2017 SENATE HUMAN SERVICES

SB 2312

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2312
1/31/2017
Job Number 27653

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to emergency medical services professionals.

Minutes: 8 attachments

Chair J. Lee: Brought the hearing to order, all members were present.

Senator Anderson: (0:30-1:25) introduced the bill, provided written testimony, please see attachment #1.

Tim Meyer (1:50-3:50) provided testimony in favor, please see attachment #2.

Chair J. Lee: Explain this to me, line 15 would read after licensed emergency medical technician, then a comma, then move on to advanced emergency medical technician, correct?

Mr. Meyer: Yes.

Jim Restemayer (4:50-7:00) testified in favor, please see attachment #3.

Senator Kreun: Let me understand, you're trying to let these people work in a hospital setting, to their capability, so you have more hands on deck, and maybe create a full time job?

Mr. Restemayer: That would be unique to communities, but allowing them to work to their scope.

Chair J. Lee: There are circumstances where they have to stop at threshold of the hospital, this would enable them to step over.

Jerry Jurena (8:20-9:10) testified in favor, please see attachment #4.

Carmen Bryhn (10:25-13:50) testified in opposition, please see attachment #5 and provided a letter from Doris Vigen, please see attachment #6.

Senator Kreun: We just indicated that they were going to work within scope of their training, it sounds like that's not what you think they will do, go over their scope of practice?

Ms. Bryhn: They currently don't have a scope of practice within the hospital setting, so if they are going to be working within that setting, we're putting the cart before the horse. Their scope is only for out of hospital emergency.

Senator Kreun: I understand that, but wouldn't we want an extra set of hands that has capability right up to the threshold, but since they don't have a scope of work within the hospital, you don't want them?

Ms. Bryhn: In the current Century Code, they don't have a scope of practice defined if they are working within the hospital, without nurse supervising them.

Senator Kreun: Wouldn't they be supervised normally?

Chair J. Lee: She's saying that the bill strikes that language. So that's a separate issue from whether or not they forget everything they've learned when they walk across the threshold.

Senator Kreun: Can we fix that, so they are supervised by the nurse?

Ms. Bryhn: We are asking for the supervision by the nurse stay in there, because they're not independent practitioners.

Chair J. Lee: Tell me about the removal of nurse supervision language and how we might be able to address that concern.

Mr. Meyer: The notion wasn't to say that nurses could not supervise the MS personnel, but not to limit it to that based on the hospital has a need to structure their employment. The way it reads now, they must be supervised by a nurse. We aren't saying they don't need supervision and oversight.

Senator Anderson: When patients are in the hospital, the charge nurse is the one who supervises all other nurses and general care of the patient, subject to specific orders from the practitioner, so I don't quite understand why the charge nurse wouldn't be supervising these people, specifically why you feel the language should be out of there.

Mr. Meyer: I think you're right, they would be supervised by the nursing structure, there have been issues at times where the EMTs were limited based on the law. We're seeking to eliminate that requirement, understanding that hospitals would still keep that, allowing hospitals to decide what's best in their own structure. They might have a different reporting structure for a paramedic or an EMT.

Chair J. Lee: Who else would be likely to supervise, if it weren't for the charge nurse? It seems to me that's where the flow chart goes.

Mr. Meyer: Paramedics and EMTs are typically supervised by a doctor in the field. That could be one model.

Chair J. Lee: Maybe we need to say which tier of medical professional it is.

Senator Anderson: Mr. Jurena, did your hospitals talk specifically about this, are there specific problems with the charge nurse supervising these people, do you see some other problems that we're not recognizing here?

Mr. Jurena: We did talk about who would supervise in the hospital. Across the nation the pecking order is the physician is in charge of the ER, next comes the ER nurse or the charge nurse, so anybody who comes in will fall under that pecking order, the physician, the nurse.

Chair J. Lee: If there's both a doctor and a charge nurse in the ER, if we said one or the other, that would work.

Mr. Jurena: There's never been any issues, the doctor is always in charge, whether he's there or not. The director of ER is the one everyone looks to as their trying to figure out what to do with the patient, and the EMTs, paramedics were employed with HAMC, and they were a second set of hands reporting to that system.

Senator Heckaman: If you're already doing this, why do we need this bill?

Mr. Jurena: We were doing it in Rugby for years, Leeds and Willow City gave us their ambulances, and we needed to do something different. When an ambulance comes they always need a second set of hands, the paramedics and EMTs continued with that patient to be a second set of hands.

Senator Heckaman: Basically, you were outside the law at that time.

Senator Anderson: I think you're describing the situation that happens in an ER if a paramedic is employed by the hospital they might be able to do things beyond the ER, injections, moving patients, can they do that.

Mr. Jurena: I'm not sure how far this bill goes into the other departments, when we took a look at where could we use the people. We decided to use them in non-patient areas, so they could leave if an emergency.

Senator Clemens: We've been listening to bills earlier talking about the shortage of nurses, inability of nurses to get into the industry, is using EMTs a way of filling the gap?

Mr. Jurena: I want to say yes and no, it's a short term fill in, In Rugby did it alleviate the number of nurses we were looking for? No. when we need a nurse, we need a nurse for an 8-12 hours shift. What happens in an ER could be 2-3 hours, and if we have to pull a nurse from the floor, we have to use our call list. It's not a way to alleviate the shortage, but it alleviates the crunch in the case of a car accident.

Chair J. Lee: They don't have the same skill set, they can't replace a nurse.

Mr. Jurena: That 2nd set of hands at request of nurse or doctor was how they were used.

Senator Clemens: The way the bill is written; it leaves it a little open ended scope of EMTs. Let's look at more specifics on what they'd be responsible for.

Mr. Jurena: The scope of practice does have to be looked at, I don't know an EMT is comparable to a CNA or LPN, is a paramedic equivalent to an LPN? Where do they fall? Their training is completely different, you have emergency vs continuity of care, so the scope of practice has to go back to department of health, somebody who is a lot more in tune with what it covers.

Chair J. Lee: The Board of Nursing regulates all nurses, the Department of Health regulates the emergency services providers. So we can have them come help us.

Marnie Walth, Sanford Health (28:21) Introduced Dr. meeker to answer some technical questions.

Dr. Chris Meeker (28:30) I worked in Mankato, MN, we did have paramedics in our department. In the emergency department, the scope is similar to nurses, but they do things that nurses do not do; we allowed ours to do airway management. We have an AirMed program in ND, but our helicopter crashed in Fargo, so we use them as sitters, because there is a lack of psychiatric and chemical dependency beds in the state; we often have to keep them in in-patient units, when we do that, we have to have someone there 24 hours a day, so the paramedics were doing some of that work. They do come down to the ER department. I agree that the state should define the scope for the paramedics, we've been trying to define a role for the paramedics in Sanford for couple of years, without the scope defined by the state, it's difficult. I would be hesitant to put them under the Nursing Board, they do some procedures outside of the scope of nursing, I wouldn't want to limit those. Some models call for director of medical control; it's not a model appropriate for the ER, that role should probably fall under emergency room doctor. Even having a scope of practice and then allowing the hospital to credential or privilege them appropriately to define what they can do. That's my recommendation. I generally agree with the bill.

