2015 Legislative Session Final Report

The North Dakota EMS Association with the support of a number of individuals worked hard during this 64th legislative session. We followed a number of bills and testified at several hearings throughout the 78 days. During the session the advocacy committee was updated frequently on the progress of bills, especially our funding bills as they numerous several times. In addition to information being available online we had one legislative call to action alert that requested EMS leaders to reach out to members of the Senate Appropriations. During the final days of the session we also asked key stakeholders to email members of the conference committee regarding the EMS Assistance Grant funding bill. While on the outside it may not have appeared that much activity was occuring, there were emails and phone calls on a nearly daily basis between the lobbyist and advocacy chairs, committee members, and myself. The amount of work and activity is truly amazing and it started last summer when we began to develop strategy. We then met with the Governor’s office in August and hit the ground running in December. In this final report I would like to highlight the two major funding bills followed by the House and Senate bills and the two concurrent resolutions.

The Rural EMS Assistance Grants (in HB 1004) will have $7.5 million for the 2015-2017 biennium, which is another increase. It is $500,000 less than the Governor had in his budget released in December however given the financial revenue forecasts many other programs had cuts or hold even spending. When I looked back recently to see just how far we’ve come with funding it is truly amazing to see the achievement. In 2007 the staffing grant had $1.25 million in funding; in 2009 an additional million was added for a total of $2.25 million. In the 2011 session the language was changed to the EMS Assistance Grant and a total of $4.25 million was approved. Last session we received $6.6 million and now we are currently at $7.5 million for 2015-2017. In 8 years we have went from $1.25 million to $7.5 million. When you look at the entire picture with all EMS funding (assistance grant, oil impact, training grant, etc.) we are approaching $15 million, which is impressive. Language that was added to House Bill 1004 is that at least 85% of the $7.5 million be distributed to EMS agencies that do not receive an oil impact grant during the biennium beginning July 1, 2015 and ending June 30, 2017. Legislators felt that this percentage needed to be added to allow for more equal distribution. This percentage had been higher at 95% and we advocated for closer to 70% and ultimately ended at 85%. Many services will welcome this new language while I know a handful of agencies that receive the oil impact grants will be anticipating less from the assistance grants, which will be unfortunate for them. DEMST will release more information regarding this requirement and what it means in the coming weeks. The EMS Advisory Council is currently working on changes to the funding areas and grant requirements that will take affect for the 2016 grant. It is imperative that you work to collaborate with your neighboring EMS service and utilize these grant funds wisely.

The other major funding bill for EMS was HB 1176, a bill that allocates oil production tax dollars. EMS agencies in the oil-producing counties will be eligible for a $6 million earmark this biennium to cover costs for staff, equipment, coverage, and personnel training. In the last session we did receive a $7 million earmark, however $7.5 million was actually allocated to EMS in the 2013-2015 biennium based upon grant requests and needs of the EMS industry. This earmark along with the allowance for staffing costs has been critical for the EMS industry in oil impact. The next grant round from the Energy Infrastructor and Impact Office (EIIO) will be this fall.

House Bill 1255 originally was drafted for language additions to define what an “emergency response” was as well as the definition of an “ALS assessment”. This new language matched the Medicare manual and was necessary for the ND Medicaid and WSI programs when it came to reimbursing ambulance transports. Late in the session and at the request of several legislators language was added to get a handle on air ambulance services, specifically the high out of pocket expenses for patients. The Department of Health had drafted language to consider however ultimately the insurance department drafted a significant portion of HB 1255. The final bill language is considerably more detailed and is available on our website and <http://www.legis.nd.gov/> and searching HB 1255. This bill contains items such as;

* Create and maintain a primary and secondary call list of air ambulance services operating in ND.
* To qualify for the primary list the air ambulance provider shall be a participating provider of the health insurance carriers in the state which collectively hold at least 75% of the health insurance coverage in the state.
* This primary and secondary call list must be distributed to all hospitals, EMS services, and Public Safety Answering Points (PSAP) in this state. Entities calling for air transport should first request an air ambulance provider on the primary call list followed by the secondary call list.
* The Department of Health shall establish air ambulance response zones for rotary wing aircraft.
* The air ambulance service provider shall provide their fee schedule (base rate and mileage) to the Department of Health for distribution to each hospital, EMS service, PSAP’s, and each 911 coordinator in the state.
* Before a hospital refers a patient to an air ambulance service provider the hospital shall make a reasonable effort to inform the patient or the patient’s legal guardian of the fees for the air ambulance service provider.
* State health council shall adopt rules establishing air ambulance service provider requirements that address; transport plans, auto launch protocol, cancellation protocol, transporting to the nearest medical facility, medical necessity, and informed consent.

