

# H.F. 4738

### Third engrossment

Subject Office of Emergency Medical Services established

Authors Huot and others

Analyst Elisabeth Klarqvist

**Date** April 19, 2024

## **Article 1: Office of Emergency Medical Services**

This article establishes the Office of Emergency Medical Services to replace the Emergency Medical Services (EMS) Regulatory Board and, effective January 1, 2025, transfers duties and authority from the board to the office and its director.

## Section Description - Article 1: Office of Emergency Medical Services

#### 1 Director.

Adds subd. 16 to § 144E.001. Defines director for chapter 144E as the director of the Office of Emergency Medical Services.

#### 2 Office.

Adds subd. 17 to § 144E.001. Defines office for chapter 144E as the Office of Emergency Medical Services.

## **3** Office of Emergency Medical Services.

Adds § 144E.011. Establishes the Office of Emergency Medical Services with a director appointed by the governor, and establishes duties for the director.

**Subd. 1. Establishment.** Establishes the Office of Emergency Medical Services with the powers and duties established in law.

**Subd. 2. Director.** Requires the governor to appoint a director for the office with the advice and consent of the senate, and requires the director to direct the activities of the office.

**Subd. 3. Powers and duties.** Lists powers and duties for the director: administering and enforcing chapter 144E and adopting rules to implement chapter 144E; licensing ambulance services and regulating their operation; establishing and modifying primary service areas; designating ambulance services to provide services in a primary service area and removing designations; registering medical response units and regulating their operation; certifying and registering individuals for the listed occupations; approving education programs and administering qualifications for instructors; administering grant programs; annually reporting to the legislature; investigating complaints and imposing

disciplinary action; and performing other duties related to the provision of emergency medical services in the state.

**Subd. 4. Employees.** Allows the director to employ personnel in the classified services and unclassified personnel.

**Subd. 5. Work plan.** Requires the director to prepare a work plan to guide the work of the office, and to update the plan every two years.

#### 4 Medical Services Division.

Adds § 144E.015. Creates a Medical Services Division in the Office of Emergency Medical Services, under the direction of a deputy director of medical services appointed by the director. Specifies the deputy director must be a physician licensed under chapter 147. Requires the deputy director to enforce and coordinate laws, rules, and policies assigned by the director, including clinical aspects of prehospital medical care and education programs for emergency medical service personnel.

#### 5 Ambulance Services Division.

Adds § 144E.016. Creates an Ambulance Services Division in the Office of Emergency Medical Services, under the direction of a deputy director of ambulance services appointed by the director. Requires the deputy director to enforce and coordinate laws, rules, and policies assigned by the director, including operating standards and licensing of ambulance services, registration and operation of medical response units, establishing and modifying primary service areas, coordination of ambulance services, and administration of grants.

#### 6 Emergency Medical Service Providers Division.

Adds § 144E.017. Creates an Emergency Medical Service Providers Division in the Office of Emergency Medical Services, under the direction of a deputy director of emergency medical service providers appointed by the director. Requires the deputy director to enforce and coordinate laws, rules, and policies assigned by the director, including certification and registration of emergency medical service providers; overseeing worker safety, well-being, and working conditions; implementing education programs; and administration of grants.

#### 7 Emergency Medical Services Advisory Council.

Adds § 144E.03. Establishes the Emergency Medical Services Advisory Council and specifies its duties.

**Subd. 1. Establishment; members.** Establishes the Emergency Medical Services Advisory Council consisting of one EMT, one paramedic, one medical director of a licensed ambulance service, one firefighter serving as an emergency medical responder (EMR), one flight nurse, one social worker, one member of a federally

recognized Tribal Nation in Minnesota, three public members, one member with experience working as an employee organization representative, two members representing local government, two members of the legislature, and the commissioner of health and commissioner of public safety as ex officio members.

- **Subd. 2. Legislative members.** Provides for appointment of legislative members to the advisory council and provides for compensation and reimbursement for expenses.
- **Subd. 3. Terms, compensation, removal, vacancies, and expiration.** Provides terms (except for initial appointees), compensation, removal of members, and vacancies are governed by section 15.059 (advisory councils and committees). Provides this advisory council does not expire.
- **Subd. 4. Officers; meetings.** Requires the advisory council to elect a chair and vice-chair, and allows it to elect other officers as necessary. Requires the advisory council to meet quarterly or at the call of the chair and to comply with the Open Meeting Law.
- **Subd. 5. Duties.** Requires the advisory council to make recommendations to the director and deputy director of ambulance services on the regulation of ambulance services and medical response units, the operation of the emergency medical services system in the state, and other topics directed by the director.