Chair J. Lee: Who would you suggest be the supervising party?

Dr. Meeker: In the ER, then it's the ER physician.

Chair J. Lee: But in the hospital as a whole? If they move to being a sitter, then who do they report to?

Dr. Meeker: Then it's a nursing role, although I could see, e.g. responding to a code on the floor, at night, the ER doctor cannot leave. So there might not be a physician that arrives for that code, so a paramedic would be ideally trained to step in. I'd be hesitant to limit that, we would have to figure out structure, whether it's through the medical staff, which is physician controlled, or through nursing staff.

Senator Piepkorn: This could be for Mr. Jurena; the EMT and paramedics are employed by the hospitals are most of these people emergency medical responders and technicians are they employed by the hospital?

Mr. Jurena: I can't tell you across the state, in Rugby most are employed by HAMC, larger communities will have ambulance services who employ their own, they are not hospital employees, the hospital in turn might have its own EMTs employed. It depends on location and makeup.

Chair J. Lee: We have to look at it both ways. If all groups involved could think about how to provide for administrative rules for a scope, supervision, please let us know.

Dr. Stacy Pfenning, Executive Director, ND Board of Nursing: Testified neutral. According to the Nurse Practice Act (NPA)42-12.1-04 persons exempt from the provisions of the chapter, Sub-section 7 states that a person who renders assistance pursuant to chapter 23-27, so according to NPA, the EMS is completely exempt, however an opinion done stated all prehospital, scope of practice everything is prehospital. Something to consider.

MariAnn Doeling, President CHI Alexius in Carrington (36:31-39:25) Testified in favor. I Carrington we used them as a 2nd set of hands. I directed them as the registered nurse. We used them in our same day care to help out with overflow from surgeries. At time used certified nurse's aide role, and as a 2nd set of hands. I'm confused about this bill, I thought they were to report supervised by chief nursing executive, I don't approve, the chief nurse executive isn't on site 24/7; they should be supervised by the charge nurse, who is supervised by ER physicians, our ER doctor is not there when the patient first arrives, the nurse is, and the paramedic, so in a small world setting, we are looking other ways to use them, we've used them in cardiac therapy, and our stresses, because they take ACLS just like a registered nurse. We shouldn't consider them to be a nurse.

Senator Anderson: The term charge nurse appropriate?

Ms. Doeling: In a small hospital at night the charge nurse won't be there, I firmly believe they should just be supervised by a registered nurse. You could say charge nurse, supervising nurse, registered nurse. Depending on the time of day it will vary.

Senator Anderson: Isn't the nurse in charge at night, termed the charge nurse?

Ms. Doeling: Depends on how HR looks at it.

Marnie Walth: If you go back to CC the only one that does say hospital nurse executive is the paramedics, the rest of the scopes and supervision just say nursing staff.

Chair J. Lee: Closed the public hearing on SB 2312.

Attachments 7 and 8 were provided after the hearing for the committee's reference.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2312
2/7/2017
Job Number 28022

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Glenn

Explanation or reason for introduction of bill/resolution:

A bill relating to emergency medical services professionals.

Minutes: 1 Attachment.

Chair J. Lee: Brought hearing to order.
The committee reviewed the proposed amendment. Please see attachment #1.
Senator Clemens: On line 19 it has hospital nurse executive changed to RN, is that in here?
Chair J. Lee: If you look at bottom of amendment, the 01001, it says must be supervised by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse. So we got that in there.
Senator Heckaman: I move adopt amendment .01001.
V-Chair Larsen: Second.
A roll call vote was taken.
Motion passes 7-0-0.
Senator Heckaman: I move do pass as amended.
Senator Piepkorn: Second
Motion passes 7-0-0.
Senator Kreun will carry.

CM
2/7/17

17.0953.01001
Title.02000

Prepared by the Legislative Council staff for
Senator J. Lee
February 7, 2017

PROPOSED AMENDMENTS TO SENATE BILL NO. 2312

Page 1, line 8, overstrike "as an emergency medical"

Page 1, line 8, remove "technician"

Page 1, line 8, overstrike the comma

Page 1. line 8, remove "advanced"

Page 1, line 9, overstrike "emergency medical

Page 1, line 9, remove"technician"

Page 1, line 9, overstrike ", or"

Page 1, line 10, replace "paramedic" with "under this chapter"

Page 1, line 13, remove the overstrike over "~~**Supervision of**~~"

Page 1, line 13, remove "**Hospital licensed advanced**"

Page 1, line 14, overstrike "**technician**"

Page 1, line 14, replace "**and paramedic scope**" with "**services professionals - Scope**"

Page 1, line 15, remove "Licensed advanced"

Page 1, line 15, overstrike "emergency" and insert immediately thereafter "Emergency"

Page 1, line 16, remove "technicians"

Page 1, line 16, overstrike "and paramedics," and insert immediately thereafter "services professionals"

Page 1, line 17, remove the overstrike over "~~Under this~~"

Page 1, line 18, remove the overstrike over "~~section, these emergency medical services professionals~~"

Page 1, line 19, after "~~executive~~" insert "must be supervised by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse"

Page 1, line 19, remove the overstrike over the overstruck period

Renumber accordingly

Date: 2/7 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2312

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0953.01001

Recommendation: ☑ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Date: 2/1 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2312

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Heckaman Seconded By Sen. Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Krewn

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

REPORT OF STANDING COMMITTEE

SB 2312: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2312 was placed on the Sixth order on the calendar.

Page 1, line 8, overstrike "as an emergency medical"

Page 1, line 8, remove "technician"

Page 1, line 8, overstrike the comma

Page 1. line 8, remove "advanced"

Page 1, line 9, overstrike "emergency medical

Page 1, line 9, remove"technician"

Page 1, line 9, overstrike ", or"

Page 1, line 10, replace "paramedic" with "under this chapter"

Page 1, line 13, remove the overstrike over "**~~Supervision of~~**"

Page 1, line 13, remove "**Hospital licensed advanced**"

Page 1, line 14, overstrike "**technician**"

Page 1, line 14, replace "**and paramedic scope**" with "**services professionals - Scope**"

Page 1, line 15, remove "Licensed advanced"

Page 1, line 15, overstrike "emergency" and insert immediately thereafter "Emergency"

Page 1, line 16, remove "technicians"

Page 1, line 16, overstrike "and paramedics," and insert immediately thereafter "services professionals"

Page 1, line 17, remove the overstrike over "~~Under this~~"

Page 1, line 18, remove the overstrike over "~~section, these emergency medical services professionals~~"

Page 1, line 19, after "~~executive~~" insert "must be supervised by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse"

Page 1, line 19, remove the overstrike over the overstruck period

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2312

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2312
3/1/17
28555

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kopple

Explanation or reason for introduction of bill/resolution:

Relating to emergency medical services professionals.

