

**Testimony**  
**Interim Health Care Reform Committee**  
**November 12, 2013**  
**North Dakota Department of Health**

Good morning Chairman Keiser and members of the Health Care Reform Committee. I am Arvy Smith, Deputy State Health Officer for the North Dakota Department of Health. I am here to provide information about Emergency Medical Services (EMS) funding provided by the legislature during the 2011-13 and 2013-15 biennia.

The question regarding EMS funding was asked in the context of health care reform services. Reforming health care can come in many forms including 1) improving access to care; 2) improving quality of care and health outcomes; 3) reducing cost of care; 4) providing more efficient care; 5) reducing use of care; 6) increasing confidentiality of health information; and 7) finding payment sources for care. The goal of increased EMS funding is to improve access to care, improve quality of care and to provide more efficient care. There are many other services the Department of Health provides that improve access to care, improve quality of care, and reduce use of care through prevention and early screening efforts. EMS is one that is seeing significant increases in the last few years.

Attached is a schedule of EMS funding provided during the 2011-2013 and 2013-15 biennia.

ST Elevation Myocardial Infarction (STEMI)

STEMI is a specific type of heart attack that responds well to intervention with clot busting drugs and catheterization of the hearts vessels. State funding of \$600,000, along with a Helmsley Charitable Trust grant, provided all of the ambulance agencies in the state with 12 lead EKG's capable of transmitting the EKG to the receiving hospital. This enables an early diagnosis to be made and the cath lab or clot busting therapy to be prepared, which is critical for a time sensitive diagnosis.

EMS Training Grants

EMS training grants provide training of EMS personnel to meet recertification.

EMS Staffing Grants

EMS staffing grants were provided to rural and volunteer ambulances to help pay for staff where they were having difficulty filling all of their shifts.

### Rural EMS Assistance Grants

This program replaced the staffing grant and expanded the scope of the funding to include staffing as well as other expenses incurred by ambulance services within a funding area.

### Community Paramedics

The concept of community paramedics, also known as Community Health Emergency Medical Services (EMS), is to use portions of the EMS workforce to address community health and medical needs that communities currently do not have the resources to address. Nationally, using community paramedics to deliver basic primary care appears to offer unique opportunities to improve access to non-emergency health care, reduce emergency room contact and improve health outcomes for underserved patients. A pilot program in Fort Worth, Texas, showed a 58 percent drop in ambulance calls and emergency department visits for enrolled patients and the decline estimated a health-care savings of close to 10 million dollars.

### Oil Impact Grants – HB 1358

HB 1358 provides \$7 million for grants to EMS providers for extraordinary expenditures that would mitigate negative effects of oil development impact on emergency services providers providing services in oil-producing counties, including the need for services, staff, funding, equipment, coverage, and personnel training.

Thank you for your attention. I am happy to answer any questions you may have.