March 11, 2024

Re: Opposition to H.F. 4738 – Establishment of the Office of Emergency Medical Services

Dear Chair Liebling and members of the House Health Finance and Policy Committee,

The Minnesota Ambulance Association appreciates the opportunity to provide comments outlining concerns about H.F. 4738, that would replace the Emergency Medical Services Regulatory Board (EMSRB) with an Office of Emergency Medical Services.

The EMSRB was established by the 1995 Legislature in response to a rapidly evolving, physician-led industry. The fifteen-member Board, appointed by the Governor, brings forth expert input from health care, public safety, and the public. Our Association has great concern with replacing the EMSRB with a Director-led Office of Emergency Medical Services.

In 2022 the Office of the Legislative Auditor released an evaluation report on the EMSRB. In this report there were multiple recommendations made to improve the EMSRB, none of which was to replace it with an Office of EMS. In the past year the Emergency Medical Services Legislative Task force held meetings across the State. Not one comment was made during the testimony to support abolishing the EMSRB and replacing it with a director-led Office of Emergency Medical Services.

We are concerned with the concentration of powers the Director would hold. No other area of health care or public safety grants this much authority to one person with regards to licensing providers, certifying the workforce, or investigating complaints and imposing disciplinary action. The care provided by our EMS clinicians is delivered under the direction of a physician medical director. This proposal greatly degrades the input of the physician medical director, placing them in an advisor to an advisory committee which then advises the Director.

We look forward to the opportunity to work with the author and other stakeholders on a bill that can meet the needs of the residents of Minnesota and those EMS providers who serve them.

Sincerely,

Joe Newton, President
Minnesota Ambulance Association

Minnesota Emergency Care Association, Inc.
dba, Minnesota Ambulance Association
PO Box 583538 #72319 | Minneapolis, MN | 55458-3538
office@mnems.org | www.mnems.org

March 11, 2024

Re: Opposition to H.F. 4738 | S.F. 4835 – Establishment of the Office of Emergency Medical Services

Dear Representative Huot and Senator Seeberger,

Thank you for the opportunity to share our concerns with H.F. 4738 and S.F. 4835, that would replace the Emergency Medical Services Regulatory Board (EMSRB) with an Office of Emergency Medical Services.

The EMSRB was established by the 1995 Legislature in response to a rapidly evolving, physician-led industry. The fifteen-member Board, appointed by the Governor, brings forth expert input from health care, public safety, and the public. Our Association has great concern with replacing the EMSRB with a Director-led Office of Emergency Medical Services.

In 2022 the Office of the Legislative Auditor released an evaluation report on the EMSRB. In this report there were multiple recommendations made to improve the EMSRB, none of which was to replace it with an Office of EMS. In the past year the Emergency Medical Services Legislative Task force held meetings across the State. Not one comment was made during the testimony to support abolishing the EMSRB and replacing it with a director-led Office of Emergency Medical Services.

We are concerned with the concentration of powers the Director would hold. No other area of health care or public safety grants this much authority to one person with regards to licensing providers, certifying the workforce, or investigating complaints and imposing disciplinary action. The care provided by our EMS clinicians is delivered under the direction of a physician medical director. This proposal greatly degrades the input of the physician medical director, placing them in an advisor to an advisory committee which then advises the Director.

We look forward to the opportunity to work with the author and other stakeholders on a bill that can meet the needs of the residents of Minnesota and those EMS providers who serve them.

Sincerely,

Joe Newton, President
Minnesota Ambulance Association

Minnesota Emergency Care Association, Inc.
dba, Minnesota Ambulance Association
PO Box 583538 #72319 | Minneapolis, MN | 55458-3538
office@mnems.org | www.mnems.org

March 10, 2024

Representative Tina Liebling
477 State Office Building
St. Paul, MN 55155

Re: HF4738 (Huot) - Office of Emergency Medical Services established to replace Emergency Medical Services Regulatory Board

Dear Chair Liebling and committee members,

On behalf of Allina Health Emergency Medical Services (EMS), I am writing to express our strong opposition to HF4738, which would eliminate the Emergency Medical Services Regulatory Board (EMSRB).

