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House Bill 1268
Human Services Committee
January 15, 2019, 2:00 p.m.

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 opposition to House Bill 1268.

When many of us envision emergency medical services, commonly referred to as EMS, we think of an ambulance quickly responding to someone in need; however, an EMS system involves more than ambulance services. It is the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of perceived or actual acute injury or illness. In North Dakota, this system includes everything from a bystander recognizing a medical emergency and calling 911 through comprehensive care provided by one of our trauma or stroke centers. Quick Response Units are an integral part of this system.

Quick Response Units are intended as a mechanism to deliver one or more trained emergency medical personnel to the scene of a trauma or medical emergency to provide lifesaving care. These personnel may arrive on a fire engine, as is common in our urban areas, some other vehicle type, typically a SUV, or in a personally-owned vehicle. There are no vehicle requirements in statute or rule for Quick Response Units, the intent being to permit flexibility in how a community structures its response program. With no vehicle requirement, there will be no way to ensure the safe transportation of a patient to the rendezvous point with an ambulance. Even if a Quick Response Unit is using a retired ambulance as a response vehicle, modern stretcher loading and fastening systems in the intercepting vehicle may be incompatible with legacy stretchers commonly found in retired ambulances.

Severely injured or ill patients may need to be moved using special devices, such as orthopedic stretchers or stair chairs, and then transferred to the main ambulance stretcher for safe transport. The equipment required for Quick Response Units does not include any devices for moving patients, as is consistent with their role in providing care for patients with time-sensitive

emergencies rather than transportation. In fact, all of the required equipment can fit in a large "suitcase."

As with any system of care, the people providing the care are the most vital component. Quick Response Units are required to be staffed with one responder who must be certified to at least the Emergency Medical Responder level. This is a typical deployment and is used by successful programs, such as that in the Rugby area, where 14 responders are located throughout Pierce County, each responding only to nearby incidents.

Emergency Medical Responders are not trained to lift or move patients. The training provided to those individuals in North Dakota seeking to become Emergency Medical Responders is consistent with the National EMS Education Standards, which are driven by the National EMS Scope of Practice Model. These consensus-based standards are recognized as the standard of care throughout the United States. The Emergency Medical Technician level of training is the minimum level of training necessary to lift, move, and safely transport patients. The training differences between an Emergency Medical Responder and Emergency Medical Technician are profound and are summarized in the attachment to this testimony. Having at least one Emergency Medical Technician on a transporting ambulance is the minimum standard in the clear majority of states and is the standard in our three surrounding states.

EMS is changing. The days of "swooping and scooping," swooping in and scooping the patient up then speeding off to the hospital are fading fast. The preponderance of evidence shows that those interventions that are lifesaving must be done within the first few minutes after a life-threatening injury or illness occurs. Quick Responders are trained to provide lifesaving interventions such as opening the airway, providing CPR, controlling bleeding with a tourniquet, and administering Narcan in an overdose. Rapid transportation rarely is the determinant between life and death. For example, it has been found that initiating high-performance CPR and defibrillation at the incident location rather than immediately transporting the patient with CPR in progress is resulting in better outcomes.

The North Dakota Department of Health, its public safety and health care partners, and community stakeholders have been working diligently to develop an effective, efficient, and responsive EMS system in North Dakota. House Bill 1268 is not consistent with the vision for EMS system development. It provides a solution in search of a problem. In fact, existing statute and rule provides an alternative, the creation of an ambulance service substation, that would accomplish the same goal.

Quick Response Units do not have the vehicle, equipment, training, or personnel requirements to safely transport patients nor does the evidence suggest the need for them to do so. I must respectfully request that the Committee oppose House Bill 1268. Thank you for the opportunity to testify. I am happy to answer any questions you may have.