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

Chairman Weisz: called committee to order.
Opened the hearing on SB 2312

Sen. Howard Anderson
(Attachment 1)
1:20

Chairman Weisz: Further testimony in support of SB 2312?

Tim Meyer, Chair of the ND Emergency Medical Services Advocacy Committee
(Attachment 2)

Vice Chairman Rohr: We were told there was a shortage of EMS professionals, so if they are employed by the hospitals will it not cause a greater shortage among EMS?

T. Meyer: I don't believe so, because particularly in the rural areas I think it will be an opportunity to expand the ranks if they can actually have a paying job on the side. The idea is a small hospital could employ and EMT or paramedic and allow them to go on ambulance calls when that comes up. They are not frequently out on calls in rural ND. That is only sporadic. Because there would be an avenue of employment it would attract more people to the profession.

Vice Chairman Rohr: If they are on duty and have an ambulance call, what happens?

T. Meyer: They go, so the hospital has to figure out how that all fits together. What kind of duties they can have so they can just drop them and go if they have to.

Vice Chairman Rohr: You said that this doesn't expand the scope of the EMS professionals in the hospital. In the bill it says that the scope of practice is established by the department. What is the department?

T. Meyer: The department is the health department which is the regulating body for EMS providers, so they license them and set training standards for Paramedics and EMTs.

Vice Chairman Rohr: What kind of certification will they have in the hospital then or can you be uncertified?

T. Meyer: Yes, all EMS providers take a national test and that establishes that they met the minimum requirements for licensure. They also have in administrative code a scope of practice established in ND, so that is already in place.

Vice Chairman Rohr: Can we get a copy of that?

T. Meyers: yes (Attachment 3)
5:35

Chairman Weisz: Further questions from the committee? Seeing none. Thank you.
Further testimony in support of 2312?

Jerry Jurena, President of the ND Hospital Association
(Attachment 4)
7:50
Chairman Weisz: Are there questions from the committee? Further testimony in support of SB 2312?

Carmen Bryhn, Exe. Director & Lobbyist for the ND Nurses Assoc.
(Attachment 5)

Chairman Weisz: Are there any questions from the committee?

Vice Chairman Rohr: On line 19 where it says "must be supervised by a hospital designated physician, physician assistant, advance practice registered nurse or registered nurse". Shouldn't it say by "the"?

C. Bryhn: I didn't work on that part, but I will check it out.

Chairman Weisz: Further testimony in support of SB 2312

Dan Hannaher, Exe. Director of the Health Policy Consortium
I just wish to speak very briefly in support of SB 2312. For the new members, the Health Policy Consortium is the two Sanford campuses, Fargo and Bismarck, as well as Altru Hospital in Grand Forks and Trinity Hospital in Minot. As a representative of 4 of the 6 acute care hospitals in the state, I would urge your support for SB 2312. Based on the efficiencies and workforce issues that this bill addresses we see it as good moving forward. We are

pleased with the language allowing for the hospitals designated authority in whatever department that these individuals would be assigned would be reporting up through.

Chairman Weisz: Are there any questions from the committee?

Vice Chairman Rohr: Would you see these individuals going through the credentialing committee at the hospitals? It says here that they are not licensed independent practitioners, but how would they be employed by the system?

D. Hannaher: I would assume it would be in the same manner as CNAs or any other technical personnel are governed within the hospital system.

Chairman Weisz: Further questions? Seeing none, thank you.
Further testimony in support of SB 2312?

Dr. Stacey Pfennign, Exe. Director for the ND Board of Nursing
Was not present, but written testimony provided.
(Attachement 6)

Chairman Weisz: Is there further testimony in support of SB 2312?
Is there anyone here in opposition to SB 2312?

Closed hearing on SB 2312.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2312
3/1/2017
28560

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to emergency medical services professionals.

Minutes:

Chairman Weisz: Opened the discussion on SB 2312
Representative Porter: I brought this bill in the first place years ago and now everyone has chimed in and decided that these changes are ok. I don't see a problem with it.

Chairman Weisz: Certainly this has more benefit to the rural hospitals than the urban I would imagine.

Representative Porter: It really is equal. The crews in Grand Forks work in the emergency department when they are not out on calls. They kind of do overload kind of things. They work throughout the hospital in starting IVs on difficult patients and doing different tasks that have been designated to them to do. A lot of this is already being done, but it broadens who can give them orders on how to do it. You have flight crews that are designated to be on a helicopter and they might not be doing anything while they are not on a mission and the hospital might want to have them do things in the hospital, but they are not designated into a patient care roll. They are in a technical roll assisting people doing patient care. This just clarifies a little bit better of how they function.

Chairman Weisz: I have noticed it in our hospital, because the ambulance runs are sporadic and they spend a lot of time in the emergency room helping out.

Vice Chairman Rohr: So are these EMT's on a registry? So if there is a quality of care issue they are able to track it?

Representative Porter: My understanding of how it works now is that they are limited in their scope inside the hospital by the hospital themselves. They follow them just like any other employee.

Representative Porter: I move for a do pass on SB 2312

Representative Skroch: I second it.

Chairman Weisz: Are there any questions from the committee?

Vice Chairman Rohr: So are these EMT's on a registry so there would be a way to check on cares.

Representative Porter: The health department says these are the things that this person is certified in and they can do. The hospital would be the ones that set up what they can do within their system.

Vice Chairman Rohr: Liability would go back on the hospital?

Representative Porter: When they are functioning in a hospital they are under the hospital and all of their rules etc. They would be able to do whatever is within their scope of practice and the hospital could allow them to do whatever that would include.

Representative Westlind: Anything they would be doing in a hospital would be charted in the hospital so there would be tracking as to what they are doing.

Vice Chairman Rohr: I am assuming then that the hospital would be developing job descriptions for these individuals.

Representative Porter: They already have.

Chairman Weisz: Further discussion or questions?
Ok they clerk will call the roll for a do pass on SB 2312.

Roll call vote taken yes 14 No 0 Absent 0

Chairman Weisz: Motion carried for a do pass.
Volunteer to carry this one?

Representative Westlind: I will.

Date: 3-1-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB. 2312

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Westlind

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

REPORT OF STANDING COMMITTEE

SB 2312, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2312 was placed on the Fourteenth order on the calendar.