Allina Health is a fully integrated health system that includes EMS, 11 hospital campuses, 65 primary care clinics, and 14 urgent care centers across the Twin Cities, and central and southern Minnesota. Allina Health EMS has been supporting patients for over 100 years and we are the proud service provider for over 1,000,000 residents across over 2,700 square miles and more than 100 communities in Minnesota. We employ more than 700 paramedics, emergency medical technicians (EMTs), dispatchers, special transportation drivers, maintenance and administration and support personnel. Our services include award-winning priority medical dispatch, 911 pre-arrival instructions, emergency and non-emergency ambulance response, the Greater Minnesota Ride program and wheelchair transport.

The EMSRB was established in 1995 and serves as the state agency responsible for licensing ambulance services, certifying emergency medical personnel, and approving emergency medical services education programs. Its membership consists of 15 appointed professionals from various roles and industries that are key stakeholders to the EMS system in Minnesota. This is a model that's similar to other professional licensing boards across Minnesota, including the Board of Nursing and the Board of Medical Practice. The changes proposed in HF4738 would replace this model with a director-centric model that relegates the current board – who are the experts on EMS – to an advisory role. This change would create potential delays and disruptions in licensing new providers and certification of new and existing professionals. Instead of attempting to drastically reform the current model, the legislature should focus on addressing the challenges that providers are facing, including chronically low reimbursement and workforce shortages.

Thank you for the opportunity to provide comments. We look forward to working with you to address the ongoing challenges facing EMS providers in Minnesota.

Sincerely,

Susan Long
President, Emergency Medical Services
Allina Health

COALITION OF GREATER MN CITIES

DEDICATED TO A STRONG GREATER MINNESOTA

March 11, 2024

RE: Opposition to House File 4738

Dear Representative Liebling and Committee Members:

I am reaching out on behalf of the Coalition of Greater Minnesota Cities (CGMC) to express our concern with HF 4738. The CGMC is a group of more than 110 cities throughout Greater Minnesota that play an essential role in advocating for policies and funding that benefit communities in every corner of the state.

The challenge facing licensed ambulance services in Minnesota is a daunting one. The reliance on a traditional fee-for-service model has essentially reached its breaking point. With over 50% of the licenses statewide being held by a local unit of government, it is clear to see that local elected officials are facing extremely critical decisions with respect to ongoing operations of their ambulance services. The recent release of the Financial Evaluation of Minnesota's Ground Ambulance Industry, compiled and distributed by the Minnesota Emergency Medical Services Regulatory Board (EMSRB), places an extremely bright spotlight on the reimbursement shortages that continue to fall short of covering even the most basic costs of providing these essential services.

HF 4738 does nothing to provide a solution to the underlying financial crisis. Our organization has spent the last several months hosting regional forums to discuss the challenges facing EMS delivery. We have participated in and monitored each field hearing of the legislative Emergency Medical Services Task Force. We have met with countless ambulance managers, fire chiefs, city administrators, and elected officials across rural Minnesota. The message from them has been clear and succinct:

- **The number one challenge facing licensed ambulance services is the severe shortfall of reimbursement from government programs.** The fact that there are services in Minnesota who are billing 80% of their services to a government program that pays thirty-seven cents on the dollar is appalling and eye-opening.
- **The number two challenge facing our services is centered around recruitment and retention of the workforce.** The volunteer model that sustained services for decades is crumbling. Even full-time staff are hard to find, and in some cases even harder to retain given the relatively low compensation and intense workloads.

The CGMC strongly urges the Committee not to act on HF 4738, as currently written. Ambulance service providers across the state are sounding the alarm for financial assistance, and we ask the legislature to respond appropriately. If there are concerns around the operations of the EMSRB, we remain willing to sit down with all stakeholders and have a productive conversation, which

should include a review of corrective actions taken to date to address concerns presented by the Office of the Legislative Auditor in 2022.

Sincerely,

Bradley Peterson, Executive Director
Coalition of Greater Minnesota Cities

Re: HF4738-0

Minnesota House of Representative Health Finance and Policy Committee

c/o Mr. Josh Sande. 3/11/24

Greetings. This is a letter stating opposition to the version of HF 4738 from 03/05/24.

