

1.1 moves to amend H.F. No. 4738 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 TRANSFER TO COMMISSIONER OF HEALTH

1.5 Section 1. Minnesota Statutes 2022, section 144E.001, is amended by adding a subdivision
1.6 to read:

1.7 Subd. 16. Commissioner. "Commissioner" means the commissioner of health.

1.8 EFFECTIVE DATE. This section is effective January 1, 2025.

1.9 Sec. 2. [144E.011] COMMISSIONER OF HEALTH; EMERGENCY MEDICAL
1.10 SERVICES.

1.11 Subdivision 1. Authority. The commissioner of health shall administer the operation
1.12 of emergency medical services in this state. In administering this chapter, the commissioner
1.13 must promote the public health and welfare, protect the safety of the public, and effectively
1.14 regulate and support the operation of the emergency medical services system in this state.

1.15 Subd. 2. Powers and duties. The commissioner has the following powers and duties:

1.16 (1) to administer and enforce this chapter and adopt rules as needed to implement this
1.17 chapter. Rules for which notice is published in the State Register before July 1, 2026, may
1.18 be adopted using the expedited rulemaking process in section 14.389;

1.19 (2) to license ambulance services in the state and regulate their operation;

1.20 (3) to establish and modify primary service areas;

2.1 (4) to designate an ambulance service as authorized to provide service in a primary
2.2 service area and to remove an ambulance service's authorization to provide service in a
2.3 primary service area;

2.4 (5) to register medical response units in the state and regulate their operation;

2.5 (6) to certify emergency medical technicians, advanced emergency medical technicians,
2.6 community emergency medical technicians, paramedics, and community paramedics and
2.7 to register emergency medical responders;

2.8 (7) to approve education programs for ambulance service personnel and emergency
2.9 medical responders and to administer qualifications for instructors of education programs;

2.10 (8) to administer grant programs related to emergency medical services;

2.11 (9) to make recommendations to the legislature on improving access to emergency
2.12 medical services, improving service delivery by ambulance services and medical response
2.13 units, and improving the effectiveness of the state's emergency medical services system;

2.14 (10) to investigate complaints against and hold hearings regarding ambulance services,
2.15 ambulance service personnel, and emergency medical responders and to impose disciplinary
2.16 action or otherwise resolve complaints; and

2.17 (11) to perform other duties related to the provision of emergency medical services in
2.18 the state.

2.19 Subd. 3. **Employees.** The commissioner may employ personnel in the classified service
2.20 and unclassified personnel as necessary to carry out the duties of this chapter.

2.21 Subd. 4. **Work plan.** The commissioner must prepare a work plan to guide the work of
2.22 the office. The work plan must be updated biennially.

2.23 **EFFECTIVE DATE.** This section is effective January 1, 2025.

2.24 Sec. 3. **[144E.03] EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL.**

2.25 Subdivision 1. **Establishment; membership.** The Emergency Medical Services Advisory
2.26 Council is established and consists of the following members:

2.27 (1) one emergency medical technician currently practicing with a licensed ambulance
2.28 service, appointed by the Minnesota Ambulance Association;

2.29 (2) one paramedic currently practicing with a licensed ambulance service or a medical
2.30 response unit, appointed jointly by the Minnesota Professional Fire Fighters Association
2.31 and the Minnesota Ambulance Association;

3.1 (3) one medical director of a licensed ambulance service, appointed by the Minnesota
3.2 Ambulance Association;

3.3 (4) one firefighter currently serving as an emergency medical responder, appointed by
3.4 the Minnesota State Fire Chiefs Association;

3.5 (5) one registered nurse who is certified or currently practicing as a flight nurse, appointed
3.6 by the Board of Nursing;

3.7 (6) one hospital administrator, appointed by the Minnesota Hospital Association;

3.8 (7) one social worker, appointed by the Board of Social Work;

3.9 (8) one member of a federally recognized Tribal Nation in Minnesota, appointed by the
3.10 Minnesota Indian Affairs Council;

3.11 (9) three public members, appointed by the governor; and

3.12 (10) one member of the house of representatives and one member of the senate, appointed
3.13 according to subdivision 2.

3.14 Subd. 2. **Legislative members.** The speaker of the house must appoint one member of
3.15 the house of representatives to serve on the advisory council and the senate majority leader
3.16 must appoint one member of the senate to serve on the advisory council. Legislative members
3.17 appointed under this subdivision serve until successors are appointed. Legislative members
3.18 may receive per diem compensation and reimbursement for expenses according to the rules
3.19 of their respective bodies.

3.20 Subd. 3. **Terms, compensation, removal, vacancies, and expiration.** Compensation
3.21 and reimbursement for expenses for members appointed under subdivision 1, clauses (1)
3.22 to (9); removal of members; filling of vacancies of members; and, except for initial
3.23 appointments, membership terms are governed by section 15.059. Notwithstanding section
3.24 15.059, subdivision 6, the advisory council does not expire.

3.25 Subd. 4. **Officers; meetings.** (a) The advisory council must elect a chair and vice-chair
3.26 from among its membership and may elect other officers as the advisory council deems
3.27 necessary.

3.28 (b) The advisory council must meet quarterly or at the call of the chair.

3.29 (c) Meetings of the advisory council are subject to chapter 13D.

3.30 Subd. 5. **Duties.** The advisory council must review and make recommendations to the
3.31 commissioner on the administration of this chapter; the regulation of ambulance services,
3.32 ambulance service personnel, medical response units, and emergency medical responders;

4.1 the operation of the emergency medical services system in the state; and other topics as
4.2 directed by the commissioner.

4.3 **EFFECTIVE DATE.** This section is effective January 1, 2025.

