

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.

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 health care 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 personnels 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 a defensible solution 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 and physicians. North Dakota is a participant in 30 existing interstate compacts covering a wide variety of medical and non-medical disciplines.

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.

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.

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.