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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4738

- 03/07/2024 Authored by Huot, Wolgamott, Lislegard, Brand and Hansen, R.,
The bill was read for the first time and referred to the Committee on Health Finance and Policy
- 03/14/2024 Adoption of Report: Amended and re-referred to the Committee on State and Local Government Finance and Policy
- 04/02/2024 Adoption of Report: Amended and re-referred to the Committee on Health Finance and Policy
- 04/24/2024 Adoption of Report: Amended and re-referred to the Committee on Ways and Means
Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration
- 04/26/2024 Adoption of Report: Re-referred to the Committee on Ways and Means
Joint Rule 2.03 has been waived for any subsequent committee action on this bill
- 05/02/2024 Adoption of Report: Placed on the General Register
Read for the Second Time
- 05/07/2024 Calendar for the Day, Amended
Read Third Time as Amended
- 05/19/2024 Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
Passed by the Senate as Amended and returned to the House
The House concurred in the Senate Amendments
Read Third Time as Amended by the Senate
Repassed the bill as Amended by the Senate
Presented to Governor
- 05/23/2024 Governor Approval

1.1 A bill for an act

1.2 relating to health; establishing an Office of Emergency Medical Services to replace

1.3 the Emergency Medical Services Regulatory Board; specifying duties for the

1.4 office; transferring duties; establishing advisory councils; establishing alternative

1.5 EMS response model pilot program; making conforming changes; modifying

1.6 provisions relating to ambulance service personnel and emergency medical

1.7 responders; providing emergency ambulance service aid; requiring a report;

1.8 appropriating money; amending Minnesota Statutes 2022, sections 62J.49,

1.9 subdivision 1; 144E.001, subdivision 3a, by adding subdivisions; 144E.101, by

1.10 adding a subdivision; 144E.16, subdivision 5; 144E.19, subdivision 3; 144E.27,

1.11 subdivisions 3, 5, 6; 144E.28, subdivisions 3, 5, 6, 8; 144E.285, subdivisions 1,

1.12 2, 4, 6, by adding subdivisions; 144E.287; 144E.305, subdivision 3; 214.025;

1.13 214.04, subdivision 2a; 214.29; 214.31; 214.355; Minnesota Statutes 2023

1.14 Supplement, sections 15A.0815, subdivision 2; 43A.08, subdivision 1a; 144E.101,

1.15 subdivisions 6, 7, as amended; 152.126, subdivision 6; proposing coding for new

1.16 law in Minnesota Statutes, chapter 144E; repealing Minnesota Statutes 2022,

1.17 sections 144E.001, subdivision 5; 144E.01; 144E.123, subdivision 5; 144E.27,

1.18 subdivisions 1, 1a; 144E.50, subdivision 3.

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

ARTICLE 1

OFFICE OF EMERGENCY MEDICAL SERVICES

1.22 Section 1. Minnesota Statutes 2022, section 144E.001, is amended by adding a subdivision
1.23 to read:

1.24 Subd. 16. Director. "Director" means the director of the Office of Emergency Medical
1.25 Services.

1.26 EFFECTIVE DATE. This section is effective January 1, 2025.

2.1 Sec. 2. Minnesota Statutes 2022, section 144E.001, is amended by adding a subdivision
2.2 to read:

2.3 Subd. 17. **Office.** "Office" means the Office of Emergency Medical Services.

2.4 **EFFECTIVE DATE.** This section is effective January 1, 2025.

2.5 Sec. 3. **[144E.011] OFFICE OF EMERGENCY MEDICAL SERVICES.**

2.6 Subdivision 1. **Establishment.** The Office of Emergency Medical Services is established
2.7 with the powers and duties established in law. In administering this chapter, the office must
2.8 promote the public health and welfare, protect the safety of the public, and effectively
2.9 regulate and support the operation of the emergency medical services system in this state.

2.10 Subd. 2. **Director.** The governor must appoint a director for the office with the advice
2.11 and consent of the senate. The director must be in the unclassified service and must serve
2.12 at the pleasure of the governor. The salary of the director shall be determined according to
2.13 section 15A.0815. The director shall direct the activities of the office.

2.14 Subd. 3. **Powers and duties.** The director has the following powers and duties:

2.15 (1) to administer and enforce this chapter and adopt rules as needed to implement this
2.16 chapter. Rules for which notice is published in the State Register before July 1, 2026, may
2.17 be adopted using the expedited rulemaking process in section 14.389;

2.18 (2) to license ambulance services in the state and regulate their operation;

2.19 (3) to establish and modify primary service areas;

2.20 (4) to designate an ambulance service as authorized to provide service in a primary
2.21 service area and to remove an ambulance service's authorization to provide service in a
2.22 primary service area;

2.23 (5) to register medical response units in the state and regulate their operation;

2.24 (6) to certify emergency medical technicians, advanced emergency medical technicians,
2.25 community emergency medical technicians, paramedics, and community paramedics and
2.26 to register emergency medical responders;

2.27 (7) to approve education programs for ambulance service personnel and emergency
2.28 medical responders and to administer qualifications for instructors of education programs;

2.29 (8) to administer grant programs related to emergency medical services;

2.30 (9) to report to the legislature, by February 15 each year, on the work of the office and
2.31 the advisory councils in the previous calendar year and with recommendations for any

3.1 needed policy changes related to emergency medical services, including but not limited to
3.2 improving access to emergency medical services, improving service delivery by ambulance
3.3 services and medical response units, and improving the effectiveness of the state's emergency
3.4 medical services system. The director must develop the reports and recommendations in
3.5 consultation with the office's deputy directors and advisory councils;

3.6 (10) to investigate complaints against and hold hearings regarding ambulance services,
3.7 ambulance service personnel, and emergency medical responders and to impose disciplinary
3.8 action or otherwise resolve complaints; and

3.9 (11) to perform other duties related to the provision of emergency medical services in
3.10 the state.

3.11 Subd. 4. **Employees.** The director may employ personnel in the classified service and
3.12 unclassified personnel as necessary to carry out the duties of this chapter.

3.13 Subd. 5. **Work plan.** The director must prepare a work plan to guide the work of the
3.14 office. The work plan must be updated biennially.

3.15 **EFFECTIVE DATE.** This section is effective January 1, 2025.

3.16 **Sec. 4. [144E.015] MEDICAL SERVICES DIVISION.**

3.17 A Medical Services Division is created in the Office of Emergency Medical Services.
3.18 The Medical Services Division shall be under the supervision of a deputy director of medical
3.19 services appointed by the director. The deputy director of medical services must be a
3.20 physician licensed under chapter 147. The deputy director, under the direction of the director,
3.21 shall enforce and coordinate the laws, rules, and policies assigned by the director, which
3.22 may include overseeing the clinical aspects of prehospital medical care and education
3.23 programs for emergency medical service personnel.

3.24 **EFFECTIVE DATE.** This section is effective January 1, 2025.

3.25 **Sec. 5. [144E.016] AMBULANCE SERVICES DIVISION.**

3.26 An Ambulance Services Division is created in the Office of Emergency Medical Services.
3.27 The Ambulance Services Division shall be under the supervision of a deputy director of
3.28 ambulance services appointed by the director. The deputy director, under the direction of
3.29 the director, shall enforce and coordinate the laws, rules, and policies assigned by the director,
3.30 which may include operating standards and licensing of ambulance services; registration
3.31 and operation of medical response units; establishment and modification of primary service
3.32 areas; authorization of ambulance services to provide service in a primary service area and

4.1 revocation of such authorization; coordination of ambulance services within regions and
4.2 across the state; and administration of grants.

4.3 **EFFECTIVE DATE.** This section is effective January 1, 2025.

4.4 Sec. 6. **[144E.017] EMERGENCY MEDICAL SERVICE PROVIDERS DIVISION.**

4.5 An Emergency Medical Service Providers Division is created in the Office of Emergency
4.6 Medical Services. The Emergency Medical Service Providers Division shall be under the
4.7 supervision of a deputy director of emergency medical service providers appointed by the
4.8 director. The deputy director, under the direction of the director, shall enforce and coordinate
4.9 the laws, rules, and policies assigned by the director, which may include certification and
4.10 registration of individual emergency medical service providers; overseeing worker safety,
4.11 worker well-being, and working conditions; implementation of education programs; and
4.12 administration of grants.

4.13 **EFFECTIVE DATE.** This section is effective January 1, 2025.

4.14 Sec. 7. **[144E.03] EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL.**

4.15 Subdivision 1. **Establishment; membership.** The Emergency Medical Services Advisory
4.16 Council is established and consists of the following members:

4.17 (1) one emergency medical technician currently practicing with a licensed ambulance
4.18 service, appointed by the Minnesota Ambulance Association;

4.19 (2) one paramedic currently practicing with a licensed ambulance service or a medical
4.20 response unit, appointed jointly by the Minnesota Professional Fire Fighters Association
4.21 and the Minnesota Ambulance Association;

4.22 (3) one medical director of a licensed ambulance service, appointed by the National
4.23 Association of EMS Physicians, Minnesota Chapter;

4.24 (4) one firefighter currently serving as an emergency medical responder, appointed by
4.25 the Minnesota State Fire Chiefs Association;

4.26 (5) one registered nurse who is certified or currently practicing as a flight nurse, appointed
4.27 jointly by the regional emergency services boards of the designated regional emergency
4.28 medical services systems;

4.29 (6) one hospital administrator, appointed by the Minnesota Hospital Association;

4.30 (7) one social worker, appointed by the Board of Social Work;

5.1 (8) one member of a federally recognized Tribal Nation in Minnesota, appointed by the
5.2 Minnesota Indian Affairs Council;

5.3 (9) three public members, appointed by the governor. At least one of the public members
5.4 must reside outside the metropolitan counties listed in section 473.121, subdivision 4;

5.5 (10) one member with experience working as an employee organization representative
5.6 representing emergency medical service providers, appointed by an employee organization
5.7 representing emergency medical service providers;

5.8 (11) one member representing a local government, appointed by the Coalition of Greater
5.9 Minnesota Cities;

5.10 (12) one member representing a local government in the seven-county metropolitan area,
5.11 appointed by the League of Minnesota Cities;

5.12 (13) two members of the house of representatives and two members of the senate,
5.13 appointed according to subdivision 2; and

5.14 (14) the commissioner of health and commissioner of public safety or their designees
5.15 as ex officio members.

5.16 Subd. 2. **Legislative members.** The speaker of the house and the house minority leader
5.17 must each appoint one member of the house of representatives to serve on the advisory
5.18 council. The senate majority leader and the senate minority leader must each appoint one
5.19 member of the senate to serve on the advisory council. Legislative members appointed under
5.20 this subdivision serve until successors are appointed. Legislative members may receive per
5.21 diem compensation and reimbursement for expenses according to the rules of their respective
5.22 bodies.

5.23 Subd. 3. **Terms, compensation, removal, vacancies, and expiration.** Compensation
5.24 and reimbursement for expenses for members appointed under subdivision 1, clauses (1)
5.25 to (12); removal of members; filling of vacancies of members; and, except for initial
5.26 appointments, membership terms are governed by section 15.059. Notwithstanding section
5.27 15.059, subdivision 6, the advisory council does not expire.

5.28 Subd. 4. **Officers; meetings.** (a) The advisory council must elect a chair and vice-chair
5.29 from among its membership and may elect other officers as the advisory council deems
5.30 necessary.

5.31 (b) The advisory council must meet quarterly or at the call of the chair.

5.32 (c) Meetings of the advisory council are subject to chapter 13D.

6.1 Subd. 5. **Duties.** The advisory council must review and make recommendations to the
6.2 director and the deputy director of ambulance services on the administration of this chapter;
6.3 the regulation of ambulance services and medical response units; the operation of the
6.4 emergency medical services system in the state; and other topics as directed by the director.

6.5 **EFFECTIVE DATE.** This section is effective January 1, 2025.

6.6 Sec. 8. **[144E.035] EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY**
6.7 **COUNCIL.**

6.8 Subdivision 1. **Establishment; membership.** The Emergency Medical Services Physician
6.9 Advisory Council is established and consists of the following members:

6.10 (1) eight physicians who meet the qualifications for medical directors in section 144E.265,
6.11 subdivision 1, with one physician appointed by each of the regional emergency services
6.12 boards of the designated regional emergency medical services systems;

6.13 (2) one physician who meets the qualifications for medical directors in section 144E.265,
6.14 subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

6.15 (3) one physician who is board-certified in pediatrics, appointed by the Minnesota
6.16 Emergency Medical Services for Children program; and

6.17 (4) the medical director member of the Emergency Medical Services Advisory Council
6.18 appointed under section 144E.03, subdivision 1, clause (3).