4.4 Sec. 4. **[144E.035] EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY**
4.5 **COMMITTEE.**

4.6 Subdivision 1. **Establishment; membership.** The Emergency Medical Services Physician
4.7 Advisory Committee is established as a standing committee of the Emergency Medical
4.8 Services Advisory Council and shall consist of the following members:

4.9 (1) eight physicians who meet the qualifications for medical directors in section 144E.265,
4.10 subdivision 1, with one physician appointed by each of the regional emergency medical
4.11 services systems designated under section 144E.50, subdivision 5;

4.12 (2) one physician who meets the qualifications for medical directors in section 144E.265,
4.13 subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

4.14 (3) one physician who is board-certified in pediatrics, appointed by the Minnesota
4.15 Emergency Medical Services for Children program; and

4.16 (4) the medical director member of the Emergency Medical Services Advisory Council
4.17 appointed under section 144E.03, subdivision 1, clause (3).

4.18 Subd. 2. **Terms, compensation, removal, vacancies, and expiration.** Compensation
4.19 and reimbursement for expenses, removal of members, filling of vacancies of members,
4.20 and, except for initial appointments, membership terms are governed by section 15.059.
4.21 Notwithstanding section 15.059, subdivision 6, the advisory committee shall not expire.

4.22 Subd. 3. **Officers; meetings.** (a) The advisory committee must elect a chair and vice-chair
4.23 from among its membership and may elect other officers as it deems necessary.

4.24 (b) The advisory committee must meet twice per year or upon the call of the chair.

4.25 (c) Meetings of the advisory committee are subject to chapter 13D.

4.26 Subd. 4. **Duties.** The advisory committee must:

4.27 (1) review and make recommendations to the advisory council on clinical aspects of
4.28 prehospital medical care. In doing so, the advisory committee must incorporate information
4.29 from medical literature, advances in bedside clinical practice, and advisory committee
4.30 member experience; and

5.1 (2) serve as subject matter experts for the advisory council and the commissioner on
5.2 evolving topics in clinical medicine, including but not limited to infectious disease,
5.3 pharmaceutical and equipment shortages, and implementation of new therapeutics.

5.4 **EFFECTIVE DATE.** This section is effective January 1, 2025.

5.5 Sec. 5. Minnesota Statutes 2022, section 144E.16, subdivision 5, is amended to read:

5.6 Subd. 5. **Local government's powers.** (a) Local units of government may, with the
5.7 approval of the ~~board~~ commissioner, establish standards for ambulance services which
5.8 impose additional requirements upon such services. Local units of government intending
5.9 to impose additional requirements shall consider whether any benefit accruing to the public
5.10 health would outweigh the costs associated with the additional requirements.

5.11 (b) Local units of government that desire to impose additional requirements shall, prior
5.12 to adoption of relevant ordinances, rules, or regulations, furnish the ~~board~~ commissioner
5.13 with a copy of the proposed ordinances, rules, or regulations, along with information that
5.14 affirmatively substantiates that the proposed ordinances, rules, or regulations:

5.15 (1) will in no way conflict with the relevant rules of the ~~board~~ Department of Health;

5.16 (2) will establish additional requirements tending to protect the public health;

5.17 (3) will not diminish public access to ambulance services of acceptable quality; and

5.18 (4) will not interfere with the orderly development of regional systems of emergency
5.19 medical care.

5.20 (c) The ~~board~~ commissioner shall base any decision to approve or disapprove local
5.21 standards upon whether or not the local unit of government in question has affirmatively
5.22 substantiated that the proposed ordinances, rules, or regulations meet the criteria specified
5.23 in paragraph (b).

5.24 **EFFECTIVE DATE.** This section is effective January 1, 2025.

5.25 Sec. 6. Minnesota Statutes 2022, section 144E.19, subdivision 3, is amended to read:

5.26 Subd. 3. **Temporary suspension.** (a) In addition to any other remedy provided by law,
5.27 the ~~board~~ commissioner may temporarily suspend the license of a licensee after conducting
5.28 a preliminary inquiry to determine whether the ~~board~~ commissioner believes that the licensee
5.29 has violated a statute or rule that the ~~board~~ commissioner is empowered to enforce and
5.30 determining that the continued provision of service by the licensee would create an imminent
5.31 risk to public health or harm to others.

6.1 (b) A temporary suspension order prohibiting a licensee from providing ambulance
6.2 service shall give notice of the right to a preliminary hearing according to paragraph (d)
6.3 and shall state the reasons for the entry of the temporary suspension order.

6.4 (c) Service of a temporary suspension order is effective when the order is served on the
6.5 licensee personally or by certified mail, which is complete upon receipt, refusal, or return
6.6 for nondelivery to the most recent address provided to the ~~board~~ commissioner for the
6.7 licensee.

6.8 (d) At the time the ~~board~~ commissioner issues a temporary suspension order, the ~~board~~
6.9 commissioner shall schedule a hearing, ~~to be held before a group of its members designated~~
6.10 ~~by the board~~, that shall begin within 60 days after issuance of the temporary suspension
6.11 order or within 15 working days of the date of the ~~board's~~ commissioner's receipt of a request
6.12 for a hearing from a licensee, whichever is sooner. The hearing shall be on the sole issue
6.13 of whether there is a reasonable basis to continue, modify, or lift the temporary suspension.
6.14 A hearing under this paragraph is not subject to chapter 14.

6.15 (e) Evidence presented by the ~~board~~ commissioner or licensee may be in the form of an
6.16 affidavit. The licensee or the licensee's designee may appear for oral argument.