2017 TESTIMONY

SB 2312

SB2312
Attach #1
1/31

Testimony of Howard C. Anderson Jr. on Senate Bill 2312 January 31, 2017 before the Senate Human Services Committee, Judy Lee Chair.

Chair Lee and members of the Senate Human Services Committee. This bill comes to you, through me, at the request of the North Dakota Emergency Medical Services (EMS) Association.

It has a fairly narrow focus in that it lets them work within their scope of practice when employed in a hospital. Naturally the hospital's credentialing committees will work to be sure they have qualified people to serve their patients, but the hospitals do not wish to waste the resources they have by not getting the most out of the individuals they employ.

The Association's representatives are here to explain the details and answer your questions.

Thank you,

Howard

SB 2312
Attach #2
1/31

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Testimony
Senate Bill 2312
Senate Human Services Committee
Tuesday, January 31 2017; 10:45 a.m.
North Dakota Emergency Medical Services Association

Good morning, Chairman Lee and members of the committee. My name is Tim Meyer, and I am the Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee and a member of their Board of Directors representing the southeast region of our state. I am here today in support of SB 2312.

This bill does two things; it updates statute to reflect the current levels of emergency medical services professional, and it allows hospitals more flexibility in their oversight structure if they have EMS professionals working in the hospital.

The National Registry of Emergency Medical Technicians added a new level called "Advanced Emergency Medical Technician" and eliminated the emergency medical technician – intermediate levels. North Dakota statutes need to reflect those changes so we can properly and legally train, test, certify, and license people at those levels.

The language in Section 2 of the Amendment will no longer restrict the way they set up an oversight structure. Hospitals can continue to choose to have EMS professionals report through the nursing structure or they can have EMS professionals report to physicians like they typically do in the pre-hospital setting. This change does not expand the scope for EMS professionals in the hospital, it only seeks to allow for a variety of ways a hospital may choose to structure their employment.

I would ask for an amendment to this bill to include emergency medical technicians in the list of EMS professionals allowed to work in a hospital. Specifically on Line 15 add "emergency medical technician," after "Licensed". There are many rural hospitals that could use EMTs in a variety of ways. Having EMTs employed in a hospital only strengthens the local ambulance service.

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

SB2312
#3
1/31

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January 31, 2017

Chairman,

Thank you for the opportunity to share some information here today. My name is Jim Restemayer and I am from Grafton, North Dakota. There, I work as a Paramedic and am based out of Unity Medical Center. I am also the manager of the ambulance service in Grafton. Lastly, I have the opportunity to represent providers here in North Dakota as the President of the North Dakota Emergency Medical Services Association.

Today I would ask for your support of the EMS in Hospitals bill. For twenty-two of my thirty year career, I have had the opportunity to work within a hospital as a Paramedic. During that period of time I have experienced first-hand the benefit of being based within a hospital.

Changing the rules to allow not only Paramedics to work in the hospital, but Advanced and Basic EMTs could benefit both the rural hospital and the rural ambulance service. Healthcare agencies in North Dakota are struggling to recruit, train, and keep proficient providers working in their community. Utilizing a trained asset, such as an EMT to assist with patient care will help reduce that burden.

When not directly engaged on an ambulance call the EMT would be able to assist in the hospitals. Using their EMS skills and providing a trained asset to the hospital, clinic, or other healthcare setting. Also allowing the EMT a greater opportunity to build practice and experience. In the event there is an ambulance call the EMT could respond.

We also have to keep in mind that in many communities this may lead to a greater collaboration between EMS and the Healthcare settings that are able to share an EMT. As the coordinator of a small town ambulance service It is difficult to recruit EMTs to a smaller community. Here we would collaborate to share resources. Allowing a home-grown asset to stay local, work within their community, and be an integral part of their local healthcare and ambulance service.

This will not provide an answer to every problem, but it is one viable alternative among many that could take place to initiate a positive change. Community hospitals and ambulance services are losing valuable resources. Likely the same is already happening with their teachers, daycare providers, law enforcement, and others. We are going to have to look out of the box to create new opportunities if we are going to survive.

Thank you for this opportunity.

Jim Restemayer

SB2312
Attach #4
1/31

NDHA
North Dakota Hospital Association Est. 1934

Vision
The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission
The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2017 SB 2312
Senate Human Services Committee
Senator Judy Lee, Chairman
January 31, 2017

Good morning Chairman Lee and Members of the Senate Human Services Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association. I am here to testify regarding 2017 Senate Bill 2312 and ask that you give this bill a **Do Pass** recommendation.

This bill would allow licensed advanced emergency medical technicians and paramedics who are employed by hospitals to provide patient care within a scope of practice established by the North Dakota Department of Health. NDHA supports the use of emergency medical services professionals in the hospital setting.

NDHA supports hospitals being able to have these EMS professionals work under the reporting structure that works best for that individual hospital (i.e., through the nursing structure or reporting to physicians). This bill would not expand the scope of EMS professionals in the hospital, it would instead appropriately allow for a variety of ways a hospital may choose to structure their employment.

NDHA supports this bill and asks that you give it a **Do Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,
Jerry E. Jurena, President
North Dakota Hospital Association

PO Box 7340 Bismarck, ND 58507-7340 Phone 701 224-9732 Fax 701 224-9529

SB 2312
Attach #5
1/31
Pg 1-4
A1-A6

NDNA
NORTH DAKOTA NURSES ASSOCIATION
✧ 1912-2017 ✧
1515 Burnt Boat Drive
Suite C #325
Bismarck, ND 58503
701-335-6376

Testimony in opposition of SB 2312
Senate Human Services Committee
January 31, 2017

Chairman Lee and members of the committee, my name is Carmen Bryhn and I serve as Executive Director & Lobbyist for the North Dakota Nurses Association.

The North Dakota Nurses Association (NDNA) is the only professional organization representing all registered nurses (RNs) in North Dakota. The mission of NDNA is to advance the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and advocating on health care issues affecting nurses and the public.

It is on the last point that I would like to address you today in opposition of the proposed removal of supervision of the hospital's nurse executive in Section 2 line 17-19 of SB 2312.

Paramedics and emergency medical technicians (EMTs) are an important aspect of healthcare in our state, especially pre-hospital emergency care. However, supervision is necessary within the hospital setting because paramedics are not licensed independent practitioners and the care provided by them to patients must be overseen by nursing. In hospitals, patient care is coordinated and organized by nursing, therefore, it makes sense that in the hospital setting these workers follow that path.

