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FISCAL NOTE STATEMENT

House Bill or Resolution No. HB 1337

This bill or resolution appears to affect revenues, expenditures, or fiscal liability of counties, cities, school districts, or townships. However, no state agency has primary responsibility for compiling and maintaining the information necessary for the proper preparation of a fiscal note regarding this bill or resolution. Pursuant to Joint Rule 502, this statement meets the fiscal note requirement.

Sheila Sandness
Senior Fiscal Analyst

2019 HOUSE HUMAN SERVICES COMMITTEE

HB 1337

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1337
1/15/2019
30852

- Subcommittee
 Conference Committee

Committee Clerk: Elaine Stromme by Nicole Klamann

Explanation or reason for introduction of bill/resolution:

Relating to the emergency medical services personnel licensure interstate compact

Minutes:

1 and 2

Vice Chairperson Karen Rohr: Opened the Hearing on HB 1337

Representative Pat Heinert: Written testimony not provided. This bill introduction will allow EMS personal to get involved with other states for interstate compact, allowing EMS to practice in different states than licensure issued. Benefits include increased public access for EMS personal, enhances states ability to protect the public's health and safety, especially patients'. It encourages the cooperation of member states in the areas of licensure and regulation, supports licensing of military members separating from active duty tour and their spouses, facilitates the exchange of information between EMS person licenses adverse actions and significant investigatory information, promotes compliance with laws governing EMS personnel practices in each member state, invests all members, states and the authority to hold EMS personnel accountable through mutual recognition of the member's state licenses.

(Timestamp 0:02:49)

Vice Chairperson Rohr: Any supporting testimony?

Bill Kolinik, Representing ND Emergency Medical Services Association (EMS): Introducing Adam Parker testifying in behalf of the association.

Adam Parker, Advocacy Committee Chairman for ND EMS Association. Read supporting testimony, **See attachment 1**

(Timestamp 0:08:00)

Vice Chairperson Rohr: Questions from the committee?

Representative Dick Anderson: Is there any nearby state that are participating in this now?

Adam Parker: Yes, Wyoming, Nebraska and Idaho. All neighboring states express interest.

Rep. Anderson: Is there idea how many more members we could get by this?

Adam Parker: Are you referencing the number of EMS personnel?

Rep. Anderson: Yes

Adam Parker: I don't know that the legislation itself will attract more people to volunteer or come to the state. But it will allow more flexibility for across border operations, so decrease in licensure fees. There is already a compact that exists, EMAC, but it takes a declared state of emergency before it can be activated.

(Timestamp 0:10:44)

Representative Dobervich: Regarding FBI compliant background check; Who pays for EMT background checks, as there is no fiscal note provided?

Adam Parker: It will be 3.5-4 years before this will have to be implemented. It applies only to initial licensure. Anybody that we are bringing into REPLICA is assumed they are already compliant and do not have a criminal background. We believe that expense for new applicants should be held by the Health Department. If we assume the expense to the applicant they will, more than likely, be reimbursed by their associated group. These groups will take the reimbursement funds from the Rural EMS Assistance Grant, appropriated by legislature, which lessens their operating funds. With that said, we have not discussed the budgeting with the Health Department.

(Timestamp 0:12:41)

Representative Karen Skroch: You stated a commission is set up between the states? How, who and what are the terms? You then stated later that they would be elected among themselves. Please clarify.

Adam Parker: A commission has been established. Because once it hit 10 states participating it activated the compact. So currently 16 states involved. If this bill passes, we would also get a seat on that commission.

Representative Greg Westlind: How easy or difficult is it for a ND licensed paramedic to receive licensure out of MN?

Adam Parker: It's not particular difficult in MN it requires a licensing fee and application. However, SD and MT are much more difficult and can take up to 6 months to complete the process.

Rep. Westlind: What does a paramedic in SD need to be certified? Define the differences.

Adam Parker: Typically, it's just an application. I do not know their specific policies or what would encourage further information gathering beyond the typical application, but we have seen they require a letter from the Paramedic Program Director. This request has caused roadblocks if the Paramedic School is no longer operating. Letters from previous employers have been requested, which may cause delays dependent upon their reply time. There must

also be a Medical director signature required for the state of licensure, which may present further roadblocks.

Rep. Westlind: Would this bill eliminate these issues with the reciprocity factor built in?

Adam Parker: Yes, it would stream line the process as long as the neighboring states adopt it.

Vice Chairperson Rohr: Further Questions? Seeing none, anyone with else with supporting testimony?