6.17 (f) Within five working days of the hearing, the ~~board~~ commissioner shall issue its order
6.18 and, if the suspension is continued, notify the licensee of the right to a contested case hearing
6.19 under chapter 14.

6.20 (g) If a licensee requests a contested case hearing within 30 days after receiving notice
6.21 under paragraph (f), the ~~board~~ commissioner shall initiate a contested case hearing according
6.22 to chapter 14. The administrative law judge shall issue a report and recommendation within
6.23 30 days after the closing of the contested case hearing record. The ~~board~~ commissioner shall
6.24 issue a final order within 30 days after receipt of the administrative law judge's report.

6.25 **EFFECTIVE DATE.** This section is effective January 1, 2025.

6.26 Sec. 7. Minnesota Statutes 2022, section 144E.27, subdivision 5, is amended to read:

6.27 Subd. 5. **Denial, suspension, revocation.** (a) The ~~board~~ commissioner may deny,
6.28 suspend, revoke, place conditions on, or refuse to renew the registration of an individual
6.29 who the ~~board~~ commissioner determines:

6.30 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an
6.31 agreement for corrective action, or an order that the ~~board~~ commissioner issued or is
6.32 otherwise empowered to enforce;

7.1 (2) misrepresents or falsifies information on an application form for registration;

7.2 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
7.3 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
7.4 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
7.5 alcohol;

7.6 (4) is actually or potentially unable to provide emergency medical services with
7.7 reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals,
7.8 or any other material, or as a result of any mental or physical condition;

7.9 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
7.10 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
7.11 welfare, or safety of the public;

7.12 (6) maltreats or abandons a patient;

7.13 (7) violates any state or federal controlled substance law;

7.14 (8) engages in unprofessional conduct or any other conduct which has the potential for
7.15 causing harm to the public, including any departure from or failure to conform to the
7.16 minimum standards of acceptable and prevailing practice without actual injury having to
7.17 be established;

7.18 (9) provides emergency medical services under lapsed or nonrenewed credentials;

7.19 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
7.20 jurisdiction or by another regulatory authority;

7.21 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
7.22 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
7.23 to a patient; ~~or~~

7.24 (12) makes a false statement or knowingly provides false information to the ~~board~~
7.25 commissioner, or fails to cooperate with an investigation of the ~~board~~ commissioner as
7.26 required by section 144E.30-; or

7.27 (13) fails to engage with the health professionals services program or diversion program
7.28 required under section 144E.287 after being referred to the program, violates the terms of
7.29 the program participation agreement, or leaves the program except upon fulfilling the terms
7.30 for successful completion of the program as set forth in the participation agreement.

7.31 (b) Before taking action under paragraph (a), the ~~board~~ commissioner shall give notice
7.32 to an individual of the right to a contested case hearing under chapter 14. If an individual

8.1 requests a contested case hearing within 30 days after receiving notice, the ~~board~~
8.2 commissioner shall initiate a contested case hearing according to chapter 14.

8.3 (c) The administrative law judge shall issue a report and recommendation within 30
8.4 days after closing the contested case hearing record. The ~~board~~ commissioner shall issue a
8.5 final order within 30 days after receipt of the administrative law judge's report.

8.6 (d) After six months from the ~~board's~~ commissioner's decision to deny, revoke, place
8.7 conditions on, or refuse renewal of an individual's registration for disciplinary action, the
8.8 individual shall have the opportunity to apply to the ~~board~~ commissioner for reinstatement.

8.9 **EFFECTIVE DATE.** This section is effective January 1, 2025.

8.10 Sec. 8. Minnesota Statutes 2022, section 144E.28, subdivision 5, is amended to read:

8.11 Subd. 5. **Denial, suspension, revocation.** (a) The ~~board~~ commissioner may deny
8.12 certification or take any action authorized in subdivision 4 against an individual who the
8.13 ~~board~~ commissioner determines:

8.14 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, or
8.15 an order that the ~~board~~ commissioner issued or is otherwise authorized or empowered to
8.16 enforce, or agreement for corrective action;

8.17 (2) misrepresents or falsifies information on an application form for certification;

8.18 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
8.19 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
8.20 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
8.21 alcohol;

8.22 (4) is actually or potentially unable to provide emergency medical services with
8.23 reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals,
8.24 or any other material, or as a result of any mental or physical condition;

8.25 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
8.26 defraud, or harm the public or demonstrating a willful or careless disregard for the health,
8.27 welfare, or safety of the public;

8.28 (6) maltreats or abandons a patient;

8.29 (7) violates any state or federal controlled substance law;

8.30 (8) engages in unprofessional conduct or any other conduct which has the potential for
8.31 causing harm to the public, including any departure from or failure to conform to the

9.1 minimum standards of acceptable and prevailing practice without actual injury having to
9.2 be established;

9.3 (9) provides emergency medical services under lapsed or nonrenewed credentials;

9.4 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
9.5 jurisdiction or by another regulatory authority;

9.6 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
9.7 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
9.8 to a patient; ~~or~~

9.9 (12) makes a false statement or knowingly provides false information to the ~~board~~
9.10 commissioner or fails to cooperate with an investigation of the ~~board~~ commissioner as
9.11 required by section 144E.30; or

9.12 (13) fails to engage with the health professionals services program or diversion program
9.13 required under section 144E.287 after being referred to the program, violates the terms of
9.14 the program participation agreement, or leaves the program except upon fulfilling the terms
9.15 for successful completion of the program as set forth in the participation agreement.

9.16 (b) Before taking action under paragraph (a), the ~~board~~ commissioner shall give notice
9.17 to an individual of the right to a contested case hearing under chapter 14. If an individual
9.18 requests a contested case hearing within 30 days after receiving notice, the ~~board~~
9.19 commissioner shall initiate a contested case hearing according to chapter 14 and no
9.20 disciplinary action shall be taken at that time.