The education and training that paramedics and EMTs receive does not include important aspects on the continuum of care to patients. A list of skills comparing the paramedic to the Practical Nurse are listed in the table attached. They do not receive training in the nursing process, care planning, concept maps, or nursing notes. Compared with nursing training, emergency service professionals receive a very basic psychology of a trauma and are trained in emergency medications only. Setting goals, developing interventions, and evaluating patients after emergency situations are critical to the safe & continued care of the patient. Paramedics and EMTs are not trained on this type of care and therefore, need oversight in the process by an educated nurse while in the hospital setting.

There is not a defined scope of practice for EMTs or paramedics in the hospital setting, which could cause implications for surveys & accreditations such as the Health Department and Joint Commission. Please see the highlights provided from the Century Code Chapter 33-36-04 on Scope of Practice for Emergency Medical Services Professional. The scope is for "out of hospital medical and traumatic emergencies" and requires "supervision by

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nursing staff or a nurse executive in a hospital setting." The bill states in line 17 that "a scope of practice (will be) established by the department," which is not acceptable for continuity of care for patients and certainly does not set a standard for a professional scope of practice. Professional scope of practice definitions should not be changed for various settings. For example, a nurse does not have a different scope of practice for hospitals versus clinics or nursing homes.

Currently, hospitals may & do hire EMTs and paramedics in their facilities, but they must be supervised by a licensed professionally trained nurse. The current hiring of EMTs and paramedics by hospitals has not & will not eliminate the shortage of workforce in hospitals, but instead will compromise patient care.

Oversight must be provided by nursing for patients in the hospital setting to receive the continued high quality of care that North Dakotans expect. We urge you to oppose the removal of supervision by nursing in SB 2312. Thank you for your time in this matter.

Carmen Bryhn MSN, RN
Executive Director
director@ndna.org
North Dakota Nurses Association

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#5
4/31

SKILL Comparisons of Paramedic to PN	National Registry Paramedic Curriculum	PN Curriculum	Proficient in LPN Role
1. Measuring Body Temperature	X	X	Yes
2. Assessing radial and apical pulses	X	X	Yes
3. Measuring Sp02 (02 Sats)	X	X	Yes
4. Measuring Blood Pressure	X	X	Yes
5. Documentation of Vital Signs	X	X	Yes
6. Completing a bed bath		X	No
7. Completing a tub bath		X	No
8. Shower		X	No
9. Making a medical bed		X	No
10. Performing oral cares		X	No
11. Foot or nail care		X	No
12. Preparation of a sterile field and supplies	X	X	No*
13. Applying sterile gloves	X	X	No*
14. Applying and Removing PPE	X	X	No*
Medication Administration:			
15. 6 Rights: Right Medication Right Route Right Dose Right Time Right patient Right Documentation	X	X	No*
16. Oral	X	X	Yes
17. Ophthalmic	X	X	No*
18. MDI/Inhalers	X	X	Yes
19. Preparing Injections Vial, Ampule, Powder	X	X	No*
20. Administering an IM Injection	X	X	No*
21. Administering an Intradermal	X	X	No*
22. Administering Insulin	X	X	No*
23. Mixing two insulins		X	No
24. Blood Glucose Monitoring	X	X	Yes
25. Insulin pens	X	X	No*
26. Applying a nasal cannula or 02 mask	X	X	Yes
27. Care of an artificial airway	X	X	Yes
28. Suctioning	X	X	No*
29. Nebulizer treatments	X	X	Yes
30. Care of chest tubes	X		No*
31. Head-to-Toe Assessments	X	X	No*
32. Physical Examination (inspection, palpation, percussion, auscultation)	X	X	No*
Nutrition			
33. Aspiration precautions	X	X	Yes
34. Administering enteral feedings via Nasoenteric, Gastrostomy, or Jejunostromy	X	X	No*
35. Inserting a Nasoenteric Tube for Enteral Feedings	X	X	No*

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36. Administering a cleansing Enema		X	No
37. Pouching an Ostomy		X	No
38. Inserting a straight or indwelling catheter	X	X	No*
39. Indwelling catheter care		X	No
40. Closed catheter irrigation		X	No
41. Assessment for risk for pressure ulcer development		X	No
42. Applying dry and moist dressings	X	X	No*
43. Performing wound irrigation	X	X	No*
44. Applying an elastic bandage	X	X	No*
45. Suture removal		X	No
46. Wound drainage systems		X	No
47. Staple removal		X	No
48. Steri strip application		X	No
49. Abdominal binder application	X	X	Yes
50. Applying restraints	X	X	Yes
51. Documentation for restraints	X	X	No*
52. Patient privacy	X	X	Yes
53. Hand washing	X	X	Yes
54. Post-Partum Assessment		X	No
55. Breastfeeding		X	No
56. Newborn Assessment		X	No
57. Newborn bath		X	No
58. Pediatric Assessment		X	No
59. Pediatric Medication Administration		X	No
60. IV therapy- Observation of IV site and maintenance of flow	X		Yes

*According to the National Registry for Paramedics Curriculum, students learn these skills. However, we have found that the students in our program have either never learned the skill or are not proficient in the skill. These skills have been added to the paramedic to nurse bridge curriculum.

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CHAPTER 33-36-04
SCOPE OF PRACTICE FOR EMERGENCY MEDICAL SERVICES PROFESSIONALS

33-36-04-01. Definitions.

Words defined in chapter 23-27 of the North Dakota Century Code have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced emergency medical technician" means a person that has fulfilled the training, testing, certification, and licensure process for advanced emergency medical technician as required in chapter 33-36-01.

2. "Emergency medical technician" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician as required in chapter 33-36-01.

3. "Emergency medical technician-intermediate/85" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician-intermediate/85 as required in chapter 33-36-01.

4. "Emergency medical technician-intermediate/99" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician-intermediate/99 as required in chapter 33-36-01.

5. "Paramedic" means a person that has fulfilled the training, testing, certification, and licensure process for paramedic as required in chapter 33-36-01.

6. "Primary care provider" means a qualified individual responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

History: Effective January 1, 2008; amended effective July 1, 2010.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-04-02. Scopes of practice.

Each level of emergency medical services professional has a scope of practice that includes the scopes of practice of all subordinate emergency medical services professionals and the scopes of all emergency medical services providers listed in chapter 33-36-03. The hierarchy of emergency medical services professionals is listed sequentially in this section.

1. **Emergency medical technician.**

   a. Scope. The emergency medical technician's core scope of practice includes basic, noninvasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an advanced first-aid ambulance attendant and emergency medical technician are the

educational and testing requirements required for licensure as an emergency medical technician.

b. Curriculum. The educational requirements include successful completion of a state-authorized emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician are defined by the department. Local medical directors may limit the specific skills that an emergency medical technician may provide and they may not exceed those specific skills defined by the department.

e. Occupational setting. Emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians may also provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician provides medical care with physician oversight. A physician credentials the emergency medical technician and establishes patient care standards through protocol.

g. Supervision. An emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians, emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service, an emergency medical technician is supervised by a paramedic.

