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Testimony  
Senate Bill 2133  
House Human Service Committee  
Tuesday, March 9 2021; 2:00 a.m.  
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Weisz and members of the committee. My name is Adam Parker, and I am the Chair of the North Dakota Emergency Medical Services Association's (NDEMSEA) Advocacy Committee. I am here today in support of SB 2133.

Community Paramedics are not new to North Dakota. Since at least 2014 there have been Community Paramedic programs operating in both rural and urban cities across the state. In 2015 the legislature authorized Medicaid to reimburse for Community Paramedic services and this bill expands on that by further defining the scope of service eligible for reimbursement.

Community Paramedicine is the concept of allowing paramedics to operate as an extension of public health, primary care, or other stakeholder partnership to improve the health of the community. The key is to fill gaps in existing healthcare programs, not to duplicate or compete with other successful programs.

States around the country are leveraging Community Paramedicine to address rural community health care needs. There is a growing body of evidence that indicates using this community resource can keep people out of the hospital, reduce emergency services utilization, and can help individuals with chronic disease adhere to treatment that keeps them healthier longer. This is an innovative use of the limited rural community resources that works.

An example in North Dakota is a program, over a one-year timeframe, reduced ED visits by 30% and Admissions by 42% in patients referred to the program. The cumulative healthcare savings totaled over \$1.2 million.

Furthermore, other important components of the bill include an exemption of EMS personnel from chapter 43-48 which would allow paramedics to perform point-of-care testing in both the community paramedic and emergency setting.

Lastly, the bill expands on the definition of EMS in chapter 23-27. There is currently a pilot program through the Centers of Medicare and Medicaid Innovation to allow ambulances to transport patients to approved "alternate destinations." This may include urgent care or other healthcare facilities that can adequately treat the patient. The proposed changes would enable North Dakota ambulances to participate in this innovative model in the future.

This concludes my testimony, I am happy to answer any questions you may have.