Chris Price, Director of the Division of EMS for ND Dept. of Health: Read supporting testimony. **See attachment 2**
(Timestamp 0:23:38)

Vice Chairperson Rohr: Questions from the Committee? Is Mr. Weidrick going to address the Fiscal Note attached?

Mr. Weidrick: There are 2 fiscal issues that came up; 1.) Who is going to pay for the records checks? 2.) What has been referred to as "The Funding Cap". Per the model legislation in front of you, it is required that the state is agreeing, through legislation, to pay the administrative functions of this Commission. Current funding is through outside Federal national organizations. Our concern is there is no history of what those administrative costs will be and there is no requirement that the current funding sources continue to provide that funding. This may not be a showstopper but it is a concern to be addressed. What goes hand in hand with that is the model legislation requires that the compact be broken through legislation. It cannot be a sunset or some provision that goes along with that. I can think of multiple strategies that will curb the possibility of the State being an open checkbook.

Representative Todd Porter: We need those strategies in the form of an amendment. My questions are from the standpoint of a volunteer EMS individual that lacks the desire or wants to go to another state to work. Are they going to need the formal background check or is there an ability to just receive "in state" licensure, apart from the compact?

Mr. Weidrick: It's the later. Individuals that become part of the compact would be those that are mobile. We wouldn't see taking almost 5000 EMS professionals and forcing them into the compact requiring the record checks and so forth.

Rep. Porter: They would be moving throughout the course of their employment, using the compact as a vehicle to be employed and fluid. Why wouldn't we assume the financial responsibility to the individuals that choose this avenue?

Mr. Weidrick: I may have misunderstood the question. For example: I'm a volunteer in small town ND, without mobility. Is it now required that I become a member of the compact?

Rep. Porter: You understood correctly. My next question is for the individual that is choosing to use the compact. They are moving for employment and money. Why wouldn't that individual be responsible for associated fees as there is no gain for the state?

Mr. Weidrick: Currently grant funds are being administered to ambulance services and therefore doesn't make sense to charge fees. But again there's not benefit to all the ambulance services in the state. My personal propensity would be to say, it would be the individual's financial responsibility. But there has not been communication about this.

Rep. Porter: That's exactly how we have approached this with other compacts. The individual is to gain. Now inside of their employment agreement, if coming to moonlight for ABC ambulance service and there are additional costs in them doing that, that's their's to negotiate with who they contract with. The state is not a party to that nor subsidizing that.

Mr. Weidrick: That is my personal propensity as well and what I would advocate for when we gave this conversation.

Vice Chairperson Rohr: Any more questions? Seeing none.

Is there further support testimony? Seeing none.

Anyone in Opposition of HB 1337? Seeing none.

Any neutral testimony? Seeing None.

Vice Chairperson Rohr closes meeting.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1337
2/4/2019
32139

- Subcommittee
 Conference Committee

Committee Clerk Signature Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to the emergency medical services personnel licensure interstate compact

Minutes:

Attachment: #1

Chairman Weisz: Opened the Hearing on HB1337

Presented an amendment see (Attachment #1)

Representative Porter: All testing and certifications have been part of the national registry, not all states are a part of the National registry. The state could establish inside all the states getting together could carry fluid reciprocity without having to carry the national registry card. Another way to get more providers, from other states, working in ND without taking the National Registry exam.

Representative Skroch: Curious if this is your typical standard language of compacts we've approved in the past.

Representative Fegley: Under the current system can a person just take the National Registry test and comply with our state program?

Representative Porter: 9:00 Yes they could. It's hard to get people from Non National registry states to come here. Inside of this amendment, the licensure fee is all new. I don't recall from the testimony how the payments and background check works. I am not sure who is paying for all that. Currently the state fee is zero.

Mr. Bill Kolinik: The amendment is unclear to me, if all EMS entities are going to have to do the background check and the annual license fee or just the ones that are seeking the replica status and license?

Mr. Bill Kolinik: New Licensees would have to apply and pay for new licensing and background checks. Anyone currently licensed, would be grandfathered in.

Representative Porter: Even volunteers would have to pay for the annual licensure fee?

Mr. Bill Kolinik: Yes, that was the intent. The Department of Health was not offering a method that the licensure would be covered, so they decided that everyone would pay a nominal fee to have the structure in place.

13:58 **Chairman Weisz:** Per Weidrick's testimony those that are mobile. We've got contradictory information.

Representative Porter: That is not what the amendment says. I would be less than excited about an open ended amendment without grandfathering.

Chairman Weisz: At the same time, I am a volunteer and I don't do the licensure. I decide to move to CA, now I want to become a part of the compact to become fluid.