My name is Pete Tanghe. I am the Chief Medical Director for North Memorial Health Ambulance Services. In my role I support 750+ EMS clinicians, including dispatchers, EMS doctors, EMTs, Nurses and Paramedics. My team serves multiple communities in Minnesota, which vary in population and geography. We cover almost every aspect of EMS in Minnesota.

I strongly oppose HF 4738 as it is written for the following reasons:

1. It transfers power from the board to the director and concentrates the power in one position that is appointed. The problems with this include the lack of checks and balances and the lack of consistency if the position changes irregularly with political appointments. This has implications for the general and regulatory functions of the office.
2. While HF 4738 preserves an advisory board the proposed structure is incomplete. The size of the advisory board is too small to capture the different work environments of the EMTs and Paramedics that work across the state. There should be at least one EMT, one Paramedic from both Rural and Urban environments. In addition to create a board to support EMS in the future the perspective of Community EMTs and Community Paramedics must also be included. While RNs play an important role in EMS, especially flight medicine, their numbers are relatively small, and their representation should not be unfairly weighted. The addition of the public, tribal representation and social workers is good. Public participation is critical but the incentive for them to participate needs to be better spelled out. The perspective of emergency medical dispatchers is absent as well as our partners in public safety, law enforcement.
   So, the proposed board does not capture the diversity of EMS in the state and does not prepare the office to function well in the future.

I view both reasons as major problems of HF 4738. Combined they form a fatal flaw. The bill as written should not be advanced.

I am sorry that I am unable to attend the hearing to testify in person. I am thankful for my able colleagues who can represent this common and expert opinion of HF 4738.

Please feel free to contact me with any questions.

e/s Pete Tanghe, MD

EMS Physician & Chief Medical Director

North Memorial Health Ambulance, Air Care and Community Paramedicine

763-226-6517

March 11, 2024

Opposition to House File 4738
Dear Representative Liebling and Committee Members:

Mn Small Cities advocates on behalf of the over 700 cities with a population under 5,000 in Minnesota. There are over 90 small cities that operate Public Service Areas in Minnesota. We are writing to express strong opposition to House File 4738.

Over the last few years, these communities have seen growing issues in EMS worker retention coupled with reimbursement rates that do not cover the costs to operate. Local officials are facing difficult decisions about providing a critical service while maintaining a budget that serves the community's needs.

HF4738 does not address either of these concerns for small cities. The bill does not acknowledge changes made at the EMSRB to address issues raised by the OLA and it creates a new state entity that will give unprecedented control over critical services to one position, without additional or expanded stakeholder engagement.

Mn Small Cities has been and will continue to participate in ongoing discussions with a broad range of stakeholders to identify the short and long-term needs to maintain a successful long-term operations model that is reflective of the diverse manner of services and needs our state has.

We urge you not to act on HF4738 and to engage in a more thorough dialogue with constituents and stakeholders to ensure that any proposed legislation is comprehensive, fair, and effective. We need to prioritize addressing short-term critical funding needs before implementing a systematic overhaul.

Thank you for your time and consideration of this matter.

Sincerely,

Cap O'Rourke

Executive Director

Mn Small Cities

INTERNATIONAL ASSOCIATION OF EMTs & PARAMEDICS

(A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES)

March 11, 2024

Re: Opposition to HF 4738 – Creating the Office of Emergency Medical Services

Dear Chair Liebling and members of the House Health Finance and Policy Committee:

I write today on behalf of the over 700 EMS professionals in the state of Minnesota represented by the International Association of EMTs and Paramedics in opposition to the currently proposed HF 4738. Said legislation, as written, proposes a complete replacement of the current Emergency Medical Services Regulatory Board (EMSRB) and consolidation of oversight to a singular point of leadership and oversight.

The current system, put into place in 1995, allowed for the flexibility and continued development of EMS standards across the state in an ever-changing and rapidly developing profession. The current structure consists of a fifteen-member board, however the proposed changes would reduce that oversight, and insight into the statewide system, by reducing the oversight and responsibility to a singular director-lead EMS organization.

Simply put, reducing the number of players with ultimate oversight and authority is concerning. One individual leader should not have such overreaching authority and oversight of EMS licensing providers, certifying workforces, and investigating / recommending action against providers. There is an immense value to having a team of leaders with experience working together to help guide the EMS culture and profession within the state of Minnesota.