#### 8 Emergency Medical Services Physician Advisory Council.

Adds § 144E.035. Establishes an Emergency Medical Services Physician Advisory Council and specifies duties.

- **Subd. 1. Establishment; membership.** Establishes the Emergency Medical Services Physician Advisory Council consisting of ten physicians who meet the qualifications in statute for medical directors and the medical director member of the Emergency Medical Services Advisory Council.
- **Subd. 2. Terms, compensation, removal, vacancies.** Provides terms (except for initial appointees), compensation, removal of members, and vacancies are governed by section 15.059. Provides the advisory council does not expire.
- **Subd. 3. Officers; meetings.** Requires the advisory council to elect a chair and vice-chair, and allows it to elect other officers as necessary. Requires the advisory council to meet twice a year or at the call of the chair and to comply with the Open Meeting Law.
- **Subd. 4. Duties.** Requires the advisory council to review and make recommendations to the director and deputy director of medical services on

clinical aspects of prehospital care and to serve as subject matter aspects of evolving topics in clinical medicine.

#### 9 Labor and Emergency Medical Service Providers Advisory Council.

Adds § 144E.04. Establishes a Labor and Emergency Medical Service Providers Advisory Council and specifies duties.

- **Subd. 1. Establishment; membership.** Establishes the Labor and Emergency Medical Service Providers Advisory Council consisting of eight emergency medical service providers of any type, one emergency medical technician instructor, two members with experience working as an employee organization representative, one emergency medical service provider based in a fire department, and one emergency medical service provider not based in a fire department.
- **Subd. 2. Terms, compensation, removal, vacancies, and expiration.** Provides terms (except for initial appointees), compensation, removal of members, and vacancies are governed by section 15.059. Provides the advisory council does not expire.
- **Subd. 3. Officers; meetings.** Requires the advisory council to elect a chair and vice-chair, and allows it to elect other officers as necessary. Requires the advisory council to meet quarterly or at the call of the chair and to comply with the Open Meeting Law.
- **Subd. 4. Duties.** Requires the advisory council to review and make recommendations to the director and deputy director of emergency medical service providers on laws, rules, and policies assigned to the Emergency Medical Service Providers Division and other topics assigned by the director.

#### 10 Alternative EMS response model pilot program.

Adds § 144E.105. Directs the board to administer an alternative EMS response model pilot program.

- **Subd. 1. Definitions.** Defines terms for this section: partnering ambulance services and pilot program.
- **Subd. 2. Pilot program established.** Requires the board to establish an alternative EMS response model pilot program in which partnering ambulance services provide expanded advanced life support intercept capability and staffing support.
- **Subd. 3. Application.** Requires a basic life support ambulance service that wants to participate in the pilot program to apply to the board jointly with the

advanced life support ambulance service with which it proposes to partner. Lists information the application must include.

- **Subd. 4. Operation.** Allows an advanced life support ambulance service to partner with one or more basic life support services. The partnering services must jointly respond to emergency ambulance calls in the basic life support service's primary service area, and the advanced life support service may respond with an ambulance or a nontransporting vehicle.
- **Subd. 5. Staffing.** When responding to an emergency ambulance call and when the partnering advanced life support service is also responding, requires the basic life support service to be staffed with at least one EMT and the advanced life support service to be staffed with at least one paramedic.
- **Subd. 6. Medical director oversight.** Provides an ambulance service's medical director retains responsibility for the ambulance service personnel of their ambulance service.
- **Subd. 7. Waivers and variances.** Allows the board to issue waivers and variances needed to implement the pilot program, as long as the waiver or variance does not adversely affect public health or welfare.
- **Subd. 8. Data and evaluation.** Requires the board to collect from partnering ambulance services, data needed to evaluate the pilot program.
- **Subd. 9. Transfer of authority.** Effective January 1, 2025, transfers the duties assigned to the board in this section to the director.
- **Subd. 10. Expiration.** Provides this section expires June 30, 2026.

#### 11 Local government's powers.

Amends § 144E.16, subd. 5. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services.