6.19 Subd. 2. **Terms, compensation, removal, vacancies, and expiration.** Compensation
6.20 and reimbursement for expenses, removal of members, filling of vacancies of members,
6.21 and, except for initial appointments, membership terms are governed by section 15.059.
6.22 Notwithstanding section 15.059, subdivision 6, the advisory council shall not expire.

6.23 Subd. 3. **Officers; meetings.** (a) The advisory council must elect a chair and vice-chair
6.24 from among its membership and may elect other officers as it deems necessary.

6.25 (b) The advisory council must meet twice per year or upon the call of the chair.

6.26 (c) Meetings of the advisory council are subject to chapter 13D.

6.27 Subd. 4. **Duties.** The advisory council must:

6.28 (1) review and make recommendations to the director and deputy director of medical
6.29 services on clinical aspects of prehospital medical care. In doing so, the advisory council
6.30 must incorporate information from medical literature, advances in bedside clinical practice,
6.31 and advisory council member experience; and

7.1 (2) serve as subject matter experts for the director and deputy director of medical services
7.2 on evolving topics in clinical medicine, including but not limited to infectious disease,
7.3 pharmaceutical and equipment shortages, and implementation of new therapeutics.

7.4 **EFFECTIVE DATE.** This section is effective January 1, 2025.

7.5 Sec. 9. **[144E.04] LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS**
7.6 **ADVISORY COUNCIL.**

7.7 Subdivision 1. **Establishment; membership.** The Labor and Emergency Medical Service
7.8 Providers Advisory Council is established and consists of the following members:

7.9 (1) one emergency medical service provider of any type from each of the designated
7.10 regional emergency medical services systems, appointed by their respective regional
7.11 emergency services boards;

7.12 (2) one emergency medical technician instructor, appointed by an employee organization
7.13 representing emergency medical service providers;

7.14 (3) two members with experience working as an employee organization representative
7.15 representing emergency medical service providers, appointed by an employee organization
7.16 representing emergency medical service providers;

7.17 (4) one emergency medical service provider based in a fire department, appointed jointly
7.18 by the Minnesota State Fire Chiefs Association and the Minnesota Professional Fire Fighters
7.19 Association; and

7.20 (5) one emergency medical service provider not based in a fire department, appointed
7.21 by the League of Minnesota Cities.

7.22 Subd. 2. **Terms, compensation, removal, vacancies, and expiration.** Compensation
7.23 and reimbursement for expenses for members appointed under subdivision 1; removal of
7.24 members; filling of vacancies of members; and, except for initial appointments, membership
7.25 terms are governed by section 15.059. Notwithstanding section 15.059, subdivision 6, the
7.26 Labor and Emergency Medical Service Providers Advisory Council does not expire.

7.27 Subd. 3. **Officers; meetings.** (a) The Labor and Emergency Medical Service Providers
7.28 Advisory Council must elect a chair and vice-chair from among its membership and may
7.29 elect other officers as the advisory council deems necessary.

7.30 (b) The Labor and Emergency Medical Service Providers Advisory Council must meet
7.31 quarterly or at the call of the chair.

8.1 (c) Meetings of the Labor and Emergency Medical Service Providers Advisory Council
8.2 are subject to chapter 13D.

8.3 Subd. 4. **Duties.** The Labor and Emergency Medical Service Providers Advisory Council
8.4 must review and make recommendations to the director and deputy director of emergency
8.5 medical service providers on the laws, rules, and policies assigned to the Emergency Medical
8.6 Service Providers Division and other topics as directed by the director.

8.7 **EFFECTIVE DATE.** This section is effective January 1, 2025.

8.8 Sec. 10. Minnesota Statutes 2022, section 144E.16, subdivision 5, is amended to read:

8.9 Subd. 5. **Local government's powers.** (a) Local units of government may, with the
8.10 approval of the ~~board~~ director, establish standards for ambulance services which impose
8.11 additional requirements upon such services. Local units of government intending to impose
8.12 additional requirements shall consider whether any benefit accruing to the public health
8.13 would outweigh the costs associated with the additional requirements.

8.14 (b) Local units of government that desire to impose additional requirements shall, prior
8.15 to adoption of relevant ordinances, rules, or regulations, furnish the ~~board~~ director with a
8.16 copy of the proposed ordinances, rules, or regulations, along with information that
8.17 affirmatively substantiates that the proposed ordinances, rules, or regulations:

8.18 (1) will in no way conflict with the relevant rules of the ~~board~~ office;

8.19 (2) will establish additional requirements tending to protect the public health;

8.20 (3) will not diminish public access to ambulance services of acceptable quality; and

8.21 (4) will not interfere with the orderly development of regional systems of emergency
8.22 medical care.

8.23 (c) The ~~board~~ director shall base any decision to approve or disapprove local standards
8.24 upon whether or not the local unit of government in question has affirmatively substantiated
8.25 that the proposed ordinances, rules, or regulations meet the criteria specified in paragraph
8.26 (b).

8.27 **EFFECTIVE DATE.** This section is effective January 1, 2025.

8.28 Sec. 11. Minnesota Statutes 2022, section 144E.19, subdivision 3, is amended to read:

8.29 Subd. 3. **Temporary suspension.** (a) In addition to any other remedy provided by law,
8.30 the ~~board~~ director may temporarily suspend the license of a licensee after conducting a
8.31 preliminary inquiry to determine whether the ~~board~~ director believes that the licensee has

9.1 violated a statute or rule that the ~~board~~ director is empowered to enforce and determining
9.2 that the continued provision of service by the licensee would create an imminent risk to
9.3 public health or harm to others.

9.4 (b) A temporary suspension order prohibiting a licensee from providing ambulance
9.5 service shall give notice of the right to a preliminary hearing according to paragraph (d)
9.6 and shall state the reasons for the entry of the temporary suspension order.

9.7 (c) Service of a temporary suspension order is effective when the order is served on the
9.8 licensee personally or by certified mail, which is complete upon receipt, refusal, or return
9.9 for nondelivery to the most recent address provided to the ~~board~~ director for the licensee.

9.10 (d) At the time the ~~board~~ director issues a temporary suspension order, the ~~board~~ director
9.11 shall schedule a hearing, ~~to be held before a group of its members designated by the board,~~
9.12 that shall begin within 60 days after issuance of the temporary suspension order or within
9.13 15 working days of the date of the ~~board's~~ director's receipt of a request for a hearing from
9.14 a licensee, whichever is sooner. The hearing shall be on the sole issue of whether there is
9.15 a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under
9.16 this paragraph is not subject to chapter 14.

9.17 (e) Evidence presented by the ~~board~~ director or licensee may be in the form of an affidavit.
9.18 The licensee or the licensee's designee may appear for oral argument.

9.19 (f) Within five working days of the hearing, the ~~board~~ director shall issue its order and,
9.20 if the suspension is continued, notify the licensee of the right to a contested case hearing
9.21 under chapter 14.

9.22 (g) If a licensee requests a contested case hearing within 30 days after receiving notice
9.23 under paragraph (f), the ~~board~~ director shall initiate a contested case hearing according to
9.24 chapter 14. The administrative law judge shall issue a report and recommendation within
9.25 30 days after the closing of the contested case hearing record. The ~~board~~ director shall issue
9.26 a final order within 30 days after receipt of the administrative law judge's report.

9.27 **EFFECTIVE DATE.** This section is effective January 1, 2025.

9.28 Sec. 12. Minnesota Statutes 2022, section 144E.27, subdivision 5, is amended to read:

9.29 Subd. 5. **Denial, suspension, revocation.** (a) The ~~board~~ director may deny, suspend,
9.30 revoke, place conditions on, or refuse to renew the registration of an individual who the
9.31 ~~board~~ director determines:

10.1 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an
10.2 agreement for corrective action, or an order that the ~~board~~ director issued or is otherwise
10.3 empowered to enforce;

10.4 (2) misrepresents or falsifies information on an application form for registration;

10.5 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
10.6 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
10.7 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
10.8 alcohol;

10.9 (4) is actually or potentially unable to provide emergency medical services with
10.10 reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals,
10.11 or any other material, or as a result of any mental or physical condition;

10.12 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
10.13 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
10.14 welfare, or safety of the public;

10.15 (6) maltreats or abandons a patient;

10.16 (7) violates any state or federal controlled substance law;

10.17 (8) engages in unprofessional conduct or any other conduct which has the potential for
10.18 causing harm to the public, including any departure from or failure to conform to the
10.19 minimum standards of acceptable and prevailing practice without actual injury having to
10.20 be established;

10.21 (9) provides emergency medical services under lapsed or nonrenewed credentials;

10.22 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
10.23 jurisdiction or by another regulatory authority;

10.24 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
10.25 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
10.26 to a patient; ~~or~~

10.27 (12) makes a false statement or knowingly provides false information to the ~~board~~
10.28 director, or fails to cooperate with an investigation of the ~~board~~ director as required by
10.29 section 144E.30.; or

10.30 (13) fails to engage with the health professionals services program or diversion program
10.31 required under section 144E.287 after being referred to the program, violates the terms of

11.1 the program participation agreement, or leaves the program except upon fulfilling the terms
11.2 for successful completion of the program as set forth in the participation agreement.

11.3 (b) Before taking action under paragraph (a), the ~~board~~ director shall give notice to an
11.4 individual of the right to a contested case hearing under chapter 14. If an individual requests
11.5 a contested case hearing within 30 days after receiving notice, the ~~board~~ director shall initiate
11.6 a contested case hearing according to chapter 14.

11.7 (c) The administrative law judge shall issue a report and recommendation within 30
11.8 days after closing the contested case hearing record. The ~~board~~ director shall issue a final
11.9 order within 30 days after receipt of the administrative law judge's report.

11.10 (d) After six months from the ~~board's~~ director's decision to deny, revoke, place conditions
11.11 on, or refuse renewal of an individual's registration for disciplinary action, the individual
11.12 shall have the opportunity to apply to the ~~board~~ director for reinstatement.

11.13 **EFFECTIVE DATE.** This section is effective January 1, 2025.

11.14 Sec. 13. Minnesota Statutes 2022, section 144E.28, subdivision 5, is amended to read:

11.15 Subd. 5. **Denial, suspension, revocation.** (a) The ~~board~~ director may deny certification
11.16 or take any action authorized in subdivision 4 against an individual who the ~~board~~ director
11.17 determines:

11.18 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, or
11.19 an order that the ~~board~~ director issued or is otherwise authorized or empowered to enforce,
11.20 or agreement for corrective action;

11.21 (2) misrepresents or falsifies information on an application form for certification;

11.22 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
11.23 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
11.24 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
11.25 alcohol;

11.26 (4) is actually or potentially unable to provide emergency medical services with
11.27 reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals,
11.28 or any other material, or as a result of any mental or physical condition;

11.29 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
11.30 defraud, or harm the public or demonstrating a willful or careless disregard for the health,
11.31 welfare, or safety of the public;

11.32 (6) maltreats or abandons a patient;

- 12.1 (7) violates any state or federal controlled substance law;
- 12.2 (8) engages in unprofessional conduct or any other conduct which has the potential for
12.3 causing harm to the public, including any departure from or failure to conform to the
12.4 minimum standards of acceptable and prevailing practice without actual injury having to
12.5 be established;
- 12.6 (9) provides emergency medical services under lapsed or nonrenewed credentials;
- 12.7 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
12.8 jurisdiction or by another regulatory authority;
- 12.9 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
12.10 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
12.11 to a patient; ~~or~~
- 12.12 (12) makes a false statement or knowingly provides false information to the ~~board~~ director
12.13 or fails to cooperate with an investigation of the ~~board~~ director as required by section
12.14 144E.30; or
- 12.15 (13) fails to engage with the health professionals services program or diversion program
12.16 required under section 144E.287 after being referred to the program, violates the terms of
12.17 the program participation agreement, or leaves the program except upon fulfilling the terms
12.18 for successful completion of the program as set forth in the participation agreement.
- 12.19 (b) Before taking action under paragraph (a), the ~~board~~ director shall give notice to an
12.20 individual of the right to a contested case hearing under chapter 14. If an individual requests
12.21 a contested case hearing within 30 days after receiving notice, the ~~board~~ director shall initiate
12.22 a contested case hearing according to chapter 14 and no disciplinary action shall be taken
12.23 at that time.
- 12.24 (c) The administrative law judge shall issue a report and recommendation within 30
12.25 days after closing the contested case hearing record. The ~~board~~ director shall issue a final
12.26 order within 30 days after receipt of the administrative law judge's report.
- 12.27 (d) After six months from the ~~board's~~ director's decision to deny, revoke, place conditions
12.28 on, or refuse renewal of an individual's certification for disciplinary action, the individual
12.29 shall have the opportunity to apply to the ~~board~~ director for reinstatement.
- 12.30 **EFFECTIVE DATE.** This section is effective January 1, 2025.

