who oversee their actions outside of the hospital. Additionally, Senate Bill 2157 provides physicians with the reassurance that they can legally advise EMS personnel to transport mentally ill patients without having to actually see them face-to-face.

If action is not taken to reduce the ambiguity of the current law, it could result in mentally ill people to be left in place. Indeed, should a law enforcement representative not agree to placing the commitment hold, and a physician not be legally able to do so through the EMS personnel acting as their surrogate, patients will be left alone with potentially tragic results.

This concludes my testimony, I am happy to address any questions you may have.

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Testimony
Senate Bill 2157
House Human Services Committee
Tuesday, March 19 2013; 10:30 a.m.
North Dakota Emergency Medical Services Association

Good morning Chairman Weisz and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. I am here today in support of SB 2157.

The transporting of mentally ill patients is a very common ambulance call in our state. In urban areas it likely is the most common type of ambulance call and the frequency is increasing in the rural areas as well.

The problem that this bill will address is that currently the individuals that can legally put a mental health commitment hold on a person is limited to; peace officers, physicians, psychiatrists, clinical psychologists, or any mental health professional. Out of this list only law enforcement is typically at the scene of an emergency and they often look to the ambulance crew for direction since we are connected to the healthcare system. Often emergency medical services (EMS) personnel do take the responsibility of caring for these folks and transporting them to the hospital to be evaluated. Since EMS professionals provide pre-hospital care as an extension of a physician's practice it has been thought that this was a legal extension of that practice. However legal experts have given conflicting advice on this topic. We feel that the language in SB 2157 will clarify the role of EMS.

Without the legal authority to transport these persons to a hospital for evaluation we are concerned that mentally ill people will be left in their homes or in public where their condition may deteriorate to a dangerous level. We are not looking to have police powers to detain the mentally ill, we are only asking for clarity in statute to allow the physician to make the decision remotely and direct EMS professionals at the scene accordingly. EMS providers are taught that they have a duty to respond, treat, and transport those in need. It's against our nature to leave a person that we know has a dangerous condition. We ask your support so that EMS professionals in the field can do the right thing for people in a crisis.

This concludes my testimony, I am happy to answer any questions you may have.

#2

Testimony
Senate Bill 2157
House Human Services Committee
Tuesday, March 19, 2013; 10:30 a.m.
F-M Ambulance Service, Inc.

Good morning, Chairman Weisz and members of the committee. For the record, my name is Sherman Syverson, and I am the Executive Director of F-M Ambulance Service, Inc. located in Fargo. I am here today in support of Senate Bill 2157.

Nearly one-half of the 18,000 calls to which F-M Ambulance Service responds annually involve patients who are mentally ill or are battling a related condition such as substance abuse. It is either the primary or secondary reason necessitating their need for emergency medical services (EMS). Throughout North Dakota, EMS personnel often find themselves in the difficult position of evaluating patients who pose either a threat to the welfare of themselves or others. In most cases that occur in the pre-hospital environment these evaluations are conducted as a joint effort involving a minimum of EMS and law enforcement. If questions arise about whether or not a mental health commitment hold should be implemented, common practice dictates that the EMS personnel on the scene are obligated to seek out physician support for their recommendations and any subsequent decision to place a commitment hold. The reason for this consultation with a physician is that emergency medical technicians of all levels of practice have long been considered an extension of physicians. This is a nation-wide standard with very few exceptions. A recent legal review of this long accepted and adopted standard operating procedure has called into question the legality of EMS personnel being able to function in this manner.

Senate Bill 2157 will clarify the role EMS has been playing with regard to helping those with mental illnesses. Specifically, it recognizes EMS personnel not as individuals that can independently initiate a commitment hold, but rather as individuals who can function as the eyes, ears and voice of the physicians who oversee their actions outside of the hospital. Additionally, Senate Bill 2157 provides physicians with the reassurance that they can legally advise EMS personnel to transport mentally ill patients without having to actually see them face-to-face.

If action is not taken to reduce the ambiguity of the current law, it could result in mentally ill people to be left in place. Should a law enforcement representative not agree to placing the commitment hold, and a physician not be legally able to do so through the EMS personnel surrogate, patients will be left alone with potentially tragic results.

This concludes my testimony, I am happy to address any questions you may have.