

1.1 A bill for an act

1.2 relating to health; establishing a medical response unit reimbursement pilot
1.3 program; funding emergency medical services programs; appropriating money.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **MEDICAL RESPONSE UNIT REIMBURSEMENT PILOT**
1.6 **PROGRAM.**

1.7 (a) The Department of Public Safety or its contract designee shall collaborate
1.8 with the Minnesota Ambulance Association to create the parameters of the medical
1.9 response unit reimbursement pilot program, including determining criteria for baseline
1.10 data reporting.

1.11 (b) In conducting the pilot program, the Department of Public Safety must consult
1.12 with the Minnesota Ambulance Association, Minnesota Fire Chiefs Association,
1.13 Emergency Services Regulatory Board, and the Minnesota Council of Health Plans to:

1.14 (1) identify no more than five medical response units registered as medical response
1.15 units with the Minnesota Emergency Medical Services Regulatory Board according to
1.16 Minnesota Statutes, chapter 144E, to participate in the program;

1.17 (2) outline and develop criteria for reimbursement;

1.18 (3) determine the amount of reimbursement for each unit response; and

1.19 (4) collect program data to be analyzed for a final report.

1.20 (c) Further criteria for the medical response unit reimbursement pilot program
1.21 shall include:

1.22 (1) the pilot program will expire on December 31, 2010, or when the appropriation
1.23 is extended, whichever occurs first;

2.1 (2) a report shall be made to the legislature by March 1, 2011, by the Department
2.2 of Public Safety or its contractor as to the effectiveness and value of this reimbursement
2.3 pilot program to the emergency medical services delivery system, any actual or potential
2.4 savings to the health care system, and impact on patient outcomes;

2.5 (3) participating medical response units must adhere to the requirements of this
2.6 pilot program outlined in an agreement between the Department of Public Safety and
2.7 the medical response unit, including but not limited to, requirements relating to data
2.8 collection, response criteria, and patient outcomes and disposition;

2.9 (4) individual entities licensed to provide ambulance care under Minnesota Statutes,
2.10 chapter 144E, are not eligible for participation in this pilot program;

2.11 (5) if a participating medical response unit withdraws from the pilot program, the
2.12 Department of Public Safety in consultation with the Minnesota Ambulance Association
2.13 may choose another pilot site if funding is available;

2.14 (6) medical response units must coordinate their operations under this pilot project
2.15 with the ambulance service or services licensed to provide care in their first response
2.16 geographic areas;

2.17 (7) licensed ambulance services that participate with the medical response unit in
2.18 the pilot program assume no financial or legal liability for the actions of the participating
2.19 medical response unit; and

2.20 (8) the Department of Public Safety and its pilot program partners have no ongoing
2.21 responsibility to reimburse medical response units beyond the parameters of the pilot
2.22 program.

2.23 **Sec. 2. APPROPRIATIONS TO EMERGENCY MEDICAL SERVICES**
2.24 **REGULATORY BOARD; COMMISSIONER OF VETERANS AFFAIRS.**

2.25 Subdivision 1. **Regional medical services program.** For fiscal year 2010,
2.26 \$400,000 must be transferred from the Cooper/Sams volunteer ambulance trust, formerly
2.27 known as the ambulance service personnel longevity award and incentive trust, to the
2.28 emergency medical services system fund and appropriated to the Emergency Medical
2.29 Services Regulatory Board for the regional emergency medical services programs. This
2.30 amount shall be distributed equally to the eight emergency medical service regions.
2.31 Notwithstanding Minnesota Statutes, section 144E.50, 100 percent of the appropriation
2.32 shall be passed on to the emergency medical service regions.

2.33 Subd. 2. **Comprehensive advanced life-support educational (CALS) program.**
2.34 For fiscal year 2010, \$100,000 is appropriated from the Cooper/Sams volunteer ambulance
2.35 trust, formerly known as ambulance service personnel longevity award and incentive trust,

3.1 to the Emergency Medical Services Regulatory Board for the comprehensive advanced
3.2 life-support educational (CALs) program established under Minnesota Statutes, section
3.3 144E.37. This appropriation is to extend availability and affordability of the CALs
3.4 program for rural emergency medical personnel and to assist hospital staff in attaining the
3.5 credentialing levels necessary for implementation of the statewide trauma system.

3.6 Subd. 3. **Emergency medical services for children (EMS-C) program.** For fiscal
3.7 year 2010, \$25,000 is appropriated from the Cooper/Sams volunteer ambulance trust,
3.8 formerly known as ambulance service personnel longevity award and incentive trust, to
3.9 the Emergency Medical Services Regulatory Board for the emergency medical services
3.10 for children (EMS-C) program. This appropriation is to meet increased need for medical
3.11 training specific to pediatric emergencies.

3.12 Subd. 4. **Veterans paramedic apprenticeship program.** For fiscal year 2010,
3.13 \$200,000 is appropriated from the Cooper/Sams volunteer ambulance trust, formerly
3.14 known as ambulance service personnel longevity award and incentive trust, to the
3.15 commissioner of veterans affairs to make a grant to the Minnesota Ambulance Association
3.16 to implement a veterans paramedic apprenticeship program to reintegrate returning
3.17 military medics into Minnesota's workforce in the field of paramedic and emergency
3.18 services, thereby guaranteeing returning military medics gainful employment with livable
3.19 wages and benefits. This appropriation is available until expended.

3.20 Subd. 5. **Medical response unit reimbursement pilot program.** (a) For fiscal
3.21 year 2010, \$250,000 is appropriated from the Cooper/Sams volunteer ambulance trust,
3.22 formerly known as ambulance service personnel longevity award incentive trust, to the
3.23 Department of Public Safety for a medical response unit reimbursement pilot program. Of
3.24 this appropriation, \$75,000 is for administrative costs to the Department of Public Safety,
3.25 including providing contract staff support and technical assistance to the pilot program
3.26 partners if necessary.

3.27 (b) Of the appropriation in paragraph (a), \$175,000 is to the Department of Public
3.28 Safety to be used to provide a predetermined reimbursement amount to the participating
3.29 medical response units. The Department of Public Safety or its contract designee will
3.30 develop an agreement with the medical response units outlining reimbursement and
3.31 program requirements to include HIPPA compliance while participating in the pilot
3.32 program.