13.1 Sec. 14. Minnesota Statutes 2022, section 144E.28, subdivision 6, is amended to read:

13.2 Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law,
13.3 the ~~board~~ director may temporarily suspend the certification of an individual after conducting
13.4 a preliminary inquiry to determine whether the ~~board~~ director believes that the individual
13.5 has violated a statute or rule that the ~~board~~ director is empowered to enforce and determining
13.6 that the continued provision of service by the individual would create an imminent risk to
13.7 public health or harm to others.

13.8 (b) A temporary suspension order prohibiting an individual from providing emergency
13.9 medical care shall give notice of the right to a preliminary hearing according to paragraph
13.10 (d) and shall state the reasons for the entry of the temporary suspension order.

13.11 (c) Service of a temporary suspension order is effective when the order is served on the
13.12 individual personally or by certified mail, which is complete upon receipt, refusal, or return
13.13 for nondelivery to the most recent address provided to the ~~board~~ director for the individual.

13.14 (d) At the time the ~~board~~ director issues a temporary suspension order, the ~~board~~ director
13.15 shall schedule a hearing, ~~to be held before a group of its members designated by the board,~~
13.16 that shall begin within 60 days after issuance of the temporary suspension order or within
13.17 15 working days of the date of the ~~board's~~ director's receipt of a request for a hearing from
13.18 the individual, whichever is sooner. The hearing shall be on the sole issue of whether there
13.19 is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under
13.20 this paragraph is not subject to chapter 14.

13.21 (e) Evidence presented by the ~~board~~ director or the individual may be in the form of an
13.22 affidavit. The individual or individual's designee may appear for oral argument.

13.23 (f) Within five working days of the hearing, the ~~board~~ director shall issue its order and,
13.24 if the suspension is continued, notify the individual of the right to a contested case hearing
13.25 under chapter 14.

13.26 (g) If an individual requests a contested case hearing within 30 days of receiving notice
13.27 under paragraph (f), the ~~board~~ director shall initiate a contested case hearing according to
13.28 chapter 14. The administrative law judge shall issue a report and recommendation within
13.29 30 days after the closing of the contested case hearing record. The ~~board~~ director shall issue
13.30 a final order within 30 days after receipt of the administrative law judge's report.

13.31 **EFFECTIVE DATE.** This section is effective January 1, 2025.

14.1 Sec. 15. Minnesota Statutes 2022, section 144E.285, subdivision 6, is amended to read:

14.2 Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law,
14.3 the ~~board~~ director may temporarily suspend approval of the education program after
14.4 conducting a preliminary inquiry to determine whether the ~~board~~ director believes that the
14.5 education program has violated a statute or rule that the ~~board~~ director is empowered to
14.6 enforce and determining that the continued provision of service by the education program
14.7 would create an imminent risk to public health or harm to others.

14.8 (b) A temporary suspension order prohibiting the education program from providing
14.9 emergency medical care training shall give notice of the right to a preliminary hearing
14.10 according to paragraph (d) and shall state the reasons for the entry of the temporary
14.11 suspension order.

14.12 (c) Service of a temporary suspension order is effective when the order is served on the
14.13 education program personally or by certified mail, which is complete upon receipt, refusal,
14.14 or return for nondelivery to the most recent address provided to the ~~board~~ director for the
14.15 education program.

14.16 (d) At the time the ~~board~~ director issues a temporary suspension order, the ~~board~~ director
14.17 shall schedule a hearing, ~~to be held before a group of its members designated by the board,~~
14.18 that shall begin within 60 days after issuance of the temporary suspension order or within
14.19 15 working days of the date of the ~~board's~~ director's receipt of a request for a hearing from
14.20 the education program, whichever is sooner. The hearing shall be on the sole issue of whether
14.21 there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing
14.22 under this paragraph is not subject to chapter 14.

14.23 (e) Evidence presented by the ~~board~~ director or the individual may be in the form of an
14.24 affidavit. The education program or counsel of record may appear for oral argument.

14.25 (f) Within five working days of the hearing, the ~~board~~ director shall issue its order and,
14.26 if the suspension is continued, notify the education program of the right to a contested case
14.27 hearing under chapter 14.

14.28 (g) If an education program requests a contested case hearing within 30 days of receiving
14.29 notice under paragraph (f), the ~~board~~ director shall initiate a contested case hearing according
14.30 to chapter 14. The administrative law judge shall issue a report and recommendation within
14.31 30 days after the closing of the contested case hearing record. The ~~board~~ director shall issue
14.32 a final order within 30 days after receipt of the administrative law judge's report.

14.33 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.1 Sec. 16. Minnesota Statutes 2022, section 144E.287, is amended to read:

15.2 **144E.287 DIVERSION PROGRAM.**

15.3 The ~~board~~ director shall either conduct a health professionals ~~service~~ services program
15.4 ~~under sections 214.31 to 214.37~~ or contract for a diversion program ~~under section 214.28~~
15.5 for professionals regulated ~~by the board~~ under this chapter who are unable to perform their
15.6 duties with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals,
15.7 or any other materials, or as a result of any mental, physical, or psychological condition.

15.8 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.9 Sec. 17. Minnesota Statutes 2022, section 144E.305, subdivision 3, is amended to read:

15.10 Subd. 3. **Immunity.** (a) An individual, licensee, health care facility, business, or
15.11 organization is immune from civil liability or criminal prosecution for submitting in good
15.12 faith a report to the ~~board~~ director under subdivision 1 or 2 or for otherwise reporting in
15.13 good faith to the ~~board~~ director violations or alleged violations of sections 144E.001 to
15.14 144E.33. Reports are classified as confidential data on individuals or protected nonpublic
15.15 data under section 13.02 while an investigation is active. Except for the ~~board's~~ director's
15.16 final determination, all communications or information received by or disclosed to the ~~board~~
15.17 director relating to disciplinary matters of any person or entity subject to the ~~board's~~ director's
15.18 regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be
15.19 closed to the public.

15.20 (b) ~~Members of the board~~ The director, persons employed by the ~~board~~ director, persons
15.21 engaged in the investigation of violations and in the preparation and management of charges
15.22 of violations of sections 144E.001 to 144E.33 on behalf of the ~~board~~ director, and persons
15.23 participating in the investigation regarding charges of violations are immune from civil
15.24 liability and criminal prosecution for any actions, transactions, or publications, made in
15.25 good faith, in the execution of, or relating to, their duties under sections 144E.001 to 144E.33.

15.26 (c) ~~For purposes of this section, a member of the board is considered a state employee~~
15.27 ~~under section 3.736, subdivision 9.~~

15.28 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.29 Sec. 18. **ALTERNATIVE EMERGENCY MEDICAL SERVICES RESPONSE**
15.30 **MODEL PILOT PROGRAM.**

15.31 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
15.32 the meanings given.

16.1 (b) "Board" means the Emergency Medical Services Regulatory Board.

16.2 (c) "Partnering ambulance services" means the primary ambulance service and the
16.3 supporting ambulance service that partner to jointly respond to emergency ambulance calls
16.4 under the pilot program.

16.5 (d) "Pilot program" means the alternative emergency medical services response model
16.6 pilot program established under this section.

16.7 (e) "Primary ambulance service" means a basic life support ambulance service or part-time
16.8 advanced life support ambulance service.

16.9 (f) "Supporting ambulance service" means a full-time advanced life support ambulance
16.10 service.

16.11 Subd. 2. **Pilot program established.** The board must establish and oversee an alternative
16.12 emergency medical services response model pilot program, with one pilot program site in
16.13 Otter Tail County and Grant County and one pilot program site in St. Louis County. Under
16.14 the pilot program, the board may authorize primary ambulance services with primary service
16.15 areas that include: (1) any portion of Otter Tail County or Grant County; or (2) any portion
16.16 of St. Louis County to partner with supporting ambulance services to provide expanded
16.17 advanced life support service intercept capability and staffing support for emergency
16.18 ambulance calls to locations anywhere in the partnering ambulance services' primary service
16.19 areas, including locations outside of Otter Tail County, Grant County, or St. Louis County.

16.20 Subd. 3. **Application.** A primary ambulance service that wishes to participate in the
16.21 pilot program must apply to the board. An application from a primary ambulance service
16.22 must be submitted jointly with the supporting ambulance service with which the primary
16.23 ambulance service proposes to partner. The application must identify the ambulance services
16.24 applying to be partnering ambulance services and must include:

16.25 (1) approval to participate in the pilot program from the medical directors of the proposed
16.26 partnering ambulance services;

16.27 (2) procedures the primary ambulance service will implement to respond to emergency
16.28 ambulance calls when the primary ambulance service is unable to meet the minimum staffing
16.29 requirements under Minnesota Statutes, section 144E.101, and the supporting ambulance
16.30 service is unavailable to jointly respond to emergency ambulance calls;

16.31 (3) an agreement between the proposed partnering ambulance services specifying which
16.32 ambulance service is responsible for:

16.33 (i) workers' compensation insurance;

17.1 (ii) motor vehicle insurance; and

17.2 (iii) billing, identifying which ambulance service, if any, will bill the patient or the
17.3 patient's insurer and specifying how payments received will be distributed among the
17.4 proposed partnering ambulance services;

17.5 (4) communication procedures to coordinate and make known the real-time availability
17.6 of the supporting ambulance service to its proposed partnering primary ambulance service
17.7 and public safety answering points;

17.8 (5) an acknowledgment that the proposed partnering ambulance services must coordinate
17.9 compliance with the prehospital care data requirements in Minnesota Statutes, section
17.10 144E.123; and

17.11 (6) an acknowledgment that the proposed partnering ambulance services remain
17.12 responsible for providing continual service as required under Minnesota Statutes, section
17.13 144E.101, subdivision 3.

17.14 Subd. 4. **Operation.** Under the pilot program, a supporting ambulance service may
17.15 partner with one or more primary ambulance services. Under this partnership, the supporting
17.16 ambulance service and primary ambulance service must jointly respond to emergency
17.17 ambulance calls originating in the primary service area of the primary ambulance service.
17.18 The supporting ambulance service must respond to emergency ambulance calls with either
17.19 an ambulance or a nontransporting vehicle fully equipped with the advanced life support
17.20 complement of equipment and medications required for that nontransporting vehicle by that
17.21 ambulance service's medical director.

17.22 Subd. 5. **Staffing.** (a) When responding to an emergency ambulance call covered by the
17.23 pilot program and an ambulance or nontransporting vehicle from the supporting ambulance
17.24 service is confirmed to be available and is responding to the call:

17.25 (1) the primary ambulance service ambulance must be staffed by at least one emergency
17.26 medical technician; and

17.27 (2) the supporting ambulance service ambulance or nontransporting vehicle must be
17.28 staffed with a minimum of one paramedic.

17.29 (b) The staffing specified in paragraph (a) is deemed to satisfy the staffing requirements
17.30 in Minnesota Statutes, section 144E.101, for both the primary ambulance service response
17.31 and the supporting ambulance service intercept requirements.

17.32 Subd. 6. **Medical director oversight.** The medical directors for ambulance services
17.33 participating in the pilot program retain responsibility for the ambulance service personnel

18.1 of their respective ambulance services. When a paramedic from the supporting ambulance
18.2 service makes contact with the patient, the standing orders, clinical policies, protocols, and
18.3 triage, treatment, and transportation guidelines for the supporting ambulance service must
18.4 direct patient care related to the encounter.

18.5 Subd. 7. **Waivers and variances.** The board may issue any waivers of or variances to
18.6 Minnesota Statutes, chapter 144E, or Minnesota Rules, chapter 4690, to partnering ambulance
18.7 services that are needed to implement the pilot program, provided the waiver or variance
18.8 does not adversely affect the public health or welfare.

18.9 Subd. 8. **Data and evaluation.** In administering the pilot program, the board shall collect
18.10 from partnering ambulance services data needed to evaluate the impacts of the pilot program
18.11 on response times, patient outcomes, and patient experience for emergency ambulance calls.

18.12 Subd. 9. **Expiration.** This section expires June 30, 2027.

18.13 Sec. 19. **INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL**
18.14 **SERVICES ADVISORY COUNCIL.**

18.15 (a) Initial appointments of members to the Emergency Medical Services Advisory
18.16 Council must be made by January 1, 2025. The terms of initial appointees shall be determined
18.17 by lot by the secretary of state and shall be as follows:

18.18 (1) eight members shall serve two-year terms; and

18.19 (2) eight members shall serve three-year terms.

