North Dakota Emergency Medical System Brief; Problems & Solutions

Public Safety Subcabinet

The EMS is under extreme strain, especially in the rural frontier areas that make up most of North Dakota's geography and demographic. We worked closely with the Association and squad leaders in the field to better understand the breadth and depth of the current situation.

PROBLEM STATEMENTS

Single Response Type - Ambulance services are designed to respond to life-threatening emergencies, yet only about 6% of 911 calls involve truly critical situations.

Recruitment & Retention - Services are at critical staffing levels. Long on-call hours, low pay and burnout make it hard to maintain a stable workforce.

Billing - High fixed costs spread over few runs create financial strain and make services rely heavily on subsidies or volunteers. EMS reimbursements center on emergency situations, leaving many other response types unbillable.

Rural Training - Rare exposure to emergencies can reduce readiness and impact quality of care. Training opportunities are less available and more expensive per EMT in rural areas.

Areas across the state without a clinic or hospital means ambulances are often tasked with basic medical care, sending a $500K piece of equipment and two providers to check blood pressure in Billings County. Because reimbursement is tied to transport, this type of 'treat in place' care is often considered unbillable.

SOLUTIONS

Task	Purpose	Legislative Action
Grow number of Community Paramedics	Expand billing opportunities to better suit the response to the level of care needed	TBD
Grow non-emergency transportation opportunities	Expand billing opportunities to better suit the response to the level of care needed	TBD
Expand reimbursement opportunities for treat-in-place	Capture revenue from this common, un-billable response type	TBD

Task	Purpose	Legislative Action
Increase REMSA grant	Increase grant pool to match the demand. Received $31M in requests, had $20M to award	TBD
Funding for hands-on training	To keep hands-on skills sharp in rural areas with low call volume and limited access to training opportunities	TBD
Clarify Medical Director expectations, roles and responsibilities	Encourage greater engagement more consistently across the state	TBD

Ambulance services are only reimbursed for loaded time. Meaning, a volunteer in Bowden takes a call from neighboring jurisdiction to the nearest medical facility – in Bismarck: 3 hours there and 3 hours back. The service is only reimbursed for the 3 hours there.