Representative Porter: They would be nationally registered, 34 states of reciprocity directly. We may be over reading this and it maybe only on the state license level.

Chairman Weisz: Can you get a state license not being on the state registry?

Representative Porter: No, not in North Dakota.

Chairman Weisz: Hearing closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Service Committee
Fort Union Room, State Capitol

HB 1337
2/5/2019
32183

- Subcommittee
- Conference Committee

Committee Clerk Signature Nicole Klamann

Explanation or reason for introduction of bill/resolution:

Minutes:

Chairman Weisz: Opened meeting on HB1337

11:50 **Tim Weidrick:** The EMS Division License’s about 5000 EMS providers at a variety of levels of those 5000 there are 3000 that would be included in this compact, those are EMT’s, EMT Advanced, and paramedics, the rest of the licensed people we do are not included in the compact. Of those 3000 if this law would pass and if we were to enter the compact those 3000 would be grandfathered in. There would not be a background check done on these 3000 but they would be recognized as part of the compact. They would be able to enjoy the benefits of the various states the participate in the compact as a result. Who would be impacted would be the 300 each year that are new. They would be required to have background checks and pay a nominal fee (about \$13,000.00).

Chairman Weisz: I am giving you a copy of the amendment and see what you think because there was a suggestion that the current bill did grandfather, for one. Or required everyone to go through this. May be there are suggestions by the Association.

Tim Weidrick: I would have to look at the document better. I am confident that the bill as it currently exists, is based on the model that Replica, which is the name of the organization, put forward, would if fact grandfather those individuals in. We don’t believe that there is lack of clarity on that issue.

Representative Porter: So the ongoing to those 3000 the way that the amendment reads are that they would be paying up to \$20.00 to cover the cost of the compact, even though inside of that 3000 less than 50 would actually benefit from the compact directly.

Tim Weidrick: We believe that these are theoretical costs. But if that were to occur the model legislation and the legislation in front of you, does require that we pick up those administrative costs, as a state by participating in it. What those costs actually are, I don’t know what these are, but we believe these to be nominal costs. \$10,000 or \$15,000, or \$5000.00 a year. These

would not be large expenses. The Commission has voting members from each participating state and so it would be an incentive to make sure those costs are at a minimum.

Chairman Weisz: Currently the 3000 that would be covered under this. Are we currently now requiring background check for new licenses?

Tim Weidrick: We are not. Part of the process is self-declaration.

Chairman Weisz: So the 300 a year that would be going forward will have to pay for a background check.

Tim Weidrick: Yes, that would be correct.

Chairman Weisz: So if we don't enter into the compact we don't have to pay for a background check.

Tim Weidrick: Yes, that is correct.

Representative Porter: The current state license for North Dakota is at no charge?

Tim Weidrick: Yes. But we have a requirement that certain credentials be obtained from the National Registry of Emergency Medical Technicians there are costs associated with that. But once they obtain those credentials and present them to the state our licensure part of that does not have any fees associated with it.

Representative Porter: So if this compact were to pass. With or without the amendment on it. Is the organization up and running so that it would be instantly implemented or is there still a number of states that need to pass it in order to start the actual implementation and national rules that go with this organization?

Tim Weidrick: The minimum number for the compact has now been achieved so there are no additional states that need to be joining in order to move it forward. They are in the process of setting up that organization now in order to establish it. Those people that are grandfathered in are part of the compact.

Representative Fegley: How many are in the compact now?

Tim Weidrick: Sixteen states. I do believe there will be many more that will join.

Representative Porter: Is there consideration within the department for the basic level of emergency care tech? If they were born and raised in North Dakota and had no arrests and vacationed in Medora, North Dakota, would they have to pay a fee?

Tim Weidrick: We have not had any discussion about categorization. Right now there are three levels of licensing and they are based on National Registry Certifications as codified through the administrative process. That is the EMT, EMT Advanced, and Parametric. Those are the only credentials allowed to not be included in the compact. We could create a 4th licensure level which will not be a part of the compact.

Representative Skroch: Regarding the fees, does it exceed current fees?

Tim Weidrick: We don't charge fees.

Representative Skroch: Is this a cost that will or may get passed to the ambulance service?

Tim Weidrick: That's per the individual and the organization.

Representative Rohr: With all the confusion, what is the EMS benefit?

Tim Weidrick: I'm not confused.

Representative Rohr: Are we setting a precedence, by charging no fee, within the states?

Tim Weidrick: Yes

Chairman Weisz: So under the original bill if you don't pay a fee you can't be in the compact;

Representative Porter: I think we should drop the amendment.