18.20 (b) The medical director appointee must convene the first meeting of the Emergency
18.21 Medical Services Advisory Council by February 1, 2025.

18.22 Sec. 20. **INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL**
18.23 **SERVICES PHYSICIAN ADVISORY COUNCIL.**

18.24 (a) Initial appointments of members to the Emergency Medical Services Physician
18.25 Advisory Council must be made by January 1, 2025. The terms of initial appointees shall
18.26 be determined by lot by the secretary of state and shall be as follows:

18.27 (1) five members shall serve two-year terms;

18.28 (2) five members shall serve three-year terms; and

18.29 (3) the term for the medical director appointee to the Emergency Medical Services
18.30 Physician Advisory Council shall coincide with that member's term on the Emergency
18.31 Medical Services Advisory Council.

19.1 (b) The medical director appointee must convene the first meeting of the Emergency
19.2 Medical Services Physician Advisory Council by February 1, 2025.

19.3 **Sec. 21. INITIAL MEMBERS AND FIRST MEETING; LABOR AND EMERGENCY**
19.4 **MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL.**

19.5 (a) Initial appointments of members to the Labor and Emergency Medical Service
19.6 Providers Advisory Council must be made by January 1, 2025. The terms of initial appointees
19.7 shall be determined by lot by the secretary of state and shall be as follows:

19.8 (1) six members shall serve two-year terms; and

19.9 (2) seven members shall serve three-year terms.

19.10 (b) The emergency medical technician instructor appointee must convene the first meeting
19.11 of the Labor and Emergency Medical Service Providers Advisory Council by February 1,
19.12 2025.

19.13 **Sec. 22. TRANSITION.**

19.14 Subdivision 1. **Appointment of director; operation of office.** No later than October
19.15 1, 2024, the governor shall appoint a director-designee of the Office of Emergency Medical
19.16 Services. The individual appointed as the director-designee of the Office of Emergency
19.17 Medical Services shall become the governor's appointee as director of the Office of
19.18 Emergency Medical Services on January 1, 2025. Effective January 1, 2025, the
19.19 responsibilities to regulate emergency medical services in the state under Minnesota Statutes,
19.20 chapter 144E, and Minnesota Rules, chapter 4690, are transferred from the Emergency
19.21 Medical Services Regulatory Board to the Office of Emergency Medical Services and the
19.22 director of the Office of Emergency Medical Services.

19.23 Subd. 2. **Transfer of responsibilities.** Minnesota Statutes, section 15.039, applies to
19.24 the transfer of responsibilities from the Emergency Medical Services Regulatory Board to
19.25 the Office of Emergency Medical Services required by this act. The commissioner of
19.26 administration, with the approval of the governor, may issue reorganization orders under
19.27 Minnesota Statutes, section 16B.37, as necessary to carry out the transfer of responsibilities
19.28 required by this act. The provision of Minnesota Statutes, section 16B.37, subdivision 1,
19.29 which states that transfers under that section may be made only to an agency that has been
19.30 in existence for at least one year, does not apply to transfers in this act to the Office of
19.31 Emergency Medical Services.

20.1 Sec. 23. APPROPRIATION.

20.2 \$6,000,000 in fiscal year 2025 is appropriated from the general fund to the Emergency
20.3 Medical Services Regulatory Board for grants to Otter Tail County and St. Louis County
20.4 to fund the alternative emergency medical services response model pilot program.

20.5 Notwithstanding Minnesota Statutes, section 16B.98, subdivision 14, the Emergency Medical
20.6 Services Regulatory Board may retain up to ten percent of this appropriation for
20.7 administrative costs. This is a onetime appropriation and is available until June 30, 2027.

20.8 Sec. 24. REVISOR INSTRUCTION.

20.9 (a) In Minnesota Statutes, chapter 144E, the revisor of statutes shall replace "board"
20.10 with "director"; "board's" with "director's"; "Emergency Medical Services Regulatory Board"
20.11 or "Minnesota Emergency Medical Services Regulatory Board" with "director"; and
20.12 "board-approved" with "director-approved," except that:

20.13 (1) in Minnesota Statutes, section 144E.11, the revisor of statutes shall not modify the
20.14 term "county board," "community health board," or "community health boards";

20.15 (2) in Minnesota Statutes, sections 144E.40, subdivision 2; 144E.42, subdivision 2;
20.16 144E.44; and 144E.45, subdivision 2, the revisor of statutes shall not modify the term "State
20.17 Board of Investment"; and

20.18 (3) in Minnesota Statutes, sections 144E.50 and 144E.52, the revisor of statutes shall
20.19 not modify the term "regional emergency medical services board," "regional board," "regional
20.20 emergency medical services board's," or "regional boards."

20.21 (b) In the following sections of Minnesota Statutes, the revisor of statutes shall replace
20.22 "Emergency Medical Services Regulatory Board" with "director of the Office of Emergency
20.23 Medical Services": sections 13.717, subdivision 10; 62J.49, subdivision 2; 144.604; 144.608;
20.24 147.09; 156.12, subdivision 2; 169.686, subdivision 3; and 299A.41, subdivision 4.

20.25 (c) In the following sections of Minnesota Statutes, the revisor of statutes shall replace
20.26 "Emergency Medical Services Regulatory Board" with "Office of Emergency Medical
20.27 Services": sections 144.603 and 161.045, subdivision 3.

20.28 (d) In making the changes specified in this section, the revisor of statutes may make
20.29 technical and other necessary changes to sentence structure to preserve the meaning of the
20.30 text.

21.1 Sec. 25. **REPEALER.**

21.2 Minnesota Statutes 2022, sections 144E.001, subdivision 5; 144E.01; 144E.123,
21.3 subdivision 5; and 144E.50, subdivision 3, are repealed.

21.4 **EFFECTIVE DATE.** This section is effective January 1, 2025.

21.5 ARTICLE 2

21.6 CONFORMING CHANGES

21.7 Section 1. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is
21.8 amended to read:

21.9 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
21.10 be determined by the Compensation Council under section 15A.082. The commissioner of
21.11 management and budget must publish the salaries on the department's website. This
21.12 subdivision applies to the following positions:

21.13 Commissioner of administration;

21.14 Commissioner of agriculture;

21.15 Commissioner of education;

21.16 Commissioner of children, youth, and families;

21.17 Commissioner of commerce;

21.18 Commissioner of corrections;

21.19 Commissioner of health;

21.20 Commissioner, Minnesota Office of Higher Education;

21.21 Commissioner, Minnesota IT Services;

21.22 Commissioner, Housing Finance Agency;

21.23 Commissioner of human rights;

21.24 Commissioner of human services;

21.25 Commissioner of labor and industry;

21.26 Commissioner of management and budget;

21.27 Commissioner of natural resources;

21.28 Commissioner, Pollution Control Agency;

- 22.1 Commissioner of public safety;
- 22.2 Commissioner of revenue;
- 22.3 Commissioner of employment and economic development;
- 22.4 Commissioner of transportation;
- 22.5 Commissioner of veterans affairs;
- 22.6 Executive director of the Gambling Control Board;
- 22.7 Executive director of the Minnesota State Lottery;
- 22.8 Commissioner of Iron Range resources and rehabilitation;
- 22.9 Commissioner, Bureau of Mediation Services;
- 22.10 Ombudsman for mental health and developmental disabilities;
- 22.11 Ombudsperson for corrections;
- 22.12 Chair, Metropolitan Council;
- 22.13 Chair, Metropolitan Airports Commission;
- 22.14 School trust lands director;
- 22.15 Executive director of pari-mutuel racing; ~~and~~
- 22.16 Commissioner, Public Utilities Commission; and
- 22.17 Director of the Office of Emergency Medical Services.
- 22.18 **EFFECTIVE DATE.** This section is effective January 1, 2025.

22.19 Sec. 2. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended

22.20 to read:

22.21 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following

22.22 agencies may designate additional unclassified positions according to this subdivision: the

22.23 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;

22.24 Corrections; Direct Care and Treatment; Education; Employment and Economic

22.25 Development; Explore Minnesota Tourism; Management and Budget; Health; Human

22.26 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;

22.27 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;

22.28 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the

22.29 Department of Information Technology Services; the Offices of the Attorney General,

23.1 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
 23.2 Minnesota Office of Higher Education; the Perpich Center for Arts Education; ~~and~~ the
 23.3 Minnesota Zoological Board; and the Office of Emergency Medical Services.

23.4 A position designated by an appointing authority according to this subdivision must
 23.5 meet the following standards and criteria:

23.6 (1) the designation of the position would not be contrary to other law relating specifically
 23.7 to that agency;

23.8 (2) the person occupying the position would report directly to the agency head or deputy
 23.9 agency head and would be designated as part of the agency head's management team;

23.10 (3) the duties of the position would involve significant discretion and substantial
 23.11 involvement in the development, interpretation, and implementation of agency policy;

23.12 (4) the duties of the position would not require primarily personnel, accounting, or other
 23.13 technical expertise where continuity in the position would be important;

23.14 (5) there would be a need for the person occupying the position to be accountable to,
 23.15 loyal to, and compatible with, the governor and the agency head, the employing statutory
 23.16 board or commission, or the employing constitutional officer;

23.17 (6) the position would be at the level of division or bureau director or assistant to the
 23.18 agency head; and

23.19 (7) the commissioner has approved the designation as being consistent with the standards
 23.20 and criteria in this subdivision.

23.21 **EFFECTIVE DATE.** This section is effective January 1, 2025.

23.22 Sec. 3. Minnesota Statutes 2022, section 62J.49, subdivision 1, is amended to read:

23.23 Subdivision 1. **Establishment.** The director of the Office of Emergency Medical Services
 23.24 ~~Regulatory Board~~ established under chapter ~~144~~ 144E shall establish a financial data
 23.25 collection system for all ambulance services licensed in this state. To establish the financial
 23.26 database, the ~~Emergency Medical Services Regulatory Board~~ director may contract with
 23.27 an entity that has experience in ambulance service financial data collection.

23.28 **EFFECTIVE DATE.** This section is effective January 1, 2025.

24.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 152.126, subdivision 6, is amended
24.2 to read:

24.3 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this subdivision,
24.4 the data submitted to the board under subdivision 4 is private data on individuals as defined
24.5 in section 13.02, subdivision 12, and not subject to public disclosure.

24.6 (b) Except as specified in subdivision 5, the following persons shall be considered
24.7 permissible users and may access the data submitted under subdivision 4 in the same or
24.8 similar manner, and for the same or similar purposes, as those persons who are authorized
24.9 to access similar private data on individuals under federal and state law:

24.10 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has
24.11 delegated the task of accessing the data, to the extent the information relates specifically to
24.12 a current patient, to whom the prescriber is:

24.13 (i) prescribing or considering prescribing any controlled substance;

24.14 (ii) providing emergency medical treatment for which access to the data may be necessary;

24.15 (iii) providing care, and the prescriber has reason to believe, based on clinically valid
24.16 indications, that the patient is potentially abusing a controlled substance; or

24.17 (iv) providing other medical treatment for which access to the data may be necessary
24.18 for a clinically valid purpose and the patient has consented to access to the submitted data,
24.19 and with the provision that the prescriber remains responsible for the use or misuse of data
24.20 accessed by a delegated agent or employee;

24.21 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has
24.22 delegated the task of accessing the data, to the extent the information relates specifically to
24.23 a current patient to whom that dispenser is dispensing or considering dispensing any
24.24 controlled substance and with the provision that the dispenser remains responsible for the
24.25 use or misuse of data accessed by a delegated agent or employee;

24.26 (3) a licensed dispensing practitioner or licensed pharmacist to the extent necessary to
24.27 determine whether corrections made to the data reported under subdivision 4 are accurate;

24.28 (4) a licensed pharmacist who is providing pharmaceutical care for which access to the
24.29 data may be necessary to the extent that the information relates specifically to a current
24.30 patient for whom the pharmacist is providing pharmaceutical care: (i) if the patient has
24.31 consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber
24.32 who is requesting data in accordance with clause (1);

25.1 (5) an individual who is the recipient of a controlled substance prescription for which
25.2 data was submitted under subdivision 4, or a guardian of the individual, parent or guardian
25.3 of a minor, or health care agent of the individual acting under a health care directive under
25.4 chapter 145C. For purposes of this clause, access by individuals includes persons in the
25.5 definition of an individual under section 13.02;

