3/14/20223

**Support of HF2736 & SF2691**

The City of Albert Lea and Albert Lea Fire Rescue are in support of House and Senate Bills HF2736 and SF2691. We support these bills as a means to provide an appropriate EMS service to our community. EMS is changing within our state and we have to be in front of the changes. We will clarify it now we are not supporting this bill as a means to take the primary EMS responsibility away from our current provider but simply to have a say in what service is provided and if the service can not be provided we would be given the opportunity to find someone who will.

Our Current provider for the Primary Service Area (PSA) that Albert Lea falls in is Mayo Clinic Ambulance Service. The unit of regulation to Mayo Clinic Ambulance Service is EMSRB which is run by a board. That board primarily consists of Hospitals and EMS providers. That would be like a board of Firefighters telling all other Firefighters in the state how they should operate and what service to provide. The citizens of that community having no say in what Fire service they want. This is not the case in Fire Service. For Fire Service each governing body has the right to chose for themselves what service they want and to what level. It is not right for a community to have to take what a board governing their own interest says.

We are asking in House and Senate bills that we Modify existing PSA’s to correspond with local governing units (LGU) Lines. The LGU would be given decision-making authority regarding ambulance service providers and the provider still requiring licensing from the state. Any change in ambulance service provider (including “name change” and buy-outs) would trigger an immediate license renewal process and would allow the LGU the opportunity to decide if the provider can still meet the community’s needs. We are also asking for performance standards be set during the license renewal process. The report must include, but is not limited to the following:

a) Number and type of calls by LGU;

b) Amount of fees for services to be posted publicly by the ambulance service for the fees charged in the local unit of government territory;

c) Response time and mode (emergent versus non-emergent) from 911 until ambulance arrival with required staff;

d) Transport percentage by local unit of government;

e) Transport destinations by local unit of government;

f) Number of ambulances staffed by time of day and day of week by local unit of government (how many ambulances were stations in that local unit of government throughout the quarter); and

g) Mutual aid given and received.

h) Quality assurance metrics reviewed over that quarter (what clinical and operational items were reviewed by quality assurance staff)

i) Consistent definitions of “response time” and “quality of care”

This report shall be delivered quarterly to the LGU with oversight authority of the EMS in that PSA.

Sincerely,



Jeffery Laskowske

Deputy Fire Chief

Albert Lea Fire/Rescue

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