I thank you for the opportunity to express these concerns as our members are on-the-ground providers who will be directly impacted by these changes.

Sincerely,

Brett Hopper

Brett Hopper
National Representative, IAEP
Local President, Local R7-167 of Allina Health EMS

IAEP Local 167
P.O. Box 490516 Blaine MN 55449-0516

MNACEP
Minnesota Chapter, American College of Emergency Physicians

CHAPTER MAILING ADDRESS

PO Box 104302
Jefferson City, MO 65110

Phone: 573-636-2144

March 11, 2024

Re: Opposition to H.F. 4738 – Establishment of the Office of Emergency Medical Services

Dear Chair Liebling and members of the House Health Finance and Policy Committee:

The Minnesota Chapter of the American College of Emergency Physicians (MNACEP) appreciates the opportunity to report our concerns regarding H.F. 4738, that would replace the Emergency Medical Services Regulatory Board (EMSRB) with an Office of Emergency Medical Services.

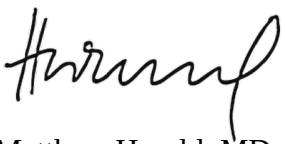
The EMSRB was established by the 1995 Legislature in response to a rapidly evolving, physician-led industry. This Board was carefully conceived and refined by your former colleagues and many MNACEP members as Emergency Department Physicians and Minnesota EMS Medical Directors. The fifteen-member Board, appointed by the Governor, brings forth expert input from health care, public safety, MDH and the public. Our Association has great concern with replacing the EMSRB with a Director-led Office of Emergency Medical Services.

Emergency Physicians work very closely day-to-day in our communities with the local ambulance services. We continue to hear increasing concerns regarding EMS funding, clinical standards and workforce stability. Our Emergency Physicians, in both metro and greater Minnesota emergency departments, are the backbone of medical direction for these services and provide critical support to maintain excellence in pre-hospital emergency care.

We are concerned with the concentration of powers the Director would hold. No other area of health care or public safety grants such unilateral authority with regard to licensing providers, certifying the workforce, investigating complaints and imposing disciplinary action. Optimal pre-hospital care is delivered by EMS clinicians under the direction of a physician Medical Director. This proposal greatly degrades the input of the physician medical director, placing them in an advisor to an advisory committee which then advises the Director and severing the physician/EMS clinician relationship.

We look forward to the opportunity to work with the author and other stakeholders on an alternative bill that can safely and effectively meet the needs of the residents of Minnesota and the EMS providers who serve them.

Respectfully,



Matthew Herold, MD, FACEP
President, Minnesota Chapter of the American College of Emergency Physicians

Taylor & Francis
Taylor & Francis Group

Prehospital Emergency Care

ISSN: 1090-3127 (Print) 1545-0066 (Online) Journal homepage: www.tandfonline.com/journals/ipec20

Physician Oversight of Emergency Medical Services

To cite this article: (2017) Physician Oversight of Emergency Medical Services, Prehospital Emergency Care, 21:2, 281-282, DOI: 10.1080/10903127.2016.1229827

To link to this article: https://doi.org/10.1080/10903127.2016.1229827

NAEMSP Position Statement

Physician Oversight of Emergency Medical Services

Activities that constitute EMS are well defined in the 2012 NASEMSO document "The Definition of EMS." This document also states that "EMS is the practice of medicine and as such, any of the activities that constitute EMS require oversight by a physician." Physician oversight of EMS is critical to the successful delivery of EMS in any environment. The National Association of EMS Physicians® (NAEMSP®) agrees with these definitions and statements. In addition, NAEMSP® believes that:

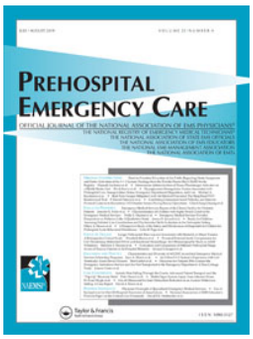
- An entity that is involved with the response to provide medical care for ill and injured patients in the out of hospital setting constitutes an EMS service, regardless of whether patient transport is provided. EMS services may include, but are not limited to, emergency services call-taking and dispatch, ambulance services, mobile-integrated health services, and non-transport first responders such as fire departments, law enforcement agencies, search and rescue teams, and other first-responder/public safety agencies.
- All aspects of medical care administered by an EMS service require the active involvement of a licensed physician medical director with expertise in the environment in which the EMS service's response occurs. This role, encompassing such a physician's activities, is commonly titled "EMS Medical Director."
- A physician board-certified in EMS medicine is best prepared to provide physician oversight of EMS, serving in the role of EMS medical director.
- The EMS medical director must recognize the patient diversity and environmental hazards within his or her EMS service. If the EMS medical director lacks knowledge or experience pertaining to a portion of their service's operations, he or she should engage local experts to assist with forming EMS-related operational plans for health care delivery within those patient communities or environments.
- There is significant value in the EMS medical director establishing relationships with other partners in patient care including health care facilities, medical specialty organizations, and governmental and non-governmental supported entities that advocate for or support efforts to provide medical care to special populations.
- The primary role of the EMS medical director is to promote continuous quality improvement and patient centered delivery of medical care by the EMS service. The EMS medical director should be involved and integrated with all aspects of out of hospital health care delivery from initial patient contact, including contact via telecommunications with emergency dispatch operators, to definitive patient care.
- EMS system design is influenced by community-level and patient-level health care needs as well as operational considerations. The EMS medical director's role in system design requires that he or she be involved in both clinical and operational decisions.
- All EMS services must assure that the EMS medical director has complete authority for all aspects of patient care, including oversight of verification of provider competency and provider credentialing. The EMS medical director must have the ability to restrict, suspend, or terminate patient care activities of providers who deviate from and/or fail to meet established standards.
- The EMS medical director must have the authority to develop and implement education standards for all providers who work in the EMS service.
- An EMS medical director's qualifications, responsibilities, authority, and liabilities must be delineated in writing within each EMS service.
- The EMS service has an obligation to provide the EMS medical director with the resources, authority, insurance, and compensation commensurate with these responsibilities.
- The EMS medical director shall have the authority to appoint and delegate duties to one or more

Approved by the NAEMSP Board of Directors June 29, 2016.

doi: 10.1080/10903127.2016.1229827

associate medical director(s). Associate medical directors shall also have responsibilities, authority, insurance, and compensation that are delineated in writing and shall be recognized with authority and responsibility as delegated by the program's EMS medical director.

- The EMS medical director should have full support for independent but integrated response (emergent and non-emergent) to calls for service within the EMS service's service area, and recognition within the public safety network as the local health authority on emergency scenes to which they respond.



Prehospital Emergency Care

ISSN: 1090-3127 (Print) 1545-0066 (Online) Journal homepage: www.tandfonline.com/journals/ipec20

Physician Oversight of Specialized Emergency Medical Services

To cite this article: (2019) Physician Oversight of Specialized Emergency Medical Services, Prehospital Emergency Care, 23:4, 590-591, DOI: 10.1080/10903127.2018.1551452

To link to this article: https://doi.org/10.1080/10903127.2018.1551452

Published online: 07 Jan 2019.

POSITION STATEMENTS

PHYSICIAN OVERSIGHT OF SPECIALIZED EMERGENCY MEDICAL SERVICES

PREHOSPITAL EMERGENCY CARE 2019;23:590–591

The National Association of EMS Physicians (NAEMSP) affirmed the core principles of EMS physician oversight in the position statement *Physician Oversight of Emergency Medical Services* (1). This document described the core principles of physician oversight and further defined activities that constitute delivery of EMS. The document states, "An entity that is involved with the response to provide medical care for ill and injured patients in the out of hospital setting constitutes an EMS service, regardless of whether patient transport is provided." Furthermore, the document stipulates that "EMS medical directors must recognize the patient diversity and environmental hazards within their EMS service."

In many circumstances, the environments and situations in which EMS providers operate may be hazardous and austere. Such environments include those under law enforcement control, within wilderness areas, inside confined spaces or collapsed structures, and within populated areas following natural or man-made disasters. These environments create challenges with access to the patient and egress from the environment. Resources for patient care may be limited by geographic barriers, structural instability, prolonged operational periods, or the presence of malicious human threats. Delivery of EMS in these environments often requires clinical and operational aptitudes that demand both specialized training and specialized oversight. Although each of these environments are distinct, collectively the delivery of out of hospital care in those settings is often referred to as "Specialized EMS." Specific examples include, but are not limited to: tactical EMS, urban search and rescue (USAR), wilderness search and rescue, ski patrols, and dive rescue teams.