#### 12 Temporary suspension.

Amends § 144E.19, subd. 3. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services and makes a conforming change.

#### 13 Denial, suspension, revocation.

Amends § 144E.27, subd. 5. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services and establishes grounds for disciplinary action related to emergency medical responder participation in a health professionals services program or diversion program (a similar ground for

disciplinary action in section 214.355 currently applies to ambulance service personnel and emergency medical responders; this bill removes ambulance service personnel and EMRs from section 214.355).

#### 14 Denial, suspension, revocation.

Amends § 144E.28, subd. 5. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services and establishes grounds for disciplinary action related to participation by ambulance service personnel in a health professionals services program or diversion program (a similar ground for disciplinary action in section 214.355 currently applies to ambulance service personnel and emergency medical responders; this bill removes ambulance service personnel and EMRs from section 214.355).

#### 15 Temporary suspension.

Amends § 144E.28, subd. 6. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services and makes a conforming change.

## 16 Temporary suspension.

Amends § 144E.285, subd. 6. Transfers duties and authority from the EMS Regulatory Board to the director of the Office of Emergency Medical Services and makes a conforming change.

#### 17 Diversion program.

Amends § 144E.287. Authorizes the director to conduct a health professionals services program or contract for a diversion program, rather than requiring participation in the health professionals services program for health-related licensing boards under chapter 214.

#### 18 Immunity.

Amends § 144E.305, subd. 3. Makes changes to conform with the transfer of duties and authority from the EMS Regulatory Board to the Office of Emergency Medical Services.

## 19 Initial members and first meeting; Emergency Medical Services Advisory Council.

Requires initial appointments to the Emergency Medical Services Advisory Council to be made by January 1, 2025, and specifies the terms of initial appointees. Requires the medical director appointee to convene the first meeting of the advisory council by February 1, 2025.

## 20 Initial members and first meeting; Emergency Medical Services Physician Advisory Council.

Requires initial appointments to the Emergency Medical Services Physician Advisory Council to be made by January 1, 2025, and specifies the terms of initial appointees. Requires the medical director appointee to convene the first meeting of the advisory committee by February 1, 2025.

# 21 Initial members and first meeting; Labor and Emergency Medical Service Providers Advisory Council.

Requires initial appointments to the Labor and Emergency Medical Service Providers Advisory Council to be made by January 1, 2025, and specifies the terms of initial appointees. Requires the EMT instructor appointee to convene the first meeting by February 1, 2025.

#### 22 Transition.

Requires the governor to appoint a director-designee to the office by October 1, 2024, and makes the designee the governor's appointee as director effective January 1, 2025. Effective January 1, 2025, transfers the responsibilities to regulate emergency medical services in the state from the Emergency Medical Services Regulatory Board to the Office of Emergency Medical Services and its director. Provides a statute on transfers of power among agencies applies to this transfer of responsibilities. Allows the commissioner of administration, with approval of the governor, to issue any needed reorganization orders. Provides a law that allows transfers of responsibilities to be made only to an agency that has been in existence for at least one year does not apply to this transfer.

### 23 Appropriation.

Appropriates \$6,000,000 in fiscal year 2025 from the general fund for the Emergency Medical Services Regulatory Board for the alternative EMS response model pilot program. Provides this is a onetime appropriation and is available until June 30, 2026.

#### 24 Revisor instruction.

Instructs the revisor of statutes to modify terms in Minnesota Statutes consistent with the transfer of duties and authority from the Emergency Medical Services Regulatory Board to the Office of Emergency Medical Services and its director.

#### 25 Repealer.

Repeals the following sections:

- 144E.001, subd. 5 (definition of board in chapter 144E);
- 144E.01 (establishing the Emergency Medical Services Regulatory Board);

- 144E.123, subd. 5 (obsolete subdivision on a working group in 2011 and 2012);
- 144E.50, subd. 3 (defining board)

## **Article 2: Conforming Changes**

This article makes changes to conform with the transfer of duties and authority from the Emergency Medical Services Regulatory Board to the Office of Emergency Medical Services, including requiring the salary of the director of the office to be determined by the Compensation Council, allowing the office to designate unclassified positions, removing the board from the Council of Health Boards and from participation in the health professionals services program administered by the health-related licensing boards, and making other changes.



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