Representative Fegley: 25:30 I think we have a state and federal now why do we need a compact on top of it?

Chairman Weisz: It's a courtesy, you join the compact, it gives reciprocity.

Representative Fegley: I've had air force personnel and it's a simple process with the national registry.

Representative Rohr made a motion to adopt the amendment to HB1337
the amendment was withdrawn.

Representative Porter: made a motion Do Pass HB1337

Representative Ruby: Seconded

A Roll Call Vote was taken Yes – 9 No – 3 Absent – 2

Do Pass Carries

Representative Porter will carry HB1337

Hearing closed.

Date: 2/5/2019

Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1337**

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 Representative Porter Seconded By Representative Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen		X			
Bill Devlin		X			
Clayton Fegley		X			
Dwight Kiefert					
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit					
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 9 No 3

Absent 2

Floor Assignment Representative Porter

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

Motion Carries Do Pass

REPORT OF STANDING COMMITTEE

HB 1337: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS
(9 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). HB 1337 was placed on the
Eleventh order on the calendar.

2019 SENATE HUMAN SERVICES

HB 1337

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1337
3/18/2019
Job # 33846

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the emergency medical services personnel licensure interstate compact.

Minutes:

Attachments #1-2

Madam Chair Lee opens the hearing on HB 1337.

(00:15-1:36) Representative Pat Henert, District 32 introduces HB 1337 and gives a brief description.

Senator Hogan: Where did this come from?

Representative Henert: I'm going to let them explain it.

Senator Anderson: We heard a rumor that there was someone in the house who said that we have too many compacts, does that have legs or do you have a sense for that?

Representative Henert: I have not heard that rumor.

Madam Chair Lee: I hope you squash it. The irony is the person who said it to me has a fairly close connection with this issue and is now considering a compact for physicians which the medical association supports. We can't make those of hand comments.

(03:30-08:35) Tim Wiedrich, Section Chief of the Emergency Preparedness and Response Section for the North Dakota Department of Health. Testifying in support of HB 1337. Please see **Attachment #1** for written testimony.

Senator Anderson: You have broader experience of different states. My concern sometimes with our compacts like this is that much like, the pharmacy board years ago adopted model language for states to pick up, and many states picked that up but over time there is language put in that ends up going away from the model language. Do you see that as a long term erosion of the compacts?

Tim Wiedrich: I spent six years as either President elect or past President trying to deal with those issues. At those times we were attempting to work this out amongst the states and at this time during the 90's I can tell you we made no progress because we had each one of the states with multiple lines and all these different requirements. The difference between then and now is most of those states have now coalesce around a set of standards called the National Registry of the Emergency Medical Technicians. That has been a hard lift and ND was an early adopter of this. I can tell you that I think the protections now exists by the fact that now there is a wide agreement in terms of what these standards should be. It's not ubiquitous for example, there are many states in this compact who would allow that for the initial certification, nation registry, for re-certification, something less than that. What was built into this that is lacking in many compacts, in this compact we are not turning over to an external board the ability to make those decisions. We still require the licensure in the home state for each one of those. That is the influence of regulators that have their hands in developing this so I am more confident about this compact than I am with other compacts that seems there is a handoff from the state to another entity to make those decisions and when the state feels like they need to step in to do corrective action. I really think this is the right thing to do.

Senator Hogan: I'm real interested in your comments about the Department of Health having concerns about the specific funding language. Can you give us the specific sites of funding language that you are worried about?

Tim Wiedrich: This legislation in terms of how it was developed on model legislation and there is a provision and I want to be clear about this but I feel this is our duty to point this issue out. There is a provision that establishing the administrative body in which there will be a North Dakota representative along with other states if we join. There is a provision that there would be a requirement from the states to fund that administrative function. All the estimates and insurances that we got from that board and the entities that those would be very low costs. Those are currently under written by the National Registry of Emergency Medical Technicians so as we stand here today and there is no reason for us to believe otherwise in the future that there will be no costs passed on to us but, in the event if that were to stop there is not a definition in this other than the obligation of the state to fund that until the law can be withdrawn. In our case that would be a two-year increment but we would still have the obligation to continue the funding.

Senator Hogan: Which explains why there is no fiscal note.

Madam Chair Lee: Did you have a recommendation for an amendment about that because we would be happy to consider that. I'm looking at the longer section on page 13 that deals with the finance part, some of this is going to be established in rule I'm assuming. It's actually a lot of detail here in the statute.

Tim Wiedrich: That is true.