2. **Emergency medical technician-intermediate/85.**

a. Scope. The scope of practice of an emergency medical technician-intermediate/85 includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician-intermediate/85 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/85 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and emergency medical technician-intermediate/85 are the basic, limited advanced interventions that an emergency medical technician-intermediate/85 may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician-intermediate/85 training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians-intermediate/85 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician-intermediate/85 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting may limit the specific skills that an emergency medical technician-intermediate/85 may provide. They may not exceed those specific skills defined by department policy.

e. Occupational setting. Emergency medical technicians-intermediate/85 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians-intermediate/85 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician-intermediate/85 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician-intermediate/85 and establishes patient care standards through protocol. An emergency medical technician-intermediate/85 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician-intermediate/85 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/85, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/85 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician-intermediate/85 is supervised by a paramedic. Emergency medical technicians-intermediate/85 working in a hospital setting are supervised by nursing staff.

3. **Advanced emergency medical technician.**

a. Scope. The advanced emergency medical technician's scope of practice includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An advanced emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The advanced emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and advanced emergency medical technician are the basic, limited advanced interventions that an advanced emergency medical technician may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized advanced emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the advanced emergency medical technician are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that an advanced emergency medical technician may provide. They may not exceed those specific skills defined by department policy.

d. Occupational setting. Advanced emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Advanced

emergency medical technicians may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. An advanced emergency medical technician working in a prehospital setting provides medical care with physician oversight. In this circumstance, a physician credentials the advanced emergency medical technician and establishes patient care standards through protocol. An advanced emergency medical technician working in a hospital setting is credentialed by the hospital.

f. Supervision. An advanced emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other advanced emergency medical technicians, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an advanced emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an advanced emergency medical technician is supervised by a paramedic. Emergency medical technicians working in a hospital setting are supervised by nursing staff.

4. **Emergency medical technician-intermediate/99.**

a. Scope. The scope of practice of an emergency medical technician-intermediate/99 includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician-intermediate/99 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/99 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician-intermediate/85 and emergency medical technician-intermediate/99 are the limited pharmacological interventions that an emergency medical technician-intermediate/99 may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician-intermediate/99 training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians-intermediate/99 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician-intermediate/99 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that an emergency medical technician-intermediate/99 may provide. They may not exceed those specific skills defined by department policy.

e. Occupational setting. Emergency medical technicians-intermediate/99 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians-intermediate/99 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

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f. Medical oversight. An emergency medical technician-intermediate/99 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician-intermediate/99 and establishes patient care standards through protocol. An emergency medical technician-intermediate/99 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician-intermediate '99 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/99, emergency medical technicians-intermediate/85, emergency medical technicians, emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/99 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician-intermediate/99 is supervised by a paramedic. Emergency medical technicians-intermediate/99 working in a hospital setting are supervised by nursing staff.

5. **Paramedic.**

a. Scope. The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The major difference between the paramedic and the emergency medical technician-intermediate/99 is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

b. Curriculum. The core educational requirements include successful completion of a state-authorized paramedic training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the paramedic are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that a paramedic may provide and they may not exceed those specific skills defined by department policy.

d. Occupational setting. Paramedics may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, as the primary care provider of an advanced life support air or ground ambulance service, or as the primary care provider of a critical care air ambulance service. Paramedics may work for a hospital in an emergency or nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. A paramedic working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the paramedic and establishes patient care standards through protocol. A paramedic employed by and working in a hospital setting is credentialed by the hospital.

f. Supervision. A paramedic may supervise all subordinate levels of emergency medical services personnel. Paramedics working in a hospital setting are supervised by the hospital's nurse executive.

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History: Effective January 1, 2008; amended effective July 1, 2010.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

SB2312
Attach #6
1/31

January 30, 2017

Senator Judy Lee and the Senate Human Services Committee:

As a nursing director in a rural facility in North Dakota, I certainly recognize the need for workforce solutions in our state. I also recognize that there is a role that EMS personnel may be able to play in meeting that need. However, I am concerned that in the hospital setting, the responsibility for patient care must be under the direction of a registered nurse. The Conditions of Participation under which Critical Access Hospitals are surveyed states that: The nursing care of each patient of the CAH must be supervised by a registered nurse or a physician assistant where permitted by State law. (CoP 296)

Therefore, I feel that SB 2312 should not be passed.

Sincerely,

Doris Vigen RN BSN

Doris Vigen RN BSN
Director of Nursing
Sanford Mayville
Chair, Critical Access Network Executive Committee

SB 2312
Attach #7
1/31

January 30th, 2017

Dear Senate Committee Members:

On behalf of North Dakota Emergency Nurses' Association, I would like to express our opposition to the upcoming legislation that would remove the requirement for paramedics to work under the direction of a hospital's nurse executive, SB 2312 EMS Supervision Bill.

As you know, paramedics are a vital asset to the healthcare field, especially in a rural state such as North Dakota. They are vital to the care of patients in the prehospital setting and can provide additional assistance for patient care in the hospital setting. However, the education and training that paramedics receive does not include all of the facets of a nurse's training. In a hospital, patient care is coordinated and organized by nursing. Paramedics are not licensed independent practitioners; therefore their care needs to be delivered with oversight and, in a hospital setting, direct patient care is overseen by nursing. Paramedics do not have any experience in the nursing process, care planning, concept maps, or nursing notes. They are not proficient in setting goals, developing interventions, and evaluating patients during the post-acute phase of care, all of which are critical skills in caring for hospital patients. EMS training does not equally prepare an EMT or paramedic for providing patient care in a hospital setting. Their training is focused on pre-hospital care. Also, currently there is no defined scope of practice for EMT's or Paramedics in the hospital setting, which should be established before anything else.

Our goal at the North Dakota Emergency Nurses' Association is to ensure that our patients are receiving the highest quality and safest care. The extensive education and training that nurses receive makes them a central part of our patients' healthcare and therefore, nursing needs to continue providing supervision to paramedics in the hospital setting in North Dakota.

If North Dakota Emergency Nurses' Association can be of any assistance to you, please do not hesitate to contact me. Thank you for your time and we look forward to your opposition of this legislation.

Sincerely,

Connie Erickson, BSN, RN, CEN
Treasurer, Trauma Chair
North Dakota Emergency Nurses' Association
701-282-3620
wfconnie@msn.com

SB2312
#8
1/31

January 30th, 2017

Dear Senate Committee Members:

On behalf of North Dakota Emergency Nurses' Association, I would like to express our opposition to the upcoming legislation that would remove the requirement for paramedics to work under the direction of a hospital's nurse executive, SB 2312 EMS Supervision Bill.