25.6 (6) personnel or designees of a health-related licensing board listed in section 214.01,
25.7 subdivision 2, or of the Office of Emergency Medical Services Regulatory Board, assigned
25.8 to conduct a bona fide investigation of a complaint received by that board or office that
25.9 alleges that a specific licensee is impaired by use of a drug for which data is collected under
25.10 subdivision 4, has engaged in activity that would constitute a crime as defined in section
25.11 152.025, or has engaged in the behavior specified in subdivision 5, paragraph (a);

25.12 (7) personnel of the board engaged in the collection, review, and analysis of controlled
25.13 substance prescription information as part of the assigned duties and responsibilities under
25.14 this section;

25.15 (8) authorized personnel under contract with the board, or under contract with the state
25.16 of Minnesota and approved by the board, who are engaged in the design, evaluation,
25.17 implementation, operation, or maintenance of the prescription monitoring program as part
25.18 of the assigned duties and responsibilities of their employment, provided that access to data
25.19 is limited to the minimum amount necessary to carry out such duties and responsibilities,
25.20 and subject to the requirement of de-identification and time limit on retention of data specified
25.21 in subdivision 5, paragraphs (d) and (e);

25.22 (9) federal, state, and local law enforcement authorities acting pursuant to a valid search
25.23 warrant;

25.24 (10) personnel of the Minnesota health care programs assigned to use the data collected
25.25 under this section to identify and manage recipients whose usage of controlled substances
25.26 may warrant restriction to a single primary care provider, a single outpatient pharmacy, and
25.27 a single hospital;

25.28 (11) personnel of the Department of Human Services assigned to access the data pursuant
25.29 to paragraph (k);

25.30 (12) personnel of the health professionals services program established under section
25.31 214.31, to the extent that the information relates specifically to an individual who is currently
25.32 enrolled in and being monitored by the program, and the individual consents to access to
25.33 that information. The health professionals services program personnel shall not provide this

26.1 data to a health-related licensing board ~~or the Emergency Medical Services Regulatory~~
26.2 ~~Board~~, except as permitted under section 214.33, subdivision 3;

26.3 (13) personnel or designees of a health-related licensing board other than the Board of
26.4 Pharmacy listed in section 214.01, subdivision 2, assigned to conduct a bona fide
26.5 investigation of a complaint received by that board that alleges that a specific licensee is
26.6 inappropriately prescribing controlled substances as defined in this section. For the purposes
26.7 of this clause, the health-related licensing board may also obtain utilization data; and

26.8 (14) personnel of the board specifically assigned to conduct a bona fide investigation
26.9 of a specific licensee or registrant. For the purposes of this clause, the board may also obtain
26.10 utilization data.

26.11 (c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed
26.12 in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe
26.13 controlled substances for humans and who holds a current registration issued by the federal
26.14 Drug Enforcement Administration, and every pharmacist licensed by the board and practicing
26.15 within the state, shall register and maintain a user account with the prescription monitoring
26.16 program. Data submitted by a prescriber, pharmacist, or their delegate during the registration
26.17 application process, other than their name, license number, and license type, is classified
26.18 as private pursuant to section 13.02, subdivision 12.

26.19 (d) Notwithstanding paragraph (b), beginning January 1, 2021, a prescriber or an agent
26.20 or employee of the prescriber to whom the prescriber has delegated the task of accessing
26.21 the data, must access the data submitted under subdivision 4 to the extent the information
26.22 relates specifically to the patient:

26.23 (1) before the prescriber issues an initial prescription order for a Schedules II through
26.24 IV opiate controlled substance to the patient; and

26.25 (2) at least once every three months for patients receiving an opiate for treatment of
26.26 chronic pain or participating in medically assisted treatment for an opioid addiction.

26.27 (e) Paragraph (d) does not apply if:

26.28 (1) the patient is receiving palliative care, or hospice or other end-of-life care;

26.29 (2) the patient is being treated for pain due to cancer or the treatment of cancer;

26.30 (3) the prescription order is for a number of doses that is intended to last the patient five
26.31 days or less and is not subject to a refill;

27.1 (4) the prescriber and patient have a current or ongoing provider/patient relationship of
27.2 a duration longer than one year;

27.3 (5) the prescription order is issued within 14 days following surgery or three days
27.4 following oral surgery or follows the prescribing protocols established under the opioid
27.5 prescribing improvement program under section 256B.0638;

27.6 (6) the controlled substance is prescribed or administered to a patient who is admitted
27.7 to an inpatient hospital;

27.8 (7) the controlled substance is lawfully administered by injection, ingestion, or any other
27.9 means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a
27.10 prescriber and in the presence of the prescriber or pharmacist;

27.11 (8) due to a medical emergency, it is not possible for the prescriber to review the data
27.12 before the prescriber issues the prescription order for the patient; or

27.13 (9) the prescriber is unable to access the data due to operational or other technological
27.14 failure of the program so long as the prescriber reports the failure to the board.

27.15 (f) Only permissible users identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8),
27.16 (10), and (11), may directly access the data electronically. No other permissible users may
27.17 directly access the data electronically. If the data is directly accessed electronically, the
27.18 permissible user shall implement and maintain a comprehensive information security program
27.19 that contains administrative, technical, and physical safeguards that are appropriate to the
27.20 user's size and complexity, and the sensitivity of the personal information obtained. The
27.21 permissible user shall identify reasonably foreseeable internal and external risks to the
27.22 security, confidentiality, and integrity of personal information that could result in the
27.23 unauthorized disclosure, misuse, or other compromise of the information and assess the
27.24 sufficiency of any safeguards in place to control the risks.

27.25 (g) The board shall not release data submitted under subdivision 4 unless it is provided
27.26 with evidence, satisfactory to the board, that the person requesting the information is entitled
27.27 to receive the data.

27.28 (h) The board shall maintain a log of all persons who access the data for a period of at
27.29 least three years and shall ensure that any permissible user complies with paragraph (c)
27.30 prior to attaining direct access to the data.

27.31 (i) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant
27.32 to subdivision 2. A vendor shall not use data collected under this section for any purpose
27.33 not specified in this section.

28.1 (j) The board may participate in an interstate prescription monitoring program data
28.2 exchange system provided that permissible users in other states have access to the data only
28.3 as allowed under this section, and that section 13.05, subdivision 6, applies to any contract
28.4 or memorandum of understanding that the board enters into under this paragraph.

28.5 (k) With available appropriations, the commissioner of human services shall establish
28.6 and implement a system through which the Department of Human Services shall routinely
28.7 access the data for the purpose of determining whether any client enrolled in an opioid
28.8 treatment program licensed according to chapter 245A has been prescribed or dispensed a
28.9 controlled substance in addition to that administered or dispensed by the opioid treatment
28.10 program. When the commissioner determines there have been multiple prescribers or multiple
28.11 prescriptions of controlled substances, the commissioner shall:

28.12 (1) inform the medical director of the opioid treatment program only that the
28.13 commissioner determined the existence of multiple prescribers or multiple prescriptions of
28.14 controlled substances; and

28.15 (2) direct the medical director of the opioid treatment program to access the data directly,
28.16 review the effect of the multiple prescribers or multiple prescriptions, and document the
28.17 review.

28.18 If determined necessary, the commissioner of human services shall seek a federal waiver
28.19 of, or exception to, any applicable provision of Code of Federal Regulations, title 42, section
28.20 2.34, paragraph (c), prior to implementing this paragraph.

28.21 (l) The board shall review the data submitted under subdivision 4 on at least a quarterly
28.22 basis and shall establish criteria, in consultation with the advisory task force, for referring
28.23 information about a patient to prescribers and dispensers who prescribed or dispensed the
28.24 prescriptions in question if the criteria are met.

28.25 (m) The board shall conduct random audits, on at least a quarterly basis, of electronic
28.26 access by permissible users, as identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8),
28.27 (10), and (11), to the data in subdivision 4, to ensure compliance with permissible use as
28.28 defined in this section. A permissible user whose account has been selected for a random
28.29 audit shall respond to an inquiry by the board, no later than 30 days after receipt of notice
28.30 that an audit is being conducted. Failure to respond may result in deactivation of access to
28.31 the electronic system and referral to the appropriate health licensing board, or the
28.32 commissioner of human services, for further action. The board shall report the results of
28.33 random audits to the chairs and ranking minority members of the legislative committees

29.1 with jurisdiction over health and human services policy and finance and government data
29.2 practices.

29.3 (n) A permissible user who has delegated the task of accessing the data in subdivision
29.4 4 to an agent or employee shall audit the use of the electronic system by delegated agents
29.5 or employees on at least a quarterly basis to ensure compliance with permissible use as
29.6 defined in this section. When a delegated agent or employee has been identified as
29.7 inappropriately accessing data, the permissible user must immediately remove access for
29.8 that individual and notify the board within seven days. The board shall notify all permissible
29.9 users associated with the delegated agent or employee of the alleged violation.

29.10 (o) A permissible user who delegates access to the data submitted under subdivision 4
29.11 to an agent or employee shall terminate that individual's access to the data within three
29.12 business days of the agent or employee leaving employment with the permissible user. The
29.13 board may conduct random audits to determine compliance with this requirement.

29.14 **EFFECTIVE DATE.** This section is effective January 1, 2025.

29.15 Sec. 5. Minnesota Statutes 2022, section 214.025, is amended to read:

29.16 **214.025 COUNCIL OF HEALTH BOARDS.**

29.17 The health-related licensing boards may establish a Council of Health Boards consisting
29.18 of representatives of the health-related licensing boards ~~and the Emergency Medical Services~~
29.19 ~~Regulatory Board~~. When reviewing legislation or legislative proposals relating to the
29.20 regulation of health occupations, the council shall include the commissioner of health or a
29.21 designee and the director of the Office of Emergency Medical Services or a designee.

29.22 **EFFECTIVE DATE.** This section is effective January 1, 2025.

29.23 Sec. 6. Minnesota Statutes 2022, section 214.04, subdivision 2a, is amended to read:

29.24 Subd. 2a. **Performance of executive directors.** The governor may request that a
29.25 health-related licensing board ~~or the Emergency Medical Services Regulatory Board~~ review
29.26 the performance of the board's executive director. Upon receipt of the request, the board
29.27 must respond by establishing a performance improvement plan or taking disciplinary or
29.28 other corrective action, including dismissal. The board shall include the governor's
29.29 representative as a voting member of the board in the board's discussions and decisions
29.30 regarding the governor's request. The board shall report to the governor on action taken by
29.31 the board, including an explanation if no action is deemed necessary.

29.32 **EFFECTIVE DATE.** This section is effective January 1, 2025.

30.1 Sec. 7. Minnesota Statutes 2022, section 214.29, is amended to read:

30.2 **214.29 PROGRAM REQUIRED.**

30.3 Each health-related licensing board, ~~including the Emergency Medical Services~~
30.4 ~~Regulatory Board under chapter 144E~~, shall either conduct a health professionals service
30.5 program under sections 214.31 to 214.37 or contract for a diversion program under section
30.6 214.28.

30.7 **EFFECTIVE DATE.** This section is effective January 1, 2025.

30.8 Sec. 8. Minnesota Statutes 2022, section 214.31, is amended to read:

30.9 **214.31 AUTHORITY.**

30.10 Two or more of the health-related licensing boards listed in section 214.01, subdivision
30.11 2, may jointly conduct a health professionals services program to protect the public from
30.12 persons regulated by the boards who are unable to practice with reasonable skill and safety
30.13 by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
30.14 of any mental, physical, or psychological condition. The program does not affect a board's
30.15 authority to discipline violations of a board's practice act. ~~For purposes of sections 214.31~~
30.16 ~~to 214.37, the emergency medical services regulatory board shall be included in the definition~~
30.17 ~~of a health-related licensing board under chapter 144E.~~

30.18 **EFFECTIVE DATE.** This section is effective January 1, 2025.

30.19 Sec. 9. Minnesota Statutes 2022, section 214.355, is amended to read:

30.20 **214.355 GROUNDS FOR DISCIPLINARY ACTION.**

30.21 Each health-related licensing board, ~~including the Emergency Medical Services~~
30.22 ~~Regulatory Board under chapter 144E~~, shall consider it grounds for disciplinary action if a
30.23 regulated person violates the terms of the health professionals services program participation
30.24 agreement or leaves the program except upon fulfilling the terms for successful completion
30.25 of the program as set forth in the participation agreement.

30.26 **EFFECTIVE DATE.** This section is effective January 1, 2025.