NAEMSP believes that:

- Physician oversight is integral to specialized EMS programs
- Physician oversight of specialized EMS programs should include all of the fundamental principles outlined in the aforereferenced parent NAEMSP position statement, as well as the principles discussed as follows
- Physician competence and proficiency in the knowledge and skills specific to the specialized environment is necessary for the effective performance of physician oversight of specialized EMS programs
- The EMS physician must understand the clinical effects of their specialized environment on the delivery of patient care
- Physician oversight of specialized EMS should include interfacing and pre-planning with standard EMS programs active in the area of the specialized incident(s)
- Specialized EMS protocols must be appropriate for the practice environment
- Specialized EMS protocols must anticipate and be appropriate for prolonged operational periods
- Specialized EMS protocols must be appropriate for the type of EMS providers delivering care in the specialized environment or incident
- Specialized EMS can include assessment and intervention techniques and technology that are:
  - the same as standard EMS,
  - adapted from standard EMS but utilized in non-traditional manners; or
  - uniquely developed to meet the needs of specific environments
  - Protocols may include on-scene treatment and release of the patient without transport or additional medical evaluation/treatment (e.g., firefighter rehab, event/race medicine, etc., for certain conditions)

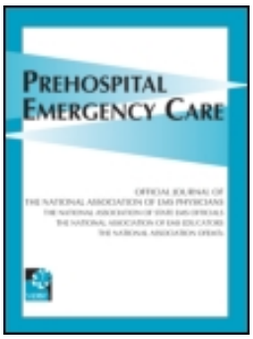
Approved by the NAEMSP Board of Directors November 15, 2018.

doi:10.1080/10903127.2018.1551452

- Physician oversight of specialized EMS programs includes anticipating education and training needs unique to the specialized environment and ensuring providers receive appropriate initial and continuing education to meet those needs
- Specialized EMS should only be delivered by providers that have been appropriately trained to provide care in the specific environment
- Last minute "expansion of scope of practice" of standard EMS providers and deploying them in an operational environment is not acceptable as it exposes those providers to unacceptable life-safety hazards, which risks causing harm to the provider, the patient, other providers, and the public
- Specialized EMS may include care of animals such as canines and equines used in force protection, search and rescue, and extrication/extraction. EMS programs that utilize or are likely to encounter such animal team members should develop appropriate protocols to provide force protection and emergency care to such animals. Development of these protocols should occur with the support of a veterinarian familiar with such animals.

References

1. Physician oversight of emergency medical services. Prehosp Emerg Care. 2017;21(2):281–282. DOI: 10.1080/10903127.2016.1229827



Prehospital Emergency Care

ISSN: 1090-3127 (Print) 1545-0066 (Online) Journal homepage: www.tandfonline.com/journals/ipec20

Role of the State EMS Medical Director

A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO)

POSITION STATEMENTS

ROLE OF THE STATE EMS MEDICAL DIRECTOR

A JOINT STATEMENT BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP), THE NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP), AND THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS (NASEMSO)

POSITION STATEMENT

Dedicated and qualified medical direction is required to ensure safe and high-quality patient care. Medical direction is a fundamental element of the emergency medical services (EMS) system. It is essential that the lead agency for EMS within each of the 50 states, the District of Columbia, Puerto Rico, and the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands has a state EMS medical director.

The state EMS medical director provides specialized medical oversight in the development and administration of the EMS system and is an essential liaison with local EMS agencies, hospitals, state and national professional organizations, and state and federal partners. The state EMS medical director provides essential medical leadership, system oversight, coordination of guideline development for routine and disaster care, identification and implementation of best practices, system quality improvement, and research. The state EMS medical director is essential to the comprehensive EMS system at the local level by promoting integration of direct and indirect medical oversight for the entire emergency health care delivery system.