9.21 (c) The administrative law judge shall issue a report and recommendation within 30
9.22 days after closing the contested case hearing record. The ~~board~~ commissioner shall issue a
9.23 final order within 30 days after receipt of the administrative law judge's report.

9.24 (d) After six months from the ~~board's~~ commissioner's decision to deny, revoke, place
9.25 conditions on, or refuse renewal of an individual's certification for disciplinary action, the
9.26 individual shall have the opportunity to apply to the ~~board~~ commissioner for reinstatement.

9.27 **EFFECTIVE DATE.** This section is effective January 1, 2025.

9.28 Sec. 9. Minnesota Statutes 2022, section 144E.28, subdivision 6, is amended to read:

9.29 Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law,
9.30 the ~~board~~ commissioner may temporarily suspend the certification of an individual after
9.31 conducting a preliminary inquiry to determine whether the ~~board~~ commissioner believes
9.32 that the individual has violated a statute or rule that the ~~board~~ commissioner is empowered

10.1 to enforce and determining that the continued provision of service by the individual would
10.2 create an imminent risk to public health or harm to others.

10.3 (b) A temporary suspension order prohibiting an individual from providing emergency
10.4 medical care shall give notice of the right to a preliminary hearing according to paragraph
10.5 (d) and shall state the reasons for the entry of the temporary suspension order.

10.6 (c) Service of a temporary suspension order is effective when the order is served on the
10.7 individual personally or by certified mail, which is complete upon receipt, refusal, or return
10.8 for nondelivery to the most recent address provided to the ~~board~~ commissioner for the
10.9 individual.

10.10 (d) At the time the ~~board~~ commissioner issues a temporary suspension order, the ~~board~~
10.11 commissioner shall schedule a hearing, ~~to be held before a group of its members designated~~
10.12 ~~by the board~~, that shall begin within 60 days after issuance of the temporary suspension
10.13 order or within 15 working days of the date of the ~~board's~~ commissioner's receipt of a request
10.14 for a hearing from the individual, whichever is sooner. The hearing shall be on the sole
10.15 issue of whether there is a reasonable basis to continue, modify, or lift the temporary
10.16 suspension. A hearing under this paragraph is not subject to chapter 14.

10.17 (e) Evidence presented by the ~~board~~ commissioner or the individual may be in the form
10.18 of an affidavit. The individual or individual's designee may appear for oral argument.

10.19 (f) Within five working days of the hearing, the ~~board~~ commissioner shall issue its order
10.20 and, if the suspension is continued, notify the individual of the right to a contested case
10.21 hearing under chapter 14.

10.22 (g) If an individual requests a contested case hearing within 30 days of receiving notice
10.23 under paragraph (f), the ~~board~~ commissioner shall initiate a contested case hearing according
10.24 to chapter 14. The administrative law judge shall issue a report and recommendation within
10.25 30 days after the closing of the contested case hearing record. The ~~board~~ commissioner shall
10.26 issue a final order within 30 days after receipt of the administrative law judge's report.

10.27 **EFFECTIVE DATE.** This section is effective January 1, 2025.

10.28 Sec. 10. Minnesota Statutes 2022, section 144E.285, subdivision 6, is amended to read:

10.29 Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law,
10.30 the ~~board~~ commissioner may temporarily suspend approval of the education program after
10.31 conducting a preliminary inquiry to determine whether the ~~board~~ commissioner believes
10.32 that the education program has violated a statute or rule that the ~~board~~ commissioner is

11.1 empowered to enforce and determining that the continued provision of service by the
11.2 education program would create an imminent risk to public health or harm to others.

11.3 (b) A temporary suspension order prohibiting the education program from providing
11.4 emergency medical care training shall give notice of the right to a preliminary hearing
11.5 according to paragraph (d) and shall state the reasons for the entry of the temporary
11.6 suspension order.

11.7 (c) Service of a temporary suspension order is effective when the order is served on the
11.8 education program personally or by certified mail, which is complete upon receipt, refusal,
11.9 or return for nondelivery to the most recent address provided to the ~~board~~ commissioner
11.10 for the education program.

11.11 (d) At the time the ~~board~~ commissioner issues a temporary suspension order, the ~~board~~
11.12 commissioner shall schedule a hearing, ~~to be held before a group of its members designated~~
11.13 ~~by the board~~, that shall begin within 60 days after issuance of the temporary suspension
11.14 order or within 15 working days of the date of the ~~board's~~ commissioner's receipt of a request
11.15 for a hearing from the education program, whichever is sooner. The hearing shall be on the
11.16 sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary
11.17 suspension. A hearing under this paragraph is not subject to chapter 14.

11.18 (e) Evidence presented by the ~~board~~ commissioner or the individual may be in the form
11.19 of an affidavit. The education program or counsel of record may appear for oral argument.

11.20 (f) Within five working days of the hearing, the ~~board~~ commissioner shall issue its order
11.21 and, if the suspension is continued, notify the education program of the right to a contested
11.22 case hearing under chapter 14.

11.23 (g) If an education program requests a contested case hearing within 30 days of receiving
11.24 notice under paragraph (f), the ~~board~~ commissioner shall initiate a contested case hearing
11.25 according to chapter 14. The administrative law judge shall issue a report and
11.26 recommendation within 30 days after the closing of the contested case hearing record. The
11.27 ~~board~~ commissioner shall issue a final order within 30 days after receipt of the administrative
11.28 law judge's report.

11.29 **EFFECTIVE DATE.** This section is effective January 1, 2025.