31.1 **ARTICLE 3**

31.2 **AMBULANCE SERVICE PERSONNEL AND EMERGENCY MEDICAL**
 31.3 **RESPONDERS**

31.4 Section 1. Minnesota Statutes 2022, section 144E.001, subdivision 3a, is amended to read:

31.5 Subd. 3a. **Ambulance service personnel.** "Ambulance service personnel" means
 31.6 individuals who are authorized by a licensed ambulance service to provide emergency care
 31.7 for the ambulance service and are:

31.8 (1) EMTs, AEMTs, or paramedics;

31.9 (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and
 31.10 ~~have passed a paramedic practical skills test, as approved by the board and administered by~~
 31.11 ~~an educational program approved by the board~~ been approved by the ambulance service
 31.12 medical director; (ii) on the roster of an ambulance service on or before January 1, 2000;
 31.13 ~~or~~ (iii) after petitioning the board, deemed by the board to have training and skills equivalent
 31.14 to an EMT, as determined on a case-by-case basis; or (iv) certified as a certified flight
 31.15 registered nurse or certified emergency nurse; or

31.16 (3) Minnesota licensed physician assistants who are: (i) EMTs, are currently practicing
 31.17 as physician assistants, and have ~~passed a paramedic practical skills test, as approved by~~
 31.18 ~~the board and administered by an educational program approved by the board~~ been approved
 31.19 by the ambulance service medical director; (ii) on the roster of an ambulance service on or
 31.20 before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have
 31.21 training and skills equivalent to an EMT, as determined on a case-by-case basis.

31.22 Sec. 2. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 6, is amended
 31.23 to read:

31.24 Subd. 6. **Basic life support.** (a) Except as provided in ~~paragraph (f)~~ subdivision 6a, a
 31.25 basic life-support ambulance shall be staffed by at least ~~two EMTs, one of whom must~~
 31.26 ~~accompany the patient and provide a level of care so as to ensure that:~~

31.27 (1) one individual who is:

31.28 (i) certified as an EMT;

31.29 (ii) a Minnesota registered nurse who meets the qualification requirements in section
 31.30 144E.001, subdivision 3a, clause (2); or

31.31 (iii) a Minnesota licensed physician assistant who meets the qualification requirements
 31.32 in section 144E.001, subdivision 3a, clause (3); and

32.1 (2) one individual to drive the ambulance who:

32.2 (i) either meets one of the qualification requirements in clause (1) or is a registered
 32.3 emergency medical responder driver; and

32.4 (ii) satisfies the requirements in subdivision 10.

32.5 (b) An individual who meets one of the qualification requirements in paragraph (a),
 32.6 clause (1), must accompany the patient and provide a level of care so as to ensure that:

32.7 (1) life-threatening situations and potentially serious injuries are recognized;

32.8 (2) patients are protected from additional hazards;

32.9 (3) basic treatment to reduce the seriousness of emergency situations is administered;

32.10 and

32.11 (4) patients are transported to an appropriate medical facility for treatment.

32.12 ~~(b)~~ (c) A basic life-support service shall provide basic airway management.

32.13 ~~(e)~~ (d) A basic life-support service shall provide automatic defibrillation.

32.14 ~~(d)~~ (e) A basic life-support service shall administer opiate antagonists consistent with
 32.15 protocols established by the service's medical director.

32.16 ~~(e)~~ (f) A basic life-support service licensee's medical director may authorize ambulance
 32.17 service personnel to perform intravenous infusion and use equipment that is within the
 32.18 licensure level of the ambulance service. Ambulance service personnel must be properly
 32.19 trained. Documentation of authorization for use, guidelines for use, continuing education,
 32.20 and skill verification must be maintained in the licensee's files.

32.21 ~~(f) For emergency ambulance calls and interfacility transfers, an ambulance service may~~
 32.22 ~~staff its basic life-support ambulances with one EMT, who must accompany the patient,~~
 32.23 ~~and one registered emergency medical responder driver. For purposes of this paragraph,~~
 32.24 ~~"ambulance service" means either an ambulance service whose primary service area is~~
 32.25 ~~mainly located outside the metropolitan counties listed in section 473.121, subdivision 4,~~
 32.26 ~~and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an~~
 32.27 ~~ambulance service based in a community with a population of less than 2,500.~~

32.28 Sec. 3. Minnesota Statutes 2022, section 144E.101, is amended by adding a subdivision
 32.29 to read:

32.30 Subd. 6a. Variance; staffing of basic life-support ambulance. (a) Upon application
 32.31 from an ambulance service that includes evidence demonstrating hardship, the board may

33.1 grant a variance from the staff requirements in subdivision 6, paragraph (a), and may
33.2 authorize a basic life-support ambulance to be staffed, for all emergency calls and interfacility
33.3 transfers, with one individual who meets the qualification requirements in paragraph (b) to
33.4 drive the ambulance and one individual who meets one of the qualification requirements in
33.5 subdivision 6, paragraph (a), clause (1), and who must accompany the patient. The variance
33.6 applies to basic life-support ambulances until the ambulance service renews its license.
33.7 When the variance expires, the ambulance service may apply for a new variance under this
33.8 subdivision.

33.9 (b) In order to drive an ambulance under a variance granted under this subdivision, an
33.10 individual must:

33.11 (1) hold a valid driver's license from any state;

33.12 (2) have attended an emergency vehicle driving course approved by the ambulance
33.13 service;

33.14 (3) have completed a course on cardiopulmonary resuscitation approved by the ambulance
33.15 service; and

33.16 (4) register with the board according to a process established by the board.

33.17 (c) If an individual serving as a driver under this subdivision commits or has a record
33.18 of committing an act listed in section 144E.27, subdivision 5, paragraph (a), the board may
33.19 temporarily suspend or prohibit the individual from driving an ambulance or place conditions
33.20 on the individual's ability to drive an ambulance using the procedures and authority in
33.21 section 144E.27, subdivisions 5 and 6.

33.22 Sec. 4. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 7, as amended
33.23 by Laws 2024, chapter 85, section 32, is amended to read:

33.24 Subd. 7. **Advanced life support.** (a) Except as provided in paragraphs (f) and (g), an
33.25 advanced life-support ambulance shall be staffed by at least:

33.26 (1) one EMT or one AEMT and one paramedic;

33.27 (2) one EMT or one AEMT and one registered nurse who: (i) is an EMT or an AEMT,
33.28 is currently practicing nursing, and has passed a paramedic practical skills test approved by
33.29 the board and administered by an education program has been approved by the ambulance
33.30 service medical director; or (ii) is certified as a certified flight registered nurse or certified
33.31 emergency nurse; or

34.1 (3) one EMT or one AEMT and one physician assistant who is an EMT or an AEMT,
34.2 is currently practicing as a physician assistant, and ~~has passed a paramedic practical skills~~
34.3 ~~test approved by the board and administered by an education program~~ has been approved
34.4 by the ambulance service medical director.

34.5 (b) An advanced life-support service shall provide basic life support, as specified under
34.6 subdivision 6, paragraph ~~(a)~~ (b), advanced airway management, manual defibrillation,
34.7 administration of intravenous fluids and pharmaceuticals, and administration of opiate
34.8 antagonists.

34.9 (c) In addition to providing advanced life support, an advanced life-support service may
34.10 staff additional ambulances to provide basic life support according to subdivision 6 and
34.11 section 144E.103, subdivision 1.

34.12 (d) An ambulance service providing advanced life support shall have a written agreement
34.13 with its medical director to ensure medical control for patient care 24 hours a day, seven
34.14 days a week. The terms of the agreement shall include a written policy on the administration
34.15 of medical control for the service. The policy shall address the following issues:

34.16 (1) two-way communication for physician direction of ambulance service personnel;

34.17 (2) patient triage, treatment, and transport;

34.18 (3) use of standing orders; and

34.19 (4) the means by which medical control will be provided 24 hours a day.

34.20 The agreement shall be signed by the licensee's medical director and the licensee or the
34.21 licensee's designee and maintained in the files of the licensee.

34.22 (e) When an ambulance service provides advanced life support, the authority of a
34.23 paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician
34.24 assistant-EMT to determine the delivery of patient care prevails over the authority of an
34.25 EMT.

34.26 (f) Upon application from an ambulance service that includes evidence demonstrating
34.27 hardship, the board may grant a variance from the staff requirements in paragraph (a), clause
34.28 (1), and may authorize an advanced life-support ambulance to be staffed by a registered
34.29 emergency medical responder driver with a paramedic for all emergency calls and interfacility
34.30 transfers. The variance shall apply to advanced life-support ambulance services until the
34.31 ambulance service renews its license. When the variance expires, an ambulance service
34.32 may apply for a new variance under this paragraph. ~~This paragraph applies only to an~~
34.33 ~~ambulance service whose primary service area is mainly located outside the metropolitan~~

35.1 ~~counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato,~~
 35.2 ~~Moorhead, Rochester, and St. Cloud, or an ambulance service based in a community with~~
 35.3 ~~a population of less than 1,000 persons.~~

35.4 (g) After an initial emergency ambulance call, each subsequent emergency ambulance
 35.5 response, until the initial ambulance is again available, and interfacility transfers, may be
 35.6 staffed by one registered emergency medical responder driver and an EMT or paramedic.
 35.7 ~~This paragraph applies only to an ambulance service whose primary service area is mainly~~
 35.8 ~~located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside~~
 35.9 ~~the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance service~~
 35.10 ~~based in a community with a population of less than 1,000 persons.~~

35.11 (h) An individual who staffs an advanced life-support ambulance as a driver must also
 35.12 meet the requirements in subdivision 10.

35.13 Sec. 5. Minnesota Statutes 2022, section 144E.27, subdivision 3, is amended to read:

35.14 Subd. 3. **Renewal.** (a) The board may renew the registration of an emergency medical
 35.15 responder who:

35.16 (1) successfully completes a board-approved refresher course; ~~and~~

35.17 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
 35.18 board or by the licensee's medical director. This course may be a component of a
 35.19 board-approved refresher course; and

35.20 ~~(2)~~ (3) submits a completed renewal application to the board before the registration
 35.21 expiration date.

35.22 (b) The board may renew the lapsed registration of an emergency medical responder
 35.23 who:

35.24 (1) successfully completes a board-approved refresher course; ~~and~~

35.25 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
 35.26 board or by the licensee's medical director. This course may be a component of a
 35.27 board-approved refresher course; and

35.28 ~~(2)~~ (3) submits a completed renewal application to the board within ~~12~~ 48 months after
 35.29 the registration expiration date.

36.1 Sec. 6. Minnesota Statutes 2022, section 144E.27, subdivision 5, is amended to read:

36.2 Subd. 5. **Denial, suspension, revocation; emergency medical responders and**
36.3 **drivers.** (a) This subdivision applies to individuals seeking registration or registered as an
36.4 emergency medical responder and to individuals seeking registration or registered as a driver
36.5 of a basic life-support ambulance under section 144E.101, subdivision 6a. The board may
36.6 deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual
36.7 who the board determines:

36.8 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an
36.9 agreement for corrective action, or an order that the board issued or is otherwise empowered
36.10 to enforce;

36.11 (2) misrepresents or falsifies information on an application form for registration;

36.12 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
36.13 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
36.14 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
36.15 alcohol;

36.16 (4) is actually or potentially unable to provide emergency medical services or drive an
36.17 ambulance with reasonable skill and safety to patients by reason of illness, use of alcohol,
36.18 drugs, chemicals, or any other material, or as a result of any mental or physical condition;

36.19 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
36.20 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
36.21 welfare, or safety of the public;

36.22 (6) maltreats or abandons a patient;

36.23 (7) violates any state or federal controlled substance law;

36.24 (8) engages in unprofessional conduct or any other conduct which has the potential for
36.25 causing harm to the public, including any departure from or failure to conform to the
36.26 minimum standards of acceptable and prevailing practice without actual injury having to
36.27 be established;

36.28 (9) for emergency medical responders, provides emergency medical services under
36.29 lapsed or nonrenewed credentials;

36.30 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
36.31 jurisdiction or by another regulatory authority;

37.1 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
37.2 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
37.3 to a patient; or

37.4 (12) makes a false statement or knowingly provides false information to the board, or
37.5 fails to cooperate with an investigation of the board as required by section 144E.30.

37.6 (b) Before taking action under paragraph (a), the board shall give notice to an individual
37.7 of the right to a contested case hearing under chapter 14. If an individual requests a contested
37.8 case hearing within 30 days after receiving notice, the board shall initiate a contested case
37.9 hearing according to chapter 14.

37.10 (c) The administrative law judge shall issue a report and recommendation within 30
37.11 days after closing the contested case hearing record. The board shall issue a final order
37.12 within 30 days after receipt of the administrative law judge's report.

37.13 (d) After six months from the board's decision to deny, revoke, place conditions on, or
37.14 refuse renewal of an individual's registration for disciplinary action, the individual shall
37.15 have the opportunity to apply to the board for reinstatement.