Madam Chair Lee: If I read this carefully, the scope and requirements in the state, it sounds like it would automatically update to match the compact changes. Did I misunderstand what I read about that? If there is a change in the scope of practice that is required in each of those defined professions that the state would automatically need to update to that as well.

Tim Wiedrich: Our original approach to this, because we are a National Registry state, and that's the way it had been functioning. In the past we built into administrative rule by reference those external updates. There is a ND supreme court decision that says we can't do that so we will have to put it into statute a lot more than we previously put in administrative rule.

Madam Chair Lee: Is there something that we need to do with this then?

Senator Anderson: I think that what time is referring to is that we can't differ state rules to outside services. However, if you adopt the rule based on what is currently in place then we would have to change the rule every time you want it to be matching someone else. I think the same thing applies we don't have to change the statute and you have to change the rule.

Tim Wiedrich: That is correct.

Madam Chair Lee: So it is directing you to do or whomever to update. It doesn't automatically make that happen.

Tim Wiedrich: That is correct. Nothing in this would supersede the laws and the administrative rules so it's just that in the past we were able to it by outside reference and now it has to be in our administrative rule rather than by reference.

Madam Chair Lee: On page 3 line 9 where it is talking about physicians, we have a lot of areas where there are other providers. Is there any discussion in your national organization about including APN's for example who are primary care providers and the only ones in parts of North Dakota?

Tim Wiedrich: I don't know that level of detail I know that we would be receptive to the state I doubt that would interfere our participation in the compact.

Madam Chair Lee: I wouldn't want it to interfere but we have done a whole lot of changing to include providers as the word for whatever the ambulance service might have arranged for medical director and then the state could require more stringent rules and on page 8 it talks about closed meeting for purchases. I'm just wondering, I have no problem with executive sessions for discipline and all of that but around page 8 there were things around our sunshine laws probably wouldn't qualify as closed meeting reasons so again, I don't want to mess this compact up. We could maybe have our intern help us figure out if anything we could do to fix this up. It maybe needs to say in compliance with state law or something like that.

Tim Wiedrich: That would be exactly where we are at now. We clearly can't have a conflict.

Madam Chair Lee: I think that is all of my notes. Any further questions?

Tim Wiedrich: Some of the other questions that did come up is that this would require a criminal records check for the new individuals, it doesn't require us to go back and do the entire body that are currently licensed but for those who are new which is about 300 people

a year and it would be about 15,000 dollars a year for the lot of the criminal records check. We are reviewing that as a nominal amount.

Senator K. Roers: I'm surprised it hasn't been a requirement until now.

Madam Chair Lee: I thought there was something in here that said every five years they had to be checked when I was reading through the part about the background checks.

Senator Anderson: No place does it say that we have to do about this background check, if we don't have specificity about it all you say is you know I guess someone could sue you if you knew but you can't keep the background check or give it to anybody else anyways.

Madam Chair Lee: Well North Dakota does not participate in the National registry, fewer than half of the states do I guess it is a cost thing.

Tim Wiedrich: If I could also fold in with what Senator Anderson said, there is a requirement for self-disclose as part of the licensure application so if this were to actually assist us it would those situations where someone failed to self-disclose and we would be able to take action. The way it is now we would only be able to identify that if in fact there was a complaint which is rare but that has happened.

Madam Chair Lee: I've also heard that there is some concern from some of the professions about the inclusions of veterans and spouses, not knowing if the military definition matches the definition that might be true in this national organization which is a part of the model legislation. Do you have any thoughts about that?

Tim Wiedrich: One thing that happened during my tenure as president of the national organization, the Department of Defense did agree to use the national registry. I have not gone back to see if that is still in effect but I am sure that it is.

Madam Chair Lee: Anything further for Mr. Wiedrich? If not, thank you.

(22:40-26:37) Adam Parker, Chair of the North Dakota Emergency Medical Services Association's (NDEMSA) Advocacy Committee. Testifying in support of HB 1337. Please see **Attachment #2** for written testimony.

Madam Chair Lee: If there was some reason why ND wanted to get out of the compact, it's not an onerous process to get out

Adam Parker: That is the way I would have interpreted it as well.

Tim Wiedrich: The compact requires legislation to get in to the compact and to leave the compact.

Madam Chair Lee: Thank you for clarifying that.

Adam Parker: From the date of the interstate compact hit 10 states was about a year ago, since that date when the compact was initiated the state has 5 years to implement

background checks but that only applies to initial licensure, everyone currently licensed would be grandfathered in.

Madam Chair Lee: In addition to the fact that the list of people waiting for background checks takes weeks to get them done. Any additional testimony for HB 1337?

