

HOUSE RESEARCH

Bill Summary

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Overview

This bill establishes a process for the commissioner of health to designate certain hospitals as receiving centers for ST-segment elevation myocardial infarction (STEMI) patients and requires EMS programs to develop protocols for transporting STEMI patients. It also makes technical changes to Emergency Medical Services Regulatory Board statutes regarding EMT training and audits of regional EMS boards.

Section

1 **ST-segment elevation myocardial infarction (STEMI) receiving centers.** Adds § 144.4941. Establishes a process for designating certain hospitals at STEMI receiving centers.

Subd. 1. Criteria for STEMI receiving center designation. Allows a hospital with accreditation as a STEMI receiving center from a national accrediting organization to apply to the commissioner of health for designation as a STEMI receiving center.

Subd. 2. Designation of STEMI receiving centers. Allows the commissioner of health to designate qualified hospitals as STEMI receiving centers for a three-year period. Requires the commissioner to remove the hospital's designation if the hospital loses its accreditation.

Subd. 3. Coordination among hospitals. Encourages STEMI receiving centers to coordinate with STEMI referring hospitals to provide appropriate care for patients who suffer heart attacks.

Section

- 2 **STEMI transport protocols.** Adds subd. 8 to § 144E.16. Requires regional and local emergency medical services programs to develop STEMI transport protocols, and specifies what the protocols must include.
- 3 **Community medical response emergency medical technician.** Amends § 144E.275, subd. 7. Makes a technical change to certification requirements for community medical response emergency medical technicians.
- 4 **Audits.** Amends § 144E.50, subd. 6. Removes the time limits within which annual and biennial audits of regional EMS boards must occur after the end of the fiscal year or biennium.