37.16 Sec. 7. Minnesota Statutes 2022, section 144E.27, subdivision 6, is amended to read:

37.17 Subd. 6. **Temporary suspension; emergency medical responders and drivers.** (a)
37.18 This subdivision applies to emergency medical responders registered under this section and
37.19 to individuals registered as drivers of basic life-support ambulances under section 144E.101,
37.20 subdivision 6a. In addition to any other remedy provided by law, the board may temporarily
37.21 suspend the registration of an individual after conducting a preliminary inquiry to determine
37.22 whether the board believes that the individual has violated a statute or rule that the board
37.23 is empowered to enforce and determining that the continued provision of service by the
37.24 individual would create an imminent risk to public health or harm to others.

37.25 (b) A temporary suspension order prohibiting an individual from providing emergency
37.26 medical care or from driving a basic life-support ambulance shall give notice of the right
37.27 to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry
37.28 of the temporary suspension order.

37.29 (c) Service of a temporary suspension order is effective when the order is served on the
37.30 individual personally or by certified mail, which is complete upon receipt, refusal, or return
37.31 for nondelivery to the most recent address provided to the board for the individual.

37.32 (d) At the time the board issues a temporary suspension order, the board shall schedule
37.33 a hearing, to be held before a group of its members designated by the board, that shall begin

38.1 within 60 days after issuance of the temporary suspension order or within 15 working days
38.2 of the date of the board's receipt of a request for a hearing from the individual, whichever
38.3 is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to
38.4 continue, modify, or lift the temporary suspension. A hearing under this paragraph is not
38.5 subject to chapter 14.

38.6 (e) Evidence presented by the board or the individual may be in the form of an affidavit.
38.7 The individual or the individual's designee may appear for oral argument.

38.8 (f) Within five working days of the hearing, the board shall issue its order and, if the
38.9 suspension is continued, notify the individual of the right to a contested case hearing under
38.10 chapter 14.

38.11 (g) If an individual requests a contested case hearing within 30 days after receiving
38.12 notice under paragraph (f), the board shall initiate a contested case hearing according to
38.13 chapter 14. The administrative law judge shall issue a report and recommendation within
38.14 30 days after the closing of the contested case hearing record. The board shall issue a final
38.15 order within 30 days after receipt of the administrative law judge's report.

38.16 Sec. 8. Minnesota Statutes 2022, section 144E.28, subdivision 3, is amended to read:

38.17 Subd. 3. **Reciprocity.** The board may certify an individual who possesses a current
38.18 National Registry of Emergency Medical Technicians ~~registration~~ certification from another
38.19 jurisdiction if the individual submits a board-approved application form. The board
38.20 certification classification shall be the same as the National Registry's classification.
38.21 Certification shall be for the duration of the applicant's ~~registration~~ certification period in
38.22 another jurisdiction, not to exceed two years.

38.23 Sec. 9. Minnesota Statutes 2022, section 144E.28, subdivision 8, is amended to read:

38.24 Subd. 8. **Reinstatement.** (a) Within four years of a certification expiration date, a person
38.25 whose certification has expired under subdivision 7, paragraph (d), may have the certification
38.26 reinstated upon submission of:

38.27 (1) evidence to the board of training equivalent to the continuing education requirements
38.28 of subdivision 7 or, for community paramedics, evidence to the board of training equivalent
38.29 to the continuing education requirements of subdivision 9, paragraph (c); and

38.30 (2) a board-approved application form.

38.31 (b) If more than four years have passed since a certificate expiration date, an applicant
38.32 must complete the initial certification process required under subdivision 1.

39.1 (c) Beginning July 1, 2024, through December 31, 2025, and notwithstanding paragraph
 39.2 (b), a person whose certification as an EMT, AEMT, paramedic, or community paramedic
 39.3 expired more than four years ago but less than ten years ago may have the certification
 39.4 reinstated upon submission of:

39.5 (1) evidence to the board of the training required under paragraph (a), clause (1). This
 39.6 training must have been completed within the 24 months prior to the date of the application
 39.7 for reinstatement;

39.8 (2) a board-approved application form; and

39.9 (3) a recommendation from an ambulance service medical director.

39.10 This paragraph expires December 31, 2025.

39.11 Sec. 10. Minnesota Statutes 2022, section 144E.285, subdivision 1, is amended to read:

39.12 Subdivision 1. **Approval required.** (a) All education programs for an EMR, EMT,
 39.13 AEMT, or paramedic must be approved by the board.

39.14 (b) To be approved by the board, an education program must:

39.15 (1) submit an application prescribed by the board that includes:

39.16 (i) ~~type and length~~ type and length of course to be offered;

39.17 (ii) names, addresses, and qualifications of the program medical director, program
 39.18 education coordinator, and instructors;

39.19 ~~(iii) names and addresses of clinical sites, including a contact person and telephone~~
 39.20 ~~number;~~

39.21 ~~(iv)~~ (iii) admission criteria for students; and

39.22 ~~(v)~~ (iv) materials and equipment to be used;

39.23 (2) for each course, implement the most current version of the United States Department
 39.24 of Transportation EMS Education Standards, or its equivalent as determined by the board
 39.25 applicable to EMR, EMT, AEMT, or paramedic education;

39.26 (3) have a program medical director and a program coordinator;

39.27 (4) utilize instructors who meet the requirements of section 144E.283 for teaching at
 39.28 least 50 percent of the course content. The remaining 50 percent of the course may be taught
 39.29 by guest lecturers approved by the education program coordinator or medical director;

39.30 ~~(5) have at least one instructor for every ten students at the practical skill stations;~~

40.1 ~~(6) maintain a written agreement with a licensed hospital or licensed ambulance service~~
 40.2 ~~designating a clinical training site;~~

40.3 ~~(7) (5) retain documentation of program approval by the board, course outline, and~~
 40.4 ~~student information;~~

40.5 ~~(8) (6) notify the board of the starting date of a course prior to the beginning of a course;~~
 40.6 ~~and~~

40.7 ~~(9) (7) submit the appropriate fee as required under section 144E.29; and.~~

40.8 ~~(10) maintain a minimum average yearly pass rate as set by the board on an annual basis.~~
 40.9 ~~The pass rate will be determined by the percent of candidates who pass the exam on the~~
 40.10 ~~first attempt. An education program not meeting this yearly standard shall be placed on~~
 40.11 ~~probation and shall be on a performance improvement plan approved by the board until~~
 40.12 ~~meeting the pass rate standard. While on probation, the education program may continue~~
 40.13 ~~providing classes if meeting the terms of the performance improvement plan as determined~~
 40.14 ~~by the board. If an education program having probation status fails to meet the pass rate~~
 40.15 ~~standard after two years in which an EMT initial course has been taught, the board may~~
 40.16 ~~take disciplinary action under subdivision 5.~~

40.17 Sec. 11. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision
 40.18 to read:

40.19 Subd. 1a. **EMR education program requirements.** The National EMS Education
 40.20 Standards established by the National Highway Traffic Safety Administration of the United
 40.21 States Department of Transportation specify the minimum requirements for knowledge and
 40.22 skills for emergency medical responders. An education program applying for approval to
 40.23 teach EMRs must comply with the requirements under subdivision 1, paragraph (b). A
 40.24 medical director of an emergency medical responder group may establish additional
 40.25 knowledge and skill requirements for EMRs.

40.26 Sec. 12. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision
 40.27 to read:

40.28 Subd. 1b. **EMT education program requirements.** In addition to the requirements
 40.29 under subdivision 1, paragraph (b), an education program applying for approval to teach
 40.30 EMTs must:

40.31 (1) include in the application prescribed by the board the names and addresses of clinical
 40.32 sites, including a contact person and telephone number;

41.1 (2) maintain a written agreement with at least one clinical training site that is of a type
41.2 recognized by the National EMS Education Standards established by the National Highway
41.3 Traffic Safety Administration; and

41.4 (3) maintain a minimum average yearly pass rate as set by the board. An education
41.5 program not meeting this standard must be placed on probation and must comply with a
41.6 performance improvement plan approved by the board until the program meets the pass-rate
41.7 standard. While on probation, the education program may continue to provide classes if the
41.8 program meets the terms of the performance improvement plan, as determined by the board.
41.9 If an education program that is on probation status fails to meet the pass-rate standard after
41.10 two years in which an EMT initial course has been taught, the board may take disciplinary
41.11 action under subdivision 5.

41.12 Sec. 13. Minnesota Statutes 2022, section 144E.285, subdivision 2, is amended to read:

41.13 Subd. 2. **AEMT and paramedic education program requirements.** (a) In addition to
41.14 the requirements under subdivision 1, paragraph (b), an education program applying for
41.15 approval to teach AEMTs and paramedics must:

41.16 (1) be administered by an educational institution accredited by the Commission of
41.17 Accreditation of Allied Health Education Programs (CAAHEP);

41.18 (2) include in the application prescribed by the board the names and addresses of clinical
41.19 sites, including a contact person and telephone number; and

41.20 (3) maintain a written agreement with a licensed hospital or licensed ambulance service
41.21 designating a clinical training site.

41.22 (b) An AEMT and paramedic education program that is administered by an educational
41.23 institution not accredited by CAAHEP, but that is in the process of completing the
41.24 accreditation process, may be granted provisional approval by the board upon verification
41.25 of submission of its self-study report and the appropriate review fee to CAAHEP.

41.26 (c) An educational institution that discontinues its participation in the accreditation
41.27 process must notify the board immediately and provisional approval shall be withdrawn.

41.28 ~~(d) This subdivision does not apply to a paramedic education program when the program~~
41.29 ~~is operated by an advanced life-support ambulance service licensed by the Emergency~~
41.30 ~~Medical Services Regulatory Board under this chapter, and the ambulance service meets~~
41.31 ~~the following criteria:~~

42.1 ~~(1) covers a rural primary service area that does not contain a hospital within the primary~~
 42.2 ~~service area or contains a hospital within the primary service area that has been designated~~
 42.3 ~~as a critical access hospital under section 144.1483, clause (9);~~

42.4 ~~(2) has tax-exempt status in accordance with the Internal Revenue Code, section~~
 42.5 ~~501(c)(3);~~

42.6 ~~(3) received approval before 1991 from the commissioner of health to operate a paramedic~~
 42.7 ~~education program;~~

42.8 ~~(4) operates an AEMT and paramedic education program exclusively to train paramedics~~
 42.9 ~~for the local ambulance service; and~~

42.10 ~~(5) limits enrollment in the AEMT and paramedic program to five candidates per~~
 42.11 ~~biennium.~~

42.12 Sec. 14. Minnesota Statutes 2022, section 144E.285, subdivision 4, is amended to read:

42.13 Subd. 4. **Reapproval.** An education program shall apply to the board for reapproval at
 42.14 least ~~three months~~ 30 days prior to the expiration date of its approval and must:

42.15 (1) submit an application prescribed by the board specifying any changes from the
 42.16 information provided for prior approval and any other information requested by the board
 42.17 to clarify incomplete or ambiguous information presented in the application; ~~and~~

42.18 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(10)~~.
 42.19 (7);

42.20 (3) be subject to a site visit by the board;

42.21 (4) for education programs that teach EMRs, comply with the requirements in subdivision
 42.22 1a;

42.23 (5) for education programs that teach EMTs, comply with the requirements in subdivision
 42.24 1b; and

42.25 (6) for education programs that teach AEMTs and paramedics, comply with the
 42.26 requirements in subdivision 2 and maintain accreditation with CAAHEP.

42.27 Sec. 15. **REPEALER.**

42.28 Minnesota Statutes 2022, section 144E.27, subdivisions 1 and 1a, are repealed.

ARTICLE 4

EMERGENCY AMBULANCE SERVICE AID

Section 1. EMERGENCY AMBULANCE SERVICE AID.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given.

(b) "Ambulance service" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3.

(c) "Board" means the Emergency Medical Services Regulatory Board.

(d) "Capital expenses" means expenses that are incurred by a licensed ambulance service provider for the purchase, improvement, or maintenance of long-term assets to improve the efficiency or capability of the ambulance services, with an expected useful life of greater than five years.

(e) "Commissioner" means the commissioner of revenue.

(f) "EMS responses" means the number of responses provided within a primary service area during calendar year 2023 by the licensed ambulance service provider designated to serve the primary service area as reported by the provider to the board via the Minnesota state ambulance reporting system.

(g) "Licensed ambulance service provider" or "provider" means a natural person, partnership, association, corporation, Tribal government, or unit of government that possesses an ambulance service license under Minnesota Statutes, chapter 144E.