12.1 Sec. 11. Minnesota Statutes 2022, section 144E.287, is amended to read:

12.2 **144E.287 DIVERSION PROGRAM.**

12.3 The ~~board~~ commissioner shall either conduct a health professionals ~~service services~~
12.4 program ~~under sections 214.31 to 214.37~~ or contract for a diversion program ~~under section~~
12.5 ~~214.28~~ for professionals regulated ~~by the board~~ under this chapter who are unable to perform
12.6 their duties with reasonable skill and safety by reason of illness, use of alcohol, drugs,
12.7 chemicals, or any other materials, or as a result of any mental, physical, or psychological
12.8 condition.

12.9 **EFFECTIVE DATE.** This section is effective January 1, 2025.

12.10 Sec. 12. Minnesota Statutes 2022, section 144E.305, subdivision 3, is amended to read:

12.11 Subd. 3. **Immunity.** (a) An individual, licensee, health care facility, business, or
12.12 organization is immune from civil liability or criminal prosecution for submitting in good
12.13 faith a report to the ~~board~~ commissioner under subdivision 1 or 2 or for otherwise reporting
12.14 in good faith to the ~~board~~ commissioner violations or alleged violations of sections 144E.001
12.15 to 144E.33. Reports are classified as confidential data on individuals or protected nonpublic
12.16 data under section 13.02 while an investigation is active. Except for the ~~board's~~
12.17 commissioner's final determination, all communications or information received by or
12.18 disclosed to the ~~board~~ commissioner relating to disciplinary matters of any person or entity
12.19 subject to the ~~board's~~ commissioner's regulatory jurisdiction are confidential and privileged
12.20 and any disciplinary hearing shall be closed to the public.

12.21 (b) ~~Members of the board~~ The commissioner, persons employed by the ~~board~~
12.22 commissioner, persons engaged in the investigation of violations and in the preparation and
12.23 management of charges of violations of sections 144E.001 to 144E.33 on behalf of the ~~board~~
12.24 commissioner, and persons participating in the investigation regarding charges of violations
12.25 are immune from civil liability and criminal prosecution for any actions, transactions, or
12.26 publications, made in good faith, in the execution of, or relating to, their duties under sections
12.27 144E.001 to 144E.33.

12.28 (c) ~~For purposes of this section, a member of the board is considered a state employee~~
12.29 ~~under section 3.736, subdivision 9.~~

12.30 **EFFECTIVE DATE.** This section is effective January 1, 2025.

13.1 Sec. 13. **INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL**
13.2 **SERVICES ADVISORY COUNCIL.**

13.3 (a) Initial appointments of members to the Emergency Medical Services Advisory
13.4 Council must be made by January 1, 2025. The terms of initial appointees shall be determined
13.5 by lot by the secretary of state and shall be as follows:

13.6 (1) six members shall serve two-year terms; and

13.7 (2) seven members shall serve three-year terms.

13.8 (b) The medical director appointee must convene the first meeting of the Emergency
13.9 Medical Services Advisory Council by February 1, 2025.

13.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

13.11 Sec. 14. **INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL**
13.12 **SERVICES PHYSICIAN ADVISORY COMMITTEE.**

13.13 (a) Initial appointments of members to the Emergency Medical Services Physician
13.14 Advisory Committee must be made by January 1, 2025. The terms of initial appointees shall
13.15 be determined by lot by the secretary of state and shall be as follows:

13.16 (1) five members shall serve two-year terms;

13.17 (2) five members shall serve three-year terms; and

13.18 (3) the term for the medical director appointee to the advisory committee shall coincide
13.19 with that member's term on the advisory council.

13.20 (b) The medical director appointee must convene the first meeting of the Emergency
13.21 Medical Services Physician Advisory Committee by February 1, 2025.

13.22 **EFFECTIVE DATE.** This section is effective July 1, 2024.

13.23 Sec. 15. **TRANSITION.**

13.24 Effective January 1, 2025, the responsibilities to regulate emergency medical services
13.25 in the state under Minnesota Statutes, chapter 144E, and Minnesota Rules, chapter 4690,
13.26 are transferred from the Emergency Medical Services Regulatory Board to the Department
13.27 of Health and the commissioner of health. Minnesota Statutes, section 15.039, applies to
13.28 the transfer of responsibilities from the Emergency Medical Services Regulatory Board to
13.29 the Department of Health required by this act. The commissioner of administration, with

14.1 the approval of the governor, may issue reorganization orders under Minnesota Statutes,
14.2 section 16B.37, as necessary to carry out the transfer of responsibilities required by this act.

14.3 **EFFECTIVE DATE.** This section is effective July 1, 2024.

14.4 Sec. 16. **REVISOR INSTRUCTION.**

14.5 (a) In Minnesota Statutes, chapter 144E, the revisor of statutes shall replace "board"
14.6 with "commissioner"; "board's" with "commissioner's"; "Emergency Medical Services
14.7 Regulatory Board" or "Minnesota Emergency Medical Services Regulatory Board" with
14.8 "commissioner"; and "board-approved" with "commissioner-approved," except that:

14.9 (1) in Minnesota Statutes, section 144E.11, the revisor of statutes shall not modify the
14.10 term "county board," "community health board," or "community health boards";

14.11 (2) in Minnesota Statutes, sections 144E.40, subdivision 2; 144E.42, subdivision 2;
14.12 144E.44; and 144E.45, subdivision 2, the revisor of statutes shall not modify the term "State
14.13 Board of Investment"; and

14.14 (3) in Minnesota Statutes, sections 144E.50 and 144E.52, the revisor of statutes shall
14.15 not modify the term "regional emergency medical services board," "regional board," "regional
14.16 emergency medical services board's," or "regional boards."

