

**Testimony**  
**Senate Concurrent Resolution 4002**  
**Senate Human Services Committee**  
**Monday, January 14, 2013; 11:30 a.m.**  
**North Dakota Department of Health**

Good morning, Chairwoman Lee and members of the Human Services Committee. I am Tim Wiedrich, Section Chief of the North Dakota Department of Health's Emergency Preparedness and Response Section. I am here to provide information regarding Senate Concurrent Resolution 4002.

The concept of community paramedics is to use portions of the Emergency Medical Services (EMS) workforce to address community health and medical needs that communities currently do not have the resources to address. The program would build on existing skill sets to deliver primary care services such as assessments, chronic disease management, blood draws, diagnostic cardiac monitoring, fall prevention, medication reconciliation and other services in a highly mobile environment. These services could be delivered in many environments such as homes, schools and places of employment where they are currently not available.

We believe a community paramedic program can create three major improvements in North Dakota while reducing health-care costs. Those improvements are as follows:

1. The provision of services in rural communities where no clinical services or hospitals currently exist. A community paramedic program in this environment will increase access to health care while reducing travel costs and clinical expenses.
2. Reduction in unnecessary and expensive visits to emergency departments. These savings would be achieved by providing a screening process by the EMS system, under medical direction, and the delivery of services in the field when it is safe and effective to do so.
3. Sustainment of the existing EMS system by creating revenue streams that are not exclusively tied to the transport of patients to or from medical facilities. Under the current system design, EMS providers have substantial periods of time in which they are not delivering services as they wait for the next emergency call and revenue is only generated when patients are transported. The community paramedic

concept would allow EMS services to provide revenue generating non-emergency care in the community while maintaining the capability to respond quickly to emergency calls.

A community paramedic model can be beneficial because it promotes coordinated and integrated care by the EMS system with physicians, nurse practitioners and physician assistants, hospitals, home health agencies, long-term care facilities, and public health departments. This model creates a team approach to health care from the home through the entire health care continuum.

The governor's executive budget includes an appropriation and a half time position to conduct a pilot community paramedic program. We would look forward to working with legislative management on this study as the pilot project is implemented.

We have attached a fact sheet that provides additional information about community paramedic programs. I would be happy to answer any questions you may have.