

## **Rural EMS Assistance Grant Program Testimony**

Mr. Chairman and members of the committee, my name is Kelli Sears. I am the Director of the Division of Emergency Medical Systems with the North Department of Health (NDDoH).

The North Dakota Department of Health made changes to the administration of the ND Rural Emergency Medical Services Assistance (REMSA) Grant for the 2017-2019 biennium. These changes included subsidizing the ambulance services based on call volume, adding a second phase grant cycle for ambulance services seeking additional funding, and simplifying the grant application process. We made the changes for the following reasons:

1. There needed to be a stronger correlation between the award of funds and the benefits achieved towards implementing an efficient and effective statewide Emergency Medical Services (EMS) system.
2. There was a reduction in the amount of available funding.
3. The application and grant process was burdensome for both the applicants and our agency.

***Our first reason for the change was to address and overcome the challenge of surviving in a rural and frontier setting that the North Dakota EMS system faces by creating an EMS system that is efficient and effective to the patients we serve.*** The ultimate goal is to get EMS responders to a patient suffering from a life-threatening medical emergency within 10 minutes. These emergencies include cardiac arrest, major bleeding, and respiratory arrest and depression as a primary or secondary cause. Performing CPR and defibrillation, providing respiratory assistance, and controlling major external bleeding do not need to be delivered by an ambulance service but can be effectively provided by first responders with minimal training. These treatments are time-critical and are not beneficial to the patient's outcome if the response is delayed. An example of an effective EMS system in a rural and frontier setting is a system in which tiered response is deployed. First responders who can be dispatched directly to the patient and perform life-saving and life-sustaining treatment can respond with minimal equipment and personal vehicles, arriving to the patient within 10 minutes. The transporting ambulance determined to be the closest by time is simultaneously responding and arrives on scene within 30 minutes from the time of dispatch. This allows first responders to provide treatment and prepare the patient for immediate transport to definitive care upon arrival of the ambulance, minimizing the time spent on scene by the ambulance service.

Unfortunately, the reality of the current EMS system in many of these areas includes transporting ambulance services that are within 10 to 20 miles of another transporting ambulance service, both struggling to maintain minimum staffing schedules and call volume to support operations. Upon dispatch, EMS providers respond to the ambulance building, possibly passing by the scene on the way, to get the ambulance vehicle and wait for a minimum crew before going en route to the patient.

Currently, there are 121 transporting ambulance services in North Dakota, 33 of these services respond to less than 50 calls per year. This becomes a concern when EMT's are expected to perform high acuity, low-frequency skills. EMT's who respond to just a handful of calls each year may go several years before being expected to be proficient in a skill they haven't performed outside of a controlled classroom years ago. Interestingly, if the ideal scenario discussed above were regularly practiced in North Dakota and transporting ambulances had response areas within a 20-mile radius to ensure a 30 minute response time, it would result in needing less than 50 ambulance services in the state. This reduction would allow for \$70,000 or more in state subsidy per ambulance service each year based on current funding. Additionally, transporting ambulances would increase call volume and ability to generate revenue and designated paid staff, as well as increase the frequency of high acuity skills. Local volunteers as responders would still be of great necessity, but the burden of an EMS call taking several hours is eliminated when an ambulance arrives to transport the patient.

The 2017-2019 REMSA Grant was designed to empower the creation of more efficient and effective EMS systems within each local funding area. The fundamental purpose of the REMSA grant is to stabilize and sustain the EMS system in North Dakota. The emphasis has shifted to "system" building rather than the traditional focus on preserving individual services.

To be successful in stabilization and long term sustainability, EMS agencies in North Dakota need to look at EMS in their area as a system and how it can be effective for the people they serve. A system is more sustainable than an individual ambulance service trying to maintain minimal standards and expensive operating costs for two calls per month when an ambulance service 10 miles away is doing the same thing.

***Our second reason for the change was to address reduction in available funding.*** In the 2015-2017 biennium, the funding appropriated for the REMSA Grant was \$7.5 million. Of that amount, \$6.25 million came from the general fund and \$1.25 million from the insurance tax distribution fund. As a result of revenue shortages, a reduction of \$625,000 was supported during the 2017 legislative session. REMSA was allocated a total of \$6.875 million for the 2017-2019 biennium. Of this amount, \$5.625 was designated from the general fund and \$1.25 million from the insurance tax distribution fund.

Under the previous approach, 33 ambulance services received less than 50 calls per year. Only 23 of those services received 24% of the grant even though all 33 of the services only responded to 1.14% of the statewide calls. Eight of the 33 services received no grant funding because they did not apply. Three of these services were subsidized at more than \$3,000 per run; five services were subsidized between \$2,000 and \$2,999 per run; and nine services were subsidized between \$1,000 and \$1,999 per run. Many of these services had not collaborated with other nearby services even though they were all within 33 miles of another transporting ambulance service. With the subsidy rate now standardized at \$201.96 per call, these services now have the incentive to collaborate and increase efficiency.

Fiscal changes for the current biennium were made to assure that ambulance services with sufficient run volume to generate adequate revenue do not receive grant funds. This provision will defund seven ambulance services and allow approximately \$295,597 to be redirected to rural services with lower run volume.

Under the 2017-2019 grant approach, low run volume ambulance services now have an incentive to collaborate with nearby services to create more efficient and effective operations.

The Department recognizes there will be some critical access services requiring additional funding. The current approach recognizes this possibility and provides an additional funding opportunity in a second phase of the grant to maintain stand-alone services when there are no other options.