14.17 (b) In the following sections of Minnesota Statutes, the revisor of statutes shall replace
14.18 "Emergency Medical Services Regulatory Board" with "commissioner of health": sections
14.19 13.717, subdivision 10; 62J.49, subdivision 2; 144.604; 144.608; 147.09; 156.12, subdivision
14.20 2; 169.686, subdivision 3; and 299A.41, subdivision 4.

14.21 (c) In the following sections of Minnesota Statutes, the revisor of statutes shall replace
14.22 "Emergency Medical Services Regulatory Board" with "Department of Health": sections
14.23 144.603 and 161.045, subdivision 3.

14.24 (d) In making the changes specified in this section, the revisor of statutes may make
14.25 technical and other necessary changes to sentence structure to preserve the meaning of the
14.26 text.

14.27 **EFFECTIVE DATE.** This section is effective July 1, 2024.

14.28 Sec. 17. **REPEALER.**

14.29 Minnesota Statutes 2022, sections 144E.001, subdivision 5; 144E.01; 144E.123,
14.30 subdivision 5; and 144E.50, subdivision 3, are repealed.

14.31 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.1

ARTICLE 2

15.2

CONFORMING CHANGES

15.3 Section 1. Minnesota Statutes 2022, section 62J.49, subdivision 1, is amended to read:

15.4 Subdivision 1. **Establishment.** The ~~Emergency Medical Services Regulatory Board~~
15.5 ~~established under chapter 144~~ commissioner of health shall establish a financial data
15.6 collection system for all ambulance services licensed in this state. To establish the financial
15.7 database, the ~~Emergency Medical Services Regulatory Board~~ commissioner may contract
15.8 with an entity that has experience in ambulance service financial data collection.

15.9 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.10 Sec. 2. Minnesota Statutes 2023 Supplement, section 152.126, subdivision 6, is amended
15.11 to read:

15.12 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this subdivision,
15.13 the data submitted to the board under subdivision 4 is private data on individuals as defined
15.14 in section 13.02, subdivision 12, and not subject to public disclosure.

15.15 (b) Except as specified in subdivision 5, the following persons shall be considered
15.16 permissible users and may access the data submitted under subdivision 4 in the same or
15.17 similar manner, and for the same or similar purposes, as those persons who are authorized
15.18 to access similar private data on individuals under federal and state law:

15.19 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has
15.20 delegated the task of accessing the data, to the extent the information relates specifically to
15.21 a current patient, to whom the prescriber is:

15.22 (i) prescribing or considering prescribing any controlled substance;

15.23 (ii) providing emergency medical treatment for which access to the data may be necessary;

15.24 (iii) providing care, and the prescriber has reason to believe, based on clinically valid
15.25 indications, that the patient is potentially abusing a controlled substance; or

15.26 (iv) providing other medical treatment for which access to the data may be necessary
15.27 for a clinically valid purpose and the patient has consented to access to the submitted data,
15.28 and with the provision that the prescriber remains responsible for the use or misuse of data
15.29 accessed by a delegated agent or employee;

15.30 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has
15.31 delegated the task of accessing the data, to the extent the information relates specifically to

16.1 a current patient to whom that dispenser is dispensing or considering dispensing any
16.2 controlled substance and with the provision that the dispenser remains responsible for the
16.3 use or misuse of data accessed by a delegated agent or employee;

16.4 (3) a licensed dispensing practitioner or licensed pharmacist to the extent necessary to
16.5 determine whether corrections made to the data reported under subdivision 4 are accurate;

16.6 (4) a licensed pharmacist who is providing pharmaceutical care for which access to the
16.7 data may be necessary to the extent that the information relates specifically to a current
16.8 patient for whom the pharmacist is providing pharmaceutical care: (i) if the patient has
16.9 consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber
16.10 who is requesting data in accordance with clause (1);

16.11 (5) an individual who is the recipient of a controlled substance prescription for which
16.12 data was submitted under subdivision 4, or a guardian of the individual, parent or guardian
16.13 of a minor, or health care agent of the individual acting under a health care directive under
16.14 chapter 145C. For purposes of this clause, access by individuals includes persons in the
16.15 definition of an individual under section 13.02;

16.16 (6) personnel or designees of a health-related licensing board listed in section 214.01,
16.17 subdivision 2, or of the ~~Emergency Medical Services Regulatory Board~~ Department of
16.18 Health, assigned to conduct a bona fide investigation of a complaint received by that board
16.19 or department that alleges that a specific licensee is impaired by use of a drug for which
16.20 data is collected under subdivision 4, has engaged in activity that would constitute a crime
16.21 as defined in section 152.025, or has engaged in the behavior specified in subdivision 5,
16.22 paragraph (a);

16.23 (7) personnel of the board engaged in the collection, review, and analysis of controlled
16.24 substance prescription information as part of the assigned duties and responsibilities under
16.25 this section;

16.26 (8) authorized personnel under contract with the board, or under contract with the state
16.27 of Minnesota and approved by the board, who are engaged in the design, evaluation,
16.28 implementation, operation, or maintenance of the prescription monitoring program as part
16.29 of the assigned duties and responsibilities of their employment, provided that access to data
16.30 is limited to the minimum amount necessary to carry out such duties and responsibilities,
16.31 and subject to the requirement of de-identification and time limit on retention of data specified
16.32 in subdivision 5, paragraphs (d) and (e);

16.33 (9) federal, state, and local law enforcement authorities acting pursuant to a valid search
16.34 warrant;