In House Bill 1323 a stroke system of care was created in language. This bill allows for items such as; development of a system plan, hospital standards and designation of stroke centers, creation of a stroke registry, quality improvement program, transportation guidelines for EMS, and the creation of a stroke system of care task force that will meet quarterly.

Senate Bill 2012 is the Department of Human Services budget. It has been a couple of sessions since EMS last had a Medicaid rebase for ambulance transport. We worked with DHS prior to the session on an increase for ambulance transport payments. Originally in Governor Dalrymple’s budget there were dollars added to increase the rates to 80% of the Workforce Safety Insurance (WSI) rates, which would’ve been a significant increase from the current 53%. Early in the session we were at 70%, and then it dropped to 60%, and finally settled in at 64%, which is an 11% increase. I know all the percentages are confusing. What it essentially means is that on the North Dakota WSI fee schedule Medicaid currently pays 53%; or 53 cents on each dollar. Starting with transports on July 1, 2015 we will now be at 64%. This modest increase will result in an additional $1.25 million for the EMS industry, half coming from federal dollars. We hope to continue to get these rates increased each legislative session.

Medical assistance coverage for the services of licensed community paramedics, advanced EMT’s and EMT’s was added in SB 2043. The Department of Human Services shall adopt rules governing payments to licensed community paramedics, advanced EMT’s, and EMT’s for health-related services provided to Medicaid patients.

Senate Bill 2070 provides for immunity for someone contacting law enforcement or EMS and reporting that someone was in need of medical assistance due to a drug overdose. To receive immunity they must remain on scene until assistance arrives, cooperate with EMS and law enforcement, and the overdosed individual must have been in need of EMS. The maximum number of individuals that may be immune for any one occurrence is three individuals.

The Narcan rescue kit bill was SB 2104. This bill defines an apioid antagonist, describes who can receive a Naloxone rescue kit, and an individual acting in good faith may self-administer an opioid antagonist or administer an opioid antagonist to another individual who the administering individual suspects is at risk or experiencing an opioid overdose. It is important to keep in mind that this bill “does not expand the scope of practice of a health care professional”. There will be more information released by DEMST later this year on Narcan rescue kits, training, and other important elements that relate to the passage of this bill.

Every individual expected to use an AED is to receive CPR and AED training on the device. This language was added to SB 2348 along with maintaining and testing AED’s, establishing AED protocols, and immunity from civil liability for those who are not compensated act in good faith and provide emergency care by using an AED.

Two concurrent resolutions were passed in the legislature this year that may impact EMS. HCR 3028 directs Legislative Management to study the feasibility and desirability of the establishment of county or multi-county emergency response centers outside of urban centers that already maintain emergency response agencies with around-the-clock staffing. Legislative Management does determine which studies do actually occur and this one is likely to get a study. This came from the Association of Counties out of a request from Grand Forks County. A study of this potential idea is likely to show the costs to run in the hundreds of millions with no mechanism to pay for this type of system. This will be an interesting study that will hopefully show the true cost of what volunteerism has been providing the past 40 plus years and how the future of staffing EMS could look like and what funds could be utilized to pay for this. The other resolution, SCR 4019 directs Legislative Management to study the feasibility and desirability of procuing health insurance, workers’ compensation insurance, or other benefits for volunteer firefighters and EMS workers, including determining whether the volunteers would be covered in the case of an accident or injury, the scope and conditions of coverage, and overall cost to insure volunteers. Legislators have always been very supportive of volunteers and recognizing the crisis we are in with volunteerism decline. They understand additional motivation factors are needed as well as making sure volunteers are adequately covered if they are injured while providing service. The EMS Association will participate in any way that we can with both of these studies as they are commissioned over the next two years.

A special thank you to our 2015 Legislative Vision Award recipients; Senator Tim Mathern and Representative Jon Nelson. We value your leadership, support and direction you have given us. We also would like to thank each of our legislators; they have been very supportive of EMS and our initiatives over the past several years. We appreciate many of you who called, emailed, and visited with your legislators to keep our bills moving forward. To have a successful session it takes an abundance of work from so many dedicated supporters, a heartfelt thank you to all of you!

In five years and three legislative sessions this 64th session was my last as your president. NDEMSA would not have been able to achieve the level of support without the assistance of our lobbyist Ken Tupa, our advocacy members; Tim Meyer, Jim Restemayer, Art Culver, Pat Tracy, Lynn Hartman, and Sherm Syverson, and of course many EMS providers from throughout our state. While I will not miss the tremendous amount of work during these sessions, I will most certainly miss the people I have had the privilege to interact with over the past three sessions. As we close the books on this 64th session NDEMSA will soon look for guidance and advocacy members for the next session. Please contact our office if this is an endeavor you may be interested in.