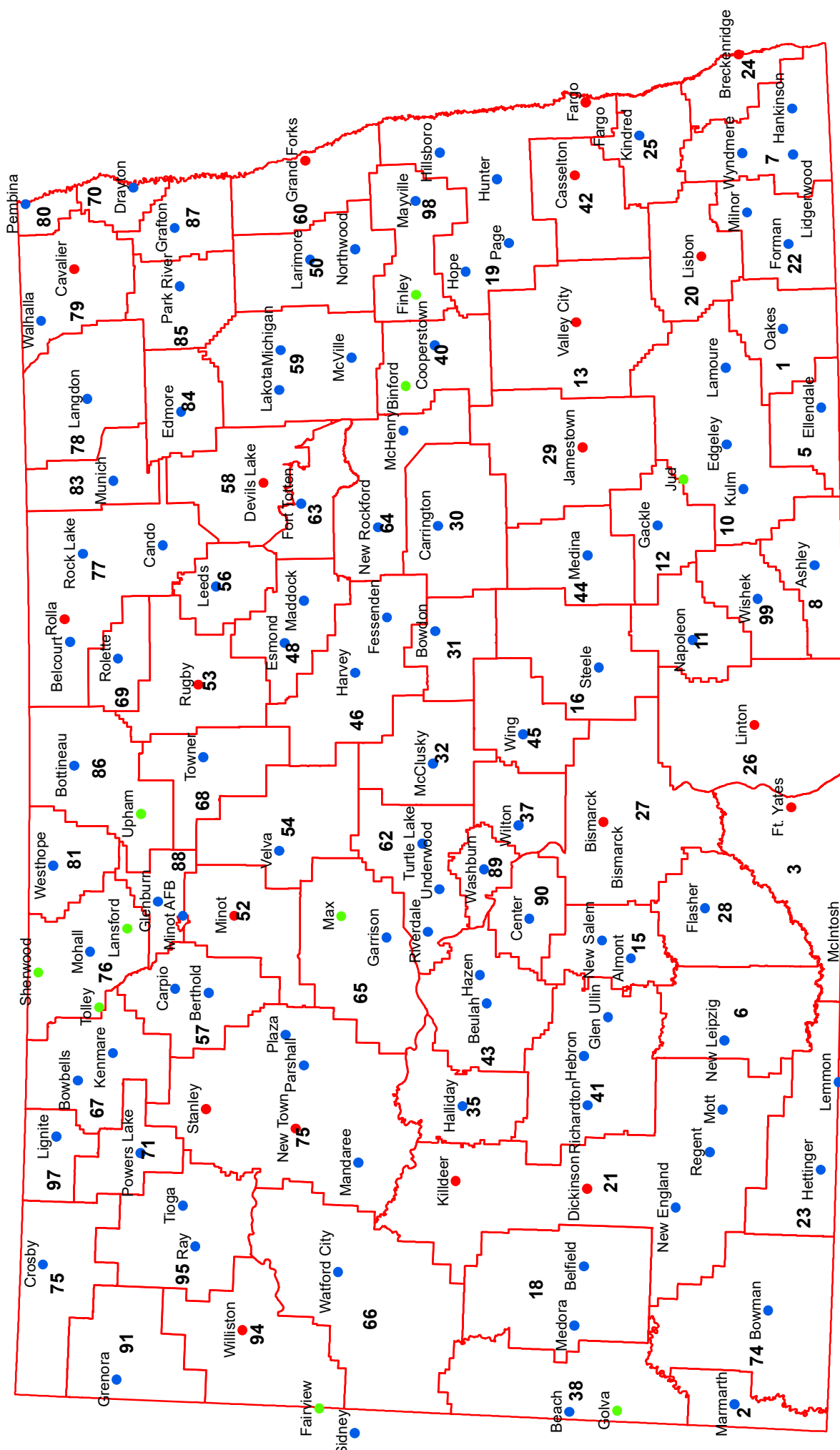
***In addition to the funding reduction, the previous grant application process was lengthy, time-consuming, and complicated for EMS agencies as well as the NDDoH.*** The previous application process often asked for detailed financial information that may not have been readily available or that services were hesitant to provide.

The NDDoH made These recent changes under the authority of NDCC 23-46 and NDAC 33-11-08-02. The NDDoH management team consisting of the Division of Emergency Medical Systems Director, the Emergency Preparedness and Response Section Chief, and the State Health Officer approved the changes. Support for the changes was provided by the Emergency Medical Services Advisory Council during a vote held on April 20, 2017. No dissenting votes were cast. Approval votes were provided by the nine present members, including representation from the North Dakota Emergency Medical Services Association (NDEMSEA), Basic Life Support Ambulance services, Advanced Life Support Ambulance services, The UND Center for Rural Health, and the American Heart Association.

Change to this grant has been several years in the making. In the spring and summer of 2016, the NDEMSEA along with staff members from the DEMS led eight public meetings around the state. Each meeting had legislative representation from the area on the panel to address present and future funding concerns specifically. No specific funding distribution recommendations emerged from these meetings.

NDDoH has received a few calls from services receiving reduced funding who have vocalized their concerns. In addition, a significant number of EMS providers concerned about past funds distribution are supportive of the current approach. The NDDoH's intent in changing the grant process was to improve upon meeting legislative intent by empowering the creation of more efficient and effective EMS systems within each local funding area.

# EMS Funding Areas



EMS Funding Area 2017

- Advanced Life Support Ground Ambulance
- Basic Life Support Ground Ambulance
- Substation (BLS)