17.1 (10) personnel of the Minnesota health care programs assigned to use the data collected
17.2 under this section to identify and manage recipients whose usage of controlled substances
17.3 may warrant restriction to a single primary care provider, a single outpatient pharmacy, and
17.4 a single hospital;

17.5 (11) personnel of the Department of Human Services assigned to access the data pursuant
17.6 to paragraph (k);

17.7 (12) personnel of the health professionals services program established under section
17.8 214.31, to the extent that the information relates specifically to an individual who is currently
17.9 enrolled in and being monitored by the program, and the individual consents to access to
17.10 that information. The health professionals services program personnel shall not provide this
17.11 data to a health-related licensing board ~~or the Emergency Medical Services Regulatory~~
17.12 ~~Board~~, except as permitted under section 214.33, subdivision 3;

17.13 (13) personnel or designees of a health-related licensing board other than the Board of
17.14 Pharmacy listed in section 214.01, subdivision 2, assigned to conduct a bona fide
17.15 investigation of a complaint received by that board that alleges that a specific licensee is
17.16 inappropriately prescribing controlled substances as defined in this section. For the purposes
17.17 of this clause, the health-related licensing board may also obtain utilization data; and

17.18 (14) personnel of the board specifically assigned to conduct a bona fide investigation
17.19 of a specific licensee or registrant. For the purposes of this clause, the board may also obtain
17.20 utilization data.

17.21 (c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed
17.22 in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe
17.23 controlled substances for humans and who holds a current registration issued by the federal
17.24 Drug Enforcement Administration, and every pharmacist licensed by the board and practicing
17.25 within the state, shall register and maintain a user account with the prescription monitoring
17.26 program. Data submitted by a prescriber, pharmacist, or their delegate during the registration
17.27 application process, other than their name, license number, and license type, is classified
17.28 as private pursuant to section 13.02, subdivision 12.

17.29 (d) Notwithstanding paragraph (b), beginning January 1, 2021, a prescriber or an agent
17.30 or employee of the prescriber to whom the prescriber has delegated the task of accessing
17.31 the data, must access the data submitted under subdivision 4 to the extent the information
17.32 relates specifically to the patient:

17.33 (1) before the prescriber issues an initial prescription order for a Schedules II through
17.34 IV opiate controlled substance to the patient; and

18.1 (2) at least once every three months for patients receiving an opiate for treatment of
18.2 chronic pain or participating in medically assisted treatment for an opioid addiction.

18.3 (e) Paragraph (d) does not apply if:

18.4 (1) the patient is receiving palliative care, or hospice or other end-of-life care;

18.5 (2) the patient is being treated for pain due to cancer or the treatment of cancer;

18.6 (3) the prescription order is for a number of doses that is intended to last the patient five
18.7 days or less and is not subject to a refill;

18.8 (4) the prescriber and patient have a current or ongoing provider/patient relationship of
18.9 a duration longer than one year;

18.10 (5) the prescription order is issued within 14 days following surgery or three days
18.11 following oral surgery or follows the prescribing protocols established under the opioid
18.12 prescribing improvement program under section 256B.0638;

18.13 (6) the controlled substance is prescribed or administered to a patient who is admitted
18.14 to an inpatient hospital;

18.15 (7) the controlled substance is lawfully administered by injection, ingestion, or any other
18.16 means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a
18.17 prescriber and in the presence of the prescriber or pharmacist;

18.18 (8) due to a medical emergency, it is not possible for the prescriber to review the data
18.19 before the prescriber issues the prescription order for the patient; or

18.20 (9) the prescriber is unable to access the data due to operational or other technological
18.21 failure of the program so long as the prescriber reports the failure to the board.

18.22 (f) Only permissible users identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8),
18.23 (10), and (11), may directly access the data electronically. No other permissible users may
18.24 directly access the data electronically. If the data is directly accessed electronically, the
18.25 permissible user shall implement and maintain a comprehensive information security program
18.26 that contains administrative, technical, and physical safeguards that are appropriate to the
18.27 user's size and complexity, and the sensitivity of the personal information obtained. The
18.28 permissible user shall identify reasonably foreseeable internal and external risks to the
18.29 security, confidentiality, and integrity of personal information that could result in the
18.30 unauthorized disclosure, misuse, or other compromise of the information and assess the
18.31 sufficiency of any safeguards in place to control the risks.

19.1 (g) The board shall not release data submitted under subdivision 4 unless it is provided
19.2 with evidence, satisfactory to the board, that the person requesting the information is entitled
19.3 to receive the data.

19.4 (h) The board shall maintain a log of all persons who access the data for a period of at
19.5 least three years and shall ensure that any permissible user complies with paragraph (c)
19.6 prior to attaining direct access to the data.

19.7 (i) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant
19.8 to subdivision 2. A vendor shall not use data collected under this section for any purpose
19.9 not specified in this section.

19.10 (j) The board may participate in an interstate prescription monitoring program data
19.11 exchange system provided that permissible users in other states have access to the data only
19.12 as allowed under this section, and that section 13.05, subdivision 6, applies to any contract
19.13 or memorandum of understanding that the board enters into under this paragraph.

19.14 (k) With available appropriations, the commissioner of human services shall establish
19.15 and implement a system through which the Department of Human Services shall routinely
19.16 access the data for the purpose of determining whether any client enrolled in an opioid
19.17 treatment program licensed according to chapter 245A has been prescribed or dispensed a
19.18 controlled substance in addition to that administered or dispensed by the opioid treatment
19.19 program. When the commissioner determines there have been multiple prescribers or multiple
19.20 prescriptions of controlled substances, the commissioner shall:

19.21 (1) inform the medical director of the opioid treatment program only that the
19.22 commissioner determined the existence of multiple prescribers or multiple prescriptions of
19.23 controlled substances; and

19.24 (2) direct the medical director of the opioid treatment program to access the data directly,
19.25 review the effect of the multiple prescribers or multiple prescriptions, and document the
19.26 review.