As you know, paramedics are a vital asset to the healthcare field, especially in a rural state such as North Dakota. They are vital to the care of patients in the prehospital setting and can provide additional assistance for patient care in the hospital setting. However, the education and training that paramedics receive does not include all of the facets of a nurse's training. In a hospital, patient care is coordinated and organized by nursing. Paramedics are not licensed independent practitioners; therefore their care needs to be delivered with oversight and, in a hospital setting, direct patient care is overseen by nursing. Paramedics do not have any experience in the nursing process, care planning, concept maps, or nursing notes. They are not proficient in setting goals, developing interventions, and evaluating patients during the post-acute phase of care, all of which are critical skills in caring for hospital patients. EMS training does not equally prepare an EMT or paramedic for providing patient care in a hospital setting. Their training is focused on pre-hospital care. Also, currently there is no defined scope of practice for EMT's or Paramedics in the hospital setting, which should be established before anything else.

Our goal at the North Dakota Emergency Nurses' Association is to ensure that our patients are receiving the highest quality and safest care. The extensive education and training that nurses receive makes them a central part of our patients' healthcare and therefore, nursing needs to continue providing supervision to paramedics in the hospital setting in North Dakota.

If North Dakota Emergency Nurses' Association can be of any assistance to you, please do not hesitate to contact me. Thank you for your time and we look forward to your opposition of this legislation.

Sincerely,

Lyn J. Telford, BSN, RN, CEN
Government Affairs Chair
North Dakota Emergency Nurses' Association
701-364-7678
lyn.telford@essentiahealth.org

SB 2312
Attach #1
2/7

17.0953.01001
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
February 6, 2017

PROPOSED AMENDMENTS TO SENATE BILL NO. 2312

Page 1, line 8, overstrike "as an emergency medical"

Page 1, line 8, remove "technician"

Page 1, line 8, overstrike the comma

Page 1. line 8, remove "advanced"

Page 1, line 9, overstrike "emergency medical

Page 1, line 9, remove"technician"

Page 1, line 9, overstrike ", or"

Page 1, line 10, replace "paramedic" with "under this chapter"

Page 1, line 13, remove the overstrike over "~~**Supervision of**~~"

Page 1, line 13, remove "**Hospital licensed advanced**"

Page 1, line 14, overstrike "**technician**"

Page 1, line 14, replace "**and paramedic scope**" with "**services professionals - Scope**"

Page 1, line 15, remove "Licensed advanced"

Page 1, line 15, overstrike "emergency" and insert immediately thereafter "Emergency"

Page 1, line 16, remove "technicians"

Page 1, line 16, overstrike "and paramedics," and insert immediately thereafter "services professionals"

Page 1, line 17, remove the overstrike over "~~Under this~~"

Page 1, line 18, remove the overstrike over "~~section, these emergency medical services professionals~~"

Page 1, line 19, after "~~executive~~" insert "must be supervised by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse"

Page 1, line 19, remove the overstrike over the overstruck period

Renumber accordingly

Att. 1 SB2312
3/1/17

Testimony of Howard C. Anderson Jr. on Senate Bill 2312 March 1, 2017 at 2:15 PM in the Fort Union Room before the House Human Services Committee, Robin Weisz Chairman.

Chairman Weisz and members of the House Human Services Committee. This bill comes to you, through me, at the request of the North Dakota Emergency Medical Services (EMS) Association.

It has a fairly narrow focus in that it lets them work within their scope of practice when employed in a hospital. Naturally the hospital's credentialing committees will work to be sure they have qualified people to serve their patients, but the hospitals do not wish to waste the resources they have by not getting the most out of the individuals they employ.

In the Senate we fixed some definitions related to who was included and clarified the supervision of the individuals when working in the Hospital.

The Association's representatives are here to explain the details and answer your questions.

Thank you,

Howard

a H. 2 3-1-17
SB2312

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Testimony
Senate Bill 2312
House Human Services Committee
Wednesday, March 1 2017; 2:15 p.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Weisz and members of the committee. My name is Tim Meyer, and I am the Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee and a member of their Board of Directors representing the southeast region of our state. I am here today in support of SB 2312.

This bill does two things; it updates statute to reflect the current levels of emergency medical services professional, and it allows hospitals more flexibility in their oversight structure if they have EMS professionals working in the hospital.

The National Registry of Emergency Medical Technicians added a new level called "Advanced Emergency Medical Technician" and eliminated the emergency medical technician – intermediate levels. North Dakota statutes need to change so we can properly and legally train, test, certify, and license people at all levels in the EMS professions.

The language in Section 2 of the Amendment will no longer restrict the way they set up an oversight structure. Hospitals can continue to choose to have EMS professionals report through the nursing structure or they can have EMS professionals report to other health care professional such as physicians like they typically do in the pre-hospital setting. This change does not expand the scope for EMS professionals in the hospital, it only seeks to allow for a variety of ways a hospital may choose to structure their employment.

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

aH-3. SB 2312
3-1-17

CHAPTER 33-36-04
SCOPE OF PRACTICE FOR EMERGENCY MEDICAL SERVICES PROFESSIONALS

33-36-04-01. Definitions.

Words defined in chapter 23-27 of the North Dakota Century Code have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced emergency medical technician" means a person that has fulfilled the training, testing, certification, and licensure process for advanced emergency medical technician as required in chapter 33-36-01.

2. "Emergency medical technician" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician as required in chapter 33-36-01.

3. "Emergency medical technician-intermediate/85" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician-intermediate/85 as required in chapter 33-36-01.

4. "Emergency medical technician-intermediate/99" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician-intermediate/99 as required in chapter 33-36-01.

5. "Paramedic" means a person that has fulfilled the training, testing, certification, and licensure process for paramedic as required in chapter 33-36-01.

6. "Primary care provider" means a qualified individual responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

History: Effective January 1, 2008; amended effective July 1, 2010.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-04-02. Scopes of practice.

Each level of emergency medical services professional has a scope of practice that includes the scopes of practice of all subordinate emergency medical services professionals and the scopes of all emergency medical services providers listed in chapter 33-36-03. The hierarchy of emergency medical services professionals is listed sequentially in this section.

1. **Emergency medical technician.**

   a. Scope. The emergency medical technician's core scope of practice includes basic, noninvasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an advanced first-aid ambulance attendant and emergency medical technician are the

educational and testing requirements required for licensure as an emergency medical technician.

b. Curriculum. The educational requirements include successful completion of a state-authorized emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician are defined by the department. Local medical directors may limit the specific skills that an emergency medical technician may provide and they may not exceed those specific skills defined by the department.

e. Occupational setting. Emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians may also provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician provides medical care with physician oversight. A physician credentials the emergency medical technician and establishes patient care standards through protocol.

g. Supervision. An emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians, emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service, an emergency medical technician is supervised by a paramedic.