Senator O. Larsen: The background check thing, all of these background checks that are being done and looking for alternatives to incarceration and all of that, I am wondering how, if we keep on this trajectory of everyone needing background checks is that going to impede people coming out of the criminal system to try and get some work because I guess I wouldn't be too concerned if a felon was picking me up off the highway and getting me to the hospital.

Senator K. Roers: I would argue that it is more a change of a culture of what is acceptable on a background check rather than the fact that we do a background check. It is more about; you don't want someone in charge of your money with a history of financial crimes or putting the care of a vulnerable adult with someone who has a history of abuse. I think that it is more of a consideration about how do we gather and really start to educate the public on, how long ago is long enough ago to say that this is no longer something to not consider

Madam Chair Lee: It's a piece of information but it's not going to automatically disqualify someone for employment.

Senator Anderson: The board that I ran they may do a background check what we use that for is that they tell the truth on their application. If the background checks show that they didn't disclose, then it is an intentional deception and there may be more intentional deceptions in the future.

Madam Chair Lee: Thank makes sense to me. Further questions or discussion?

Madam Chair Lee closes the hearing on HB 1337.

Senator Anderson: I move a **DO PASS** on HB 1337.

Senator K. Roers: Did we want to do the language changes first?

Madam Chair Lee: We wanted to have the Alex (Senate Human Services Committee Intern) look up some of the language.

Madam Chair Lee asks the Senate Human Services Intern when she would be able to get the proposed language together. Seeing that the language could be provided after the floor session Senator Anderson withdrew his motion of do pass.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1337
3/18/2019
Job # 33869

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the emergency medical services personnel licensure interstate compact.

Minutes:

No Attachments

Senator Anderson: Since we are supposed to adopt these all the same in all the states, do we risk jeopardizing that if we start amending something. My sense is that everyone is supposed to adopt this the same.

Madam Chair Lee: Okay, so do we want to hear a motion.

Senator Anderson: I will move a **DO PASS** on HB 1337.
Seconded by Senator K. Roers

ROLL CALL VOTE TAKEN

6 YEA, 0 NAY, 0 ABSENT

MOTION CARRIES DO PASS

Senator Anderson will carry HB 1337 to the floor.

**2019 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1337**

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. Anderson Seconded By Sen. K. Roers

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	✓		Sen. Kathy Hogan	✓	
Sen. Oley Larsen	✓				
Sen. Howard C. Anderson	✓				
Sen. David Clemens	✓				
Sen. Kristin Roers	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Anderson

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

REPORT OF STANDING COMMITTEE

HB 1337: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1337 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1337

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#1
HB 1337
1/15/2019
Pg. 1

Testimony
House Bill 1337
House Human Service Committee
Tuesday, January 15 2019; 2 p.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Weisz and members of the committee. My name is Adam Parker. I am the Chair of the North Dakota Emergency Medical Services Association's (NDEMSEA) Advocacy Committee and a member of their Board of Directors representing the Southwest region of our state. I am here today in support of House Bill 1337.

The purpose of HB 1337 is to introduce the Recognition of EMS Personnel Licensure Compact (REPLICA) in North Dakota. This act will raise the level of accountability for EMS personnel while increasing public access and improving patient safety.

As many of you are probably aware, interstate compacts are formal agreements between two or more states to address specific matters of interest shared by those states. In this case, the specific subject that REPLICA addresses is the ability of EMS personnel licensed by one state to practice in any other partnering state without first having to obtain licensure. Interstate compacts are not new in our nation however, they are new to EMS.

REPLICA got its start after the National Association of State EMS Officials (NASEMSO) convened a National Advisory Panel in 2012 to explore an EMS licensure interstate compact. From there, a 13 member, multi-disciplinary Drafting Team with assistance from the Council of State Government's Center for Interstate Compacts, met from 2012 through 2014 and drafted the compact language that is under consideration today. There is strong national support among stakeholder associations for REPLICA and currently 16 states have passed the legislation.

Several ambulance services in North Dakota, as well as services based in other states along our border, require multiple state licenses due to their geographical location and response boundaries. In time, REPLICA will allow these individuals to operate across state lines while maintaining only their home state licensure. North Dakota would maintain authority over EMS personnel from other compact states when practicing in our state and we will know who is crossing our borders. North Dakota will maintain full authority over its licensed providers and will extend a privilege to practice to other member states EMS personnel.

REPLICA also provides an expedited pathway to licensure from veterans and their spouses. This is done to help make the transition from military to civilian EMS as painless as possible.