19.27 If determined necessary, the commissioner of human services shall seek a federal waiver
19.28 of, or exception to, any applicable provision of Code of Federal Regulations, title 42, section
19.29 2.34, paragraph (c), prior to implementing this paragraph.

19.30 (l) The board shall review the data submitted under subdivision 4 on at least a quarterly
19.31 basis and shall establish criteria, in consultation with the advisory task force, for referring
19.32 information about a patient to prescribers and dispensers who prescribed or dispensed the
19.33 prescriptions in question if the criteria are met.

20.1 (m) The board shall conduct random audits, on at least a quarterly basis, of electronic
20.2 access by permissible users, as identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8),
20.3 (10), and (11), to the data in subdivision 4, to ensure compliance with permissible use as
20.4 defined in this section. A permissible user whose account has been selected for a random
20.5 audit shall respond to an inquiry by the board, no later than 30 days after receipt of notice
20.6 that an audit is being conducted. Failure to respond may result in deactivation of access to
20.7 the electronic system and referral to the appropriate health licensing board, or the
20.8 commissioner of human services, for further action. The board shall report the results of
20.9 random audits to the chairs and ranking minority members of the legislative committees
20.10 with jurisdiction over health and human services policy and finance and government data
20.11 practices.

20.12 (n) A permissible user who has delegated the task of accessing the data in subdivision
20.13 4 to an agent or employee shall audit the use of the electronic system by delegated agents
20.14 or employees on at least a quarterly basis to ensure compliance with permissible use as
20.15 defined in this section. When a delegated agent or employee has been identified as
20.16 inappropriately accessing data, the permissible user must immediately remove access for
20.17 that individual and notify the board within seven days. The board shall notify all permissible
20.18 users associated with the delegated agent or employee of the alleged violation.

20.19 (o) A permissible user who delegates access to the data submitted under subdivision 4
20.20 to an agent or employee shall terminate that individual's access to the data within three
20.21 business days of the agent or employee leaving employment with the permissible user. The
20.22 board may conduct random audits to determine compliance with this requirement.

20.23 **EFFECTIVE DATE.** This section is effective January 1, 2025.

20.24 Sec. 3. Minnesota Statutes 2022, section 214.025, is amended to read:

20.25 **214.025 COUNCIL OF HEALTH BOARDS.**

20.26 The health-related licensing boards may establish a Council of Health Boards consisting
20.27 of representatives of the health-related licensing boards ~~and the Emergency Medical Services~~
20.28 ~~Regulatory Board~~. When reviewing legislation or legislative proposals relating to the
20.29 regulation of health occupations or emergency medical services, the council shall include
20.30 the commissioner of health or a designee.

20.31 **EFFECTIVE DATE.** This section is effective January 1, 2025.

21.1 Sec. 4. Minnesota Statutes 2022, section 214.04, subdivision 2a, is amended to read:

21.2 Subd. 2a. **Performance of executive directors.** The governor may request that a
21.3 health-related licensing board ~~or the Emergency Medical Services Regulatory Board~~ review
21.4 the performance of the board's executive director. Upon receipt of the request, the board
21.5 must respond by establishing a performance improvement plan or taking disciplinary or
21.6 other corrective action, including dismissal. The board shall include the governor's
21.7 representative as a voting member of the board in the board's discussions and decisions
21.8 regarding the governor's request. The board shall report to the governor on action taken by
21.9 the board, including an explanation if no action is deemed necessary.

21.10 **EFFECTIVE DATE.** This section is effective January 1, 2025.

21.11 Sec. 5. Minnesota Statutes 2022, section 214.29, is amended to read:

21.12 **214.29 PROGRAM REQUIRED.**

21.13 Each health-related licensing board, ~~including the Emergency Medical Services~~
21.14 ~~Regulatory Board under chapter 144E,~~ shall either conduct a health professionals service
21.15 program under sections 214.31 to 214.37 or contract for a diversion program under section
21.16 214.28.

21.17 **EFFECTIVE DATE.** This section is effective January 1, 2025.

21.18 Sec. 6. Minnesota Statutes 2022, section 214.31, is amended to read:

21.19 **214.31 AUTHORITY.**

21.20 Two or more of the health-related licensing boards listed in section 214.01, subdivision
21.21 2, may jointly conduct a health professionals services program to protect the public from
21.22 persons regulated by the boards who are unable to practice with reasonable skill and safety
21.23 by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
21.24 of any mental, physical, or psychological condition. The program does not affect a board's
21.25 authority to discipline violations of a board's practice act. ~~For purposes of sections 214.31~~
21.26 ~~to 214.37, the emergency medical services regulatory board shall be included in the definition~~
21.27 ~~of a health-related licensing board under chapter 144E.~~

21.28 **EFFECTIVE DATE.** This section is effective January 1, 2025.

22.1 Sec. 7. Minnesota Statutes 2022, section 214.355, is amended to read:

22.2 **214.355 GROUNDS FOR DISCIPLINARY ACTION.**

22.3 Each health-related licensing board, ~~including the Emergency Medical Services~~
22.4 ~~Regulatory Board under chapter 144E,~~ shall consider it grounds for disciplinary action if a
22.5 regulated person violates the terms of the health professionals services program participation
22.6 agreement or leaves the program except upon fulfilling the terms for successful completion
22.7 of the program as set forth in the participation agreement.

22.8 **EFFECTIVE DATE.** This section is effective January 1, 2025."

22.9 Amend the title accordingly