2. **Emergency medical technician-intermediate/85.**

a. Scope. The scope of practice of an emergency medical technician-intermediate/85 includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician-intermediate/85 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/85 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and emergency medical technician-intermediate/85 are the basic, limited advanced interventions that an emergency medical technician-intermediate/85 may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician-intermediate/85 training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians-intermediate/85 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician-intermediate/85 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting may limit the specific skills that an emergency medical technician-intermediate/85 may provide. They may not exceed those specific skills defined by department policy.

e. Occupational setting. Emergency medical technicians-intermediate/85 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians-intermediate/85 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician-intermediate/85 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician-intermediate/85 and establishes patient care standards through protocol. An emergency medical technician-intermediate/85 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician-intermediate/85 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/85, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/85 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician-intermediate/85 is supervised by a paramedic. Emergency medical technicians-intermediate/85 working in a hospital setting are supervised by nursing staff.

3. **Advanced emergency medical technician.**

a. Scope. The advanced emergency medical technician's scope of practice includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An advanced emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The advanced emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and advanced emergency medical technician are the basic, limited advanced interventions that an advanced emergency medical technician may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized advanced emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the advanced emergency medical technician are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that an advanced emergency medical technician may provide. They may not exceed those specific skills defined by department policy.

d. Occupational setting. Advanced emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Advanced

emergency medical technicians may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. An advanced emergency medical technician working in a prehospital setting provides medical care with physician oversight. In this circumstance, a physician credentials the advanced emergency medical technician and establishes patient care standards through protocol. An advanced emergency medical technician working in a hospital setting is credentialed by the hospital.

f. Supervision. An advanced emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other advanced emergency medical technicians, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an advanced emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an advanced emergency medical technician is supervised by a paramedic. Emergency medical technicians working in a hospital setting are supervised by nursing staff.

4. **Emergency medical technician-intermediate/99.**

a. Scope. The scope of practice of an emergency medical technician-intermediate/99 includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician-intermediate/99 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/99 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician-intermediate/85 and emergency medical technician-intermediate/99 are the limited pharmacological interventions that an emergency medical technician-intermediate/99 may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician-intermediate/99 training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians-intermediate/99 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician-intermediate/99 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that an emergency medical technician-intermediate/99 may provide. They may not exceed those specific skills defined by department policy.

e. Occupational setting. Emergency medical technicians-intermediate/99 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians-intermediate/99 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician-intermediate/99 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician-intermediate/99 and establishes patient care standards through protocol. An emergency medical technician-intermediate/99 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician-intermediate '99 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/99, emergency medical technicians-intermediate/85, emergency medical technicians, emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/99 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician-intermediate/99 is supervised by a paramedic. Emergency medical technicians-intermediate/99 working in a hospital setting are supervised by nursing staff.

5. **Paramedic.**

a. Scope. The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The major difference between the paramedic and the emergency medical technician-intermediate/99 is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

b. Curriculum. The core educational requirements include successful completion of a state-authorized paramedic training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the paramedic are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that a paramedic may provide and they may not exceed those specific skills defined by department policy.

d. Occupational setting. Paramedics may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, as the primary care provider of an advanced life support air or ground ambulance service, or as the primary care provider of a critical care air ambulance service. Paramedics may work for a hospital in an emergency or nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. A paramedic working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the paramedic and establishes patient care standards through protocol. A paramedic employed by and working in a hospital setting is credentialed by the hospital.

f. Supervision. A paramedic may supervise all subordinate levels of emergency medical services personnel. Paramedics working in a hospital setting are supervised by the hospital's nurse executive.

History: Effective January 1, 2008; amended effective July 1, 2010.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

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SB2312

North Dakota Hospital Association Est. 1934

Vision
The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission
The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2017 SB 2312
House Human Services Committee
Representative Robin Weisz, Chairman
March 1, 2017

Good morning Chairman Weisz and Members of the House Human Services Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association. I am here to testify regarding 2017 Engrossed Senate Bill 2312 and ask that you give this bill a **Do Pass** recommendation.

This bill would allow licensed advanced emergency medical technicians and paramedics who are employed by hospitals to provide patient care within a scope of practice established by the North Dakota Department of Health. NDHA supports the use of emergency medical services professionals in the hospital setting.

NDHA supports hospitals being able to have these EMS professionals work under the reporting structure that works best for that individual hospital (i.e., through the nursing structure or reporting to physicians). This bill would not expand the scope of EMS professionals in the hospital, it would instead appropriately allow for a variety of ways a hospital may choose to structure their employment.

NDHA supports this bill and asks that you give it a **Do Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,
Jerry E. Jurena, President
North Dakota Hospital Association

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Testimony in support of SB 2312 as currently written
House Human Services Committee
March 1, 2017

Chairman Weisz and members of the committee, my name is Carmen Bryhn and I serve as Executive Director & Lobbyist for the North Dakota Nurses Association.

I would like to address you today in support of SB 2312 as it is currently written with the proposed amendments in Section 2 line 18-20 relating to supervision of emergency medical services professionals "by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse." These additions have resolved our past opposition of this bill.

Paramedics and emergency medical technicians (EMTs) are an important aspect of healthcare in our state, especially pre-hospital emergency care. However, supervision is necessary within the hospital setting because paramedics are not licensed independent practitioners and there is not a defined scope of practice for EMTs or paramedics in the hospital setting. According to the Administrative Code Chapter 33-36-04 on Scope of Practice for Emergency Medical Services Professionals, the scope is for "out of hospital medical and traumatic emergencies" and requires "supervision by nursing staff or a nurse executive in a hospital setting." The education and training that paramedics and EMTs receive does not include important aspects on the continuum of care to patients while in the hospital setting.

Oversight of these individuals must be provided for patients in the hospital setting to receive the continued high quality of care that North Dakotans expect.

We give our support to SB 2312 as currently written with the above referenced amendments. Thank you for your time in this matter.

Carmen Bryhn MSN, RN
Executive Director
director@ndna.org
North Dakota Nurses Association

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3-1-17

House Human Services Committee
North Dakota Board of Nursing Testimony
SB 2312 Emergency Medical Services Professionals

Chairman Weisz and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to SB 2312 amendments to 23-27-04.4 Supervision of services of professionals-scope of practice lines 18-20. These amendments were a collaborative outcome of meetings involving the ND Board of Nursing Directors and several representatives from ND Department of Health, Division of EMS and Trauma with input from ND Hospital Association, ND Board of Medicine, and ND Center for Nursing and ND Nurses Association.

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