The state EMS medical director should be a physician with extensive experience in EMS medical direction and an unrestricted medical license within the state. Ideally, the state EMS medical director will be a board-certified emergency physician.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. The foundation of the relationship between the state EMS lead agency and the state EMS medical director, including the job description, responsibilities, and authority, should be clearly defined within legislation, regulation, or a written contract. The state EMS medical director should be provided with mutually agreed-upon compensation for services, necessary materials and resources, and liability protection specific to the unique duties and actions performed.

In summary, the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO) strongly encourage the establishment of a regular full-time position for a state EMS medical director in all 50 states, the District of Columbia, Puerto Rico, and the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands.

Approved by the NASEMSO Executive Committee and the NAEMSP Board of Directors on February 12, 2009. Received January 23, 2010; accepted for publication February 17, 2010.

This position statement replaces the 2005 ACEP/NAEMSP/NASEMSO position statement: Role of the EMS Medical Director. Prehosp Emerg Care. 2005;9:338.

Address correspondence and reprint requests to: National Association of State EMS Officials, 201 Park Washington Court, Falls Church, VA 22046-4527. e-mail: info@nasemso.org

doi: 10.3109/10903121003770688

THE HENNEPIN COUNTY ASSOCIATION OF PARAMEDICS AND EMTS
1325 WINTER ST, SUITE 102. MINNEAPOLIS, MN 55413

03/11/2024

RE: HF 4738 Letter of Concern

Dear Chair Liebling and members of the Health Finance and Policy Committee,

I am the President of the Hennepin County Association of Paramedics and EMTs (HCAPE). HCAPE is the labor union that represents 911 paramedics, EMTs and dispatchers at Hennepin EMS. Our members have proudly served 14 municipalities in Hennepin County, including Minneapolis, for decades.

I wanted to reach out regarding our opposition to HF4738. This bill as written would dismantle the institution that has governed our professional certifications for many years and replace it with an agency overseen by one individual director with no accountability or oversight. We feel this bill was rushed to the legislature, without considering input from organized labor, community groups and the providers who provide emergency care for Minnesotans every day. The proposed office in charge of EMS would become a political football in this proposal, forming policies based on the whims of an ever-changing and all powerful director.

Our organization has concerns that this bill does nothing to improve patient care, workforce development, or working conditions for EMS providers. There is currently no commitment to meaningful input from the labor organizations who represent EMS professionals across the state of Minnesota. Input from frontline workers and labor organizations, as well as all stakeholders, is paramount to the successful implementation of system wide changes.

In 2020 our members worked through a historic pandemic, coupled with unprecedented civil unrest. Our paramedics continued to respond to calls for help, under incredibly dangerous situations, as much of Lake Street burned. Our dispatchers continued to answer the thousands of calls from scared residents as chaos unfolded around them. We are not strangers to catastrophe. HCAPE members have been there for many of the state's darkest days, like the Accent Signage shooting and 35W bridge collapse. If we are to remake EMS institutions, the providers themselves should have a prominent voice. That voice is silent in this bill.

As emergency medical professionals, we rely on the guidance of our dedicated EMS physicians. We are fortunate to have driven and patient care focused medical directors who strive for the highest quality care. Their drive and focus built one of the strongest and most innovative EMS systems in the country. This bill completely removes these subject matter experts from the statutory language, instead replacing them with political appointees and “advisors”.

THE HENNEPIN COUNTY ASSOCIATION OF PARAMEDICS AND EMTS
1325 WINTER ST, SUITE 102. MINNEAPOLIS, MN 55413

If Minnesota is to continue our long history as a destination for world class medical care, we must lead with expert level clinicians.

I want to specifically address the primary service area language in this bill. Current PSA laws must remain protected. We cannot allow a single political autocrat, with little to no oversight, the ability to change the ambulance service in a municipality or region. The current PSA laws protect these communities and force ambulance providers to render service.

I recommend a more holistic strategy in addressing the substantial overhaul of the EMS regulatory body's structure. Establishing a dedicated workgroup that can facilitate thorough exploration of the impending changes, creating a consensus among all stakeholders involved. This collaborative approach ensures that all perspectives are considered, leading to a more informed and equitable structure moving forward.

Respectfully,

Shane Hallow

President

Hennepin County Association of Paramedics and EMTs