Another benefit, and perhaps the most appealing, would be the requirement for implementation of FBI compliant background checks for licensure, as well as access to a national database of EMS providers. Currently, North Dakota requires applicants to self-disclose any criminal background when applying for licensure. It is unlikely that applicants with a criminal history that

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would prevent licensure will disclose it on their licensure application. Furthermore, because information on clinical practice is not easily shared among states, REPLICA's database creates a vehicle for exchanging information between member states regarding EMS personnel licensure, adverse actions and significant investigatory information. This real time sharing of information via a coordinated database will bring unprecedented accountability to the EMS profession.

EMS personnel routinely interact with the most vulnerable populations, are invited into homes, and trusted to provide the highest quality care to our loved ones. We must ensure that we only allow individuals deserving of that level of trust to be allowed to work in our state.

An Interstate Commission for EMS Personnel Licensure has been established to administer REPLICA. North Dakota, along with all other participating states, would have a vote on the Commission. This Commission develops policies and writes rules related only to the movement of EMS personnel under the compact in authorized circumstances. All aspects of this process are subject to public scrutiny and all home state EMS laws and rules are upheld and promoted.

In closing, North Dakota has always been one of the leading states when it has come to standardizing and improving patient care through EMS. An example of this was North Dakota's early adoption of the National Registry of Emergency Medical Technicians for testing standards many years ago, which has since become the national standard. We believe REPLICA, given all of its benefits to both the patients, as well as EMS providers, will also become the national standard. We hope you vote yes on this important piece of legislation to advance the EMS profession.

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

Good afternoon Chairman Weisz and members of the Committee. My name is Chris Price and I am the Director of the Division of Emergency Medical Systems for the North Dakota Department of Health. I am here to provide testimony in support of House Bill 1337.

Imagine having to secure a Minnesota driver's license just to travel to the Twin Cities or a South Dakota driver's license just to visit the Black Hills. This would be burdensome and inconvenient and may even dissuade you from taking those trips. Imagine again, if these trips were required by your job and you had no choice but to conform. Again, not a very desirable situation. This is the challenge facing EMS professionals throughout the United States.

Since the early 1970's, states have been issuing licenses to EMS personnel. As a means of regulating how prehospital care is delivered and protecting the public, EMS personnel licensure is as necessary and important as that of physicians, nurses, and other healthcare providers. However, not all EMS professionals function in a single state. Many operate in border areas or work in the air medical field and may respond to multiple states, while others prefer to provide staffing at remote, large scale planned events or as part of a wildland firefighting effort. Presently, these EMS professionals must secure licensure from each state in which they intend to practice.

House Bill 1337 presents an alternative. It addresses this issue, and others, via an interstate compact that recognizes the day-to-day movement of EMS personnel across state lines, extending a privilege to practice under authorized circumstances based on the home state license of the EMS personnel. Interstate compacts are tested, flexible and defensible means to address issues presented by state borders. States share responsibility for cross-border activities rather than each state addressing the same issue in a different manner. Some of you may be familiar with the interstate compacts that address nursing, physicians, and emergency management and I am confident that you, or someone you know, has benefited from the driver's license interstate compact. North Dakota is a participant in 30 existing interstate compacts covering a wide variety of medical and non-medical disciplines.

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In addition to extending the privilege to practice of EMS personnel under limited, authorized circumstances in interstate compact member states, House Bill 1337 enables the ready exchange of information between states through a coordinated database of EMS personnel licensure, adverse actions imposed by state EMS offices and significant investigatory findings that may impact EMS personnel licensure. In other words, House Bill 1337 promotes the highest level of public protection to patients cared for in the EMS system by EMS personnel. House Bill 1337 also provides legal standing or other appropriate protections to EMS personnel when practicing in participating states. A unique provision of House Bill 1337 provides an opportunity to support veterans, active members of the military, members of the national guard and reserves and their spouses with a clear and prompt pathway to licensure.

Though House Bill 1337 authorizes participation in an interstate compact, it does not permit state laws, rules, or authority to be superseded. EMS personnel are expected to be licensed and follow the laws and rules of the state in which they are licensed. Accordingly, House Bill 1337 does not provide for automatic reciprocity for EMS personnel licensure between states. This activity remains within the purview of each member state.

The Department of Health does have a concern about the specific funding language contained in the legislation but believes this may be adequately addressed via a funding cap or other appropriate strategy.

For EMS personnel, House Bill 1337 will remove obstacles and provide protections when it is necessary to provide care across state lines. This benefit will be extended to over 200 North Dakota EMS personnel upon nationwide adoption of the compact. For patients, it provides greater assurance that their caregivers are following nationally-recognized standards and are held to the highest level of accountability.

Thank for the opportunity to testify in support of House Bill 1337. I am happy to answer any questions you may have.

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and shall collect and establish initial licensing and background check fees, not to exceed seventy-five dollars, and annual license renewal fees, not to exceed twenty dollars, to cover the costs of licensure as set forth in chapter 23-27.1-03.

23-27-04.3. Emergency medical services personnel training, testing, certification, licensure, and quality review - Penalty.

The state health council shall adopt rules prescribing minimum training, testing, certification, licensure, ~~and~~ quality review standards for emergency medical services personnel, instructors, and training institutions, and shall collect and establish initial licensing and background check fees, not to exceed seventy-five dollars, and annual license renewal fees, not to exceed twenty dollars, to cover the costs of licensure as set forth in chapter 23-27.1-03. Rules adopted must include a definition of minimum applicable standards, a definition of emergency medical services personnel, provide for a mechanism for certifying or licensing persons who have met the required standards, provide a mechanism to review and improve the quality of care rendered by emergency medical services personnel, and define minimum standards for emergency medical services training institutions. Licensing as an emergency medical services training institution is optional. It is a class B misdemeanor for an individual to willfully misrepresent that individual's certification or licensing status as emergency medical services personnel. Quality review and improvement information, data, records, and proceedings are not subject to subpoena or discovery or introduction into evidence in any civil action.

Good afternoon Chairman Lee and members of the Committee. My name is Tim Wiedrich and I am the Section Chief of the Emergency Preparedness and Response Section for the North Dakota Department of Health. I am here to provide testimony in support of House Bill 1337.

Imagine having to secure a Minnesota driver's license just to travel to the Twin Cities or a South Dakota driver's license just to visit the Black Hills. This would be burdensome and inconvenient and may even dissuade you from taking those trips. Imagine again, if these trips were required by your job and you had no choice but to conform. Again, not a very desirable situation. This is the challenge facing EMS professionals throughout the United States.

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Additionally, House Bill 1337 enables the ready exchange of information between states through a coordinated database of EMS personnel licensure, adverse actions imposed by state EMS offices and significant investigatory findings that may impact EMS personnel licensure. In other words, House Bill 1337 promotes the highest level of public protection to patients cared for in the EMS system by EMS personnel. House Bill 1337 also provides legal standing or other appropriate protections to EMS personnel when practicing in participating states. A unique provision of House Bill 1337 provides an opportunity to support veterans, active members of the military, members of the national guard, military reserves and their spouses with a clear and prompt pathway to licensure.

Though House Bill 1337 authorizes participation in an interstate compact, it does not permit state laws, rules, or authority to be superseded. EMS personnel are required to be licensed and follow the laws and rules of their home state. House Bill 1337 does not provide for automatic reciprocity for EMS personnel licensure between states. This activity remains within the purview of each member state.

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House Bill 1337 will remove obstacles and provide protections when it is necessary to provide care across state lines. This benefit will be extended to over 200 North Dakota EMS personnel upon nationwide adoption of the compact.

Thank for the opportunity to testify in support of House Bill 1337. I am happy to answer any questions you may have.

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Testimony
House Bill 1337
Senate Human Service Committee
Monday, March 18 2019; 10:30 a.m.
North Dakota Emergency Medical Services Association

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Several ambulance service personnel in North Dakota require multiple state licenses due to their geographical location and response boundaries of the services they work for. In time, this legislation will reduce the burden on these providers by allowing them to hold only one state license. Furthermore, it would reduce the financial burden on the individuals, or the services they work for, as most states charge a licensing fee per provider. The benefit is, however, long-term as no neighboring states have currently adopted REPLICA. They have all expressed interest and are working towards REPLICA during future legislative sessions in their respective states.

Staffing is often listed as a primary concern for ambulance services in North Dakota. This legislation is a step towards reducing the burdens that agencies have in recruiting licensed EMS personnel by expanding the pool they can recruit from, as well as reducing the time required to license the individual to work. Furthermore, REPLICA allows veterans and their spouses an expedited pathway to licensure, thereby reducing the burden of transitioning from military to civilian EMS.

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REPLICA brings unprecedented accountability in EMS through the requirement of FBI compliant background checks and access to a coordinated database. The database allows clinical practice information to be easily shared among states. This allows our licensing authority to easily obtain information regarding adverse actions and significant investigatory information of individuals crossing state lines. EMS personnel routinely interact with the most vulnerable populations, are invited into homes, and trusted to provide the highest quality care to our loved ones. We must ensure that we only allow individuals deserving of that level of trust to be licensed and work in our state.

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