(h) "Metropolitan county" means a metropolitan county listed in Minnesota Statutes, section 473.121, subdivision 4.

(i) "Multiple license holder" means a licensed ambulance service provider, a licensed ambulance service provider's parent company, a subsidiary of the licensed ambulance service provider, or a subsidiary of the licensed ambulance service provider's parent company that collectively holds more than one license.

(j) "Nonexcluded license" means a license that is not excluded under subdivision 3 from receiving aid under this section.

(k) "Operational expenses" means costs related to personnel expenses, supplies and equipment, fuel, vehicle maintenance, travel, education, fundraising, and expenses associated with obtaining advanced life support intercepts.

44.1 (l) "Primary service area" has the meaning given in Minnesota Statutes, section 144E.001,
44.2 subdivision 10.

44.3 (m) "Response density" means the quotient of EMS responses divided by the square
44.4 mileage of the primary service area.

44.5 (n) "Unit of government" means a county, a statutory or home rule charter city, or a
44.6 township.

44.7 Subd. 2. **Excluded services.** The commissioner, in coordination with the executive
44.8 director of the board, must exclude EMS responses by a specialized life support service as
44.9 described in Minnesota Statutes, section 144E.101, subdivision 9, when calculating EMS
44.10 responses, response density, and aid payments under this section.

44.11 Subd. 3. **Certain multiple license holders excluded.** (a) Except as provided under
44.12 paragraph (b), all licenses held by a multiple license holder are ineligible for aid payments
44.13 under this section if any license held by a multiple license holder is designated to serve a
44.14 primary service area, any portion of which is located within the cities of Duluth, Mankato,
44.15 Moorhead, Rochester, or St. Cloud, or a metropolitan county.

44.16 (b) For a multiple license holder affiliated with a private, nonprofit adult hospital that
44.17 is located in Hennepin County and designated by the commissioner of health as a level I
44.18 trauma hospital, only the licenses held by the multiple license holder and located entirely
44.19 within one or more metropolitan counties are ineligible for aid payments under this section.

44.20 Subd. 4. **Eligibility.** A licensed ambulance service provider is eligible for aid under this
44.21 section if the licensed ambulance service provider:

44.22 (1) possessed a nonexcluded license in calendar year 2022;

44.23 (2) continues to operate under the nonexcluded license during calendar year 2024; and

44.24 (3) completes the requirements under subdivision 5.

44.25 Subd. 5. **Application process.** (a) An eligible licensed ambulance service provider may
44.26 apply to the commissioner, in the form and manner determined by the commissioner, for
44.27 aid under this section. Applications must be submitted by September 16, 2024. The
44.28 commissioner may require an eligible licensed ambulance service provider to submit any
44.29 information necessary, including financial statements, to make the calculations under
44.30 subdivision 6. An eligible licensed ambulance service provider who applies for aid under
44.31 this section must provide a copy of the application to the executive director of the board by
44.32 September 16, 2024.

45.1 (b) The commissioner and the executive director of the board must establish a process
45.2 for verifying the data submitted with applications under this section. By September 20,
45.3 2024, for each eligible licensed ambulance service provider that applies for aid under
45.4 paragraph (a), the executive director of the board must certify the following information to
45.5 the commissioner:

45.6 (1) EMS responses by primary service area reported for calendar year 2023;

45.7 (2) EMS responses by primary service area reported for calendar year 2023 that were
45.8 provided by a specialized life support service;

45.9 (3) information necessary to determine the location of each primary service area, including
45.10 municipalities served; and

45.11 (4) the square mileage of each primary service area as of January 1, 2024.

45.12 Subd. 6. Commissioner calculations. (a) Prior to determining an aid payment amount
45.13 for eligible licensed ambulance service providers, the commissioner, in coordination with
45.14 the executive director of the board, must make the calculations in paragraphs (b) to (d).

45.15 (b) The commissioner must determine the amount equal to dividing 20 percent of the
45.16 amount appropriated for aid payments under this section equally among all eligible licensed
45.17 ambulance service providers who possess at least one nonexcluded license. Eligible licensed
45.18 ambulance service providers who possess only one nonexcluded license do not qualify for
45.19 a payment under this paragraph if the nonexcluded license has a response density greater
45.20 than 30.

45.21 (c) For each nonexcluded license with a response density less than or equal to 30 held
45.22 by an eligible licensed ambulance service provider, the commissioner must determine the
45.23 amount equal to the product of 40 percent of the amount appropriated for aid payments
45.24 under this section multiplied by the quotient of the square mileage of the primary service
45.25 area served under the nonexcluded license divided by the total square mileage of all primary
45.26 service areas served under nonexcluded licenses.

45.27 (d) For each nonexcluded license with a response density less than or equal to 30 held
45.28 by an eligible licensed ambulance service provider, the commissioner must determine the
45.29 amount equal to the product of 40 percent of the amount appropriated for aid payments
45.30 under this section multiplied by the quotient of the number of points determined under
45.31 clauses (1) to (4) for each nonexcluded license with a response density less than or equal
45.32 to 30 divided by the total points determined under clauses (1) to (4) for all nonexcluded
45.33 licenses with a response density less than or equal to 30 held by eligible licensed ambulance

46.1 service providers. For calculations under this paragraph, the commissioner must determine
46.2 points as follows:

46.3 (1) for EMS response one to EMS response 500, a nonexcluded license is awarded ten
46.4 points for each EMS response;

46.5 (2) for EMS response 501 to EMS response 1,500, a nonexcluded license is awarded
46.6 five points for each EMS response;

46.7 (3) for EMS response 1,501 to EMS response 2,500, a nonexcluded license is awarded
46.8 zero points for each EMS response; and

46.9 (4) for EMS response 2,501 and each subsequent EMS response, a nonexcluded license's
46.10 points are reduced by two points for each EMS response, except a nonexcluded license's
46.11 total awarded points must not be reduced below zero.

46.12 Subd. 7. **Aid amount.** The commissioner must make an aid payment to each eligible
46.13 licensed ambulance service provider in the amount equal to the sum of the amounts calculated
46.14 in subdivision 6, paragraphs (b) to (d), for each nonexcluded license held by the eligible
46.15 licensed ambulance service.

46.16 Subd. 8. **Eligible uses.** A licensed ambulance service provider must spend aid received
46.17 under this section on operational expenses and capital expenses incurred to provide
46.18 ambulance services within the licensed ambulance service provider's primary service area
46.19 that is located in Minnesota.

46.20 Subd. 9. **Administration.** (a) The commissioner, in coordination with the executive
46.21 director of the board, must certify the aid amount to each licensed ambulance service provider
46.22 by December 1, 2024.

46.23 (b) The commissioner must make the full aid payment to each eligible licensed ambulance
46.24 service provider by December 26, 2024.

46.25 (c) Any funds not spent on or encumbered for eligible uses by December 31, 2025, must
46.26 be returned to the commissioner and cancel to the general fund.

46.27 Subd. 10. **Report.** By February 15, 2026, each licensed ambulance service provider that
46.28 receives aid under this section must submit a report to the commissioner, the executive
46.29 director of the board, and the chairs and ranking minority members of the legislative
46.30 committees with jurisdiction over taxes and property taxes. The report must include the
46.31 amount of aid that each licensed ambulance service provider received, the amount of aid
46.32 that was spent on or encumbered for operational expenses, the amount of aid that was spent
46.33 on or encumbered for capital expenses, and documentation sufficient to establish that

47.1 awarded aid was spent on or encumbered for eligible uses as defined in subdivision 8. The
47.2 executive director of the board may request financial statements or other information
47.3 necessary to verify that aid was spent on eligible uses.

47.4 Subd. 11. **Appropriation.** (a) \$24,000,000 in fiscal year 2025 is appropriated from the
47.5 general fund to the commissioner of revenue for aid payments under this section.

47.6 (b) Of the amount in paragraph (a), the commissioner may retain up to \$60,000 for
47.7 administrative costs related to aid under this section.

47.8 (c) This is a onetime appropriation.

47.9 **EFFECTIVE DATE.** This section is effective for aids payable in 2024.

144E.001 DEFINITIONS.

Subd. 5. **Board.** "Board" means the Emergency Medical Services Regulatory Board.

144E.01 EMERGENCY MEDICAL SERVICES REGULATORY BOARD.

Subdivision 1. **Membership.** (a) The Emergency Medical Services Regulatory Board consists of the following members, all of whom must work in Minnesota, except for the person listed in clause (14):

- (1) an emergency physician certified by the American Board of Emergency Physicians;
- (2) a representative of Minnesota hospitals;
- (3) a representative of fire chiefs;
- (4) a full-time firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency and who is a member of a professional firefighter's union;
- (5) a volunteer firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency;
- (6) an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
- (7) an ambulance director for a licensed ambulance service;
- (8) a representative of sheriffs;
- (9) a member of a community health board to represent community health services;
- (10) two representatives of regional emergency medical services programs, one of whom must be from the metropolitan regional emergency medical services program;
- (11) a registered nurse currently practicing in a hospital emergency department;
- (12) a pediatrician, certified by the American Board of Pediatrics, with experience in emergency medical services;
- (13) a family practice physician who is currently involved in emergency medical services;
- (14) a public member who resides in Minnesota; and
- (15) the commissioners of health and public safety or their designees.

(b) The governor shall appoint members under paragraph (a). Appointments under paragraph (a), clauses (1) to (9) and (11) to (13), are subject to the advice and consent of the senate. In making appointments under paragraph (a), clauses (1) to (9) and (11) to (13), the governor shall consider recommendations of the American College of Emergency Physicians, the Minnesota Hospital Association, the Minnesota and State Fire Chief's Association, the Minnesota Ambulance Association, the Minnesota Emergency Medical Services Association, the Minnesota State Sheriff's Association, the Association of Minnesota Counties, the Minnesota Nurses Association, and the Minnesota chapter of the Academy of Pediatrics.

(c) At least seven members appointed under paragraph (a) must reside outside of the seven-county metropolitan area, as defined in section 473.121.

Subd. 2. **Ex officio members.** The speaker of the house and the Committee on Rules and Administration of the senate shall appoint one representative and one senator to serve as ex officio, nonvoting members.

Subd. 3. **Chair.** The governor shall designate one of the members appointed under subdivision 1 as chair of the board.

Subd. 4. **Compensation; terms.** Membership terms, compensation, and removal of members appointed under subdivision 1, are governed by section 15.0575.

Subd. 5. **Staff.** The board shall appoint an executive director who shall serve in the unclassified service and may appoint other staff. The service of the executive director shall be subject to the terms described in section 214.04, subdivision 2a.

Subd. 6. **Duties of board.** (a) The Emergency Medical Services Regulatory Board shall:

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(1) administer and enforce the provisions of this chapter and other duties as assigned to the board;

(2) advise applicants for state or federal emergency medical services funds, review and comment on such applications, and approve the use of such funds unless otherwise required by federal law;

(3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state's emergency medical services delivery system; and

(4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.

(b) The Emergency Medical Services Board may prepare an initial work plan, which may be updated biennially. The work plan may include provisions to:

(1) prepare an emergency medical services assessment which addresses issues affecting the statewide delivery system;

(2) establish a statewide public information and education system regarding emergency medical services;

(3) create, in conjunction with the Department of Public Safety, a statewide injury and trauma prevention program; and

(4) designate an annual emergency medical services personnel recognition day.

Subd. 7. **Conflict of interest.** No member of the Emergency Medical Services Board may participate or vote in board proceedings in which the member has a direct conflict of interest, financial or otherwise.

144E.123 PREHOSPITAL CARE DATA.

Subd. 5. **Working group.** By October 1, 2011, the board must convene a working group composed of six members, three of which must be appointed by the board and three of which must be appointed by the Minnesota Ambulance Association, to redesign the board's policies related to collection of data from licenses. The issues to be considered include, but are not limited to, the following: user-friendly reporting requirements; data sets; improved accuracy of reported information; appropriate use of information gathered through the reporting system; and methods for minimizing the financial impact of data reporting on licenses, particularly for rural volunteer services. The working group must report its findings and recommendations to the board no later than July 1, 2012.

144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.

Subdivision 1. **Education program instructor.** An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Subd. 1a. **Approval required.** (a) All education programs for an emergency medical responder must be approved by the board.

(b) To be approved by the board, an education program must:

(1) submit an application prescribed by the board that includes:

(i) type and length of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;

(3) have a program medical director and a program coordinator;

(4) have at least one instructor for every ten students at the practical skill stations;

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(5) retain documentation of program approval by the board, course outline, and student information; and

(6) submit the appropriate fee as required under section 144E.29.

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.

144E.50 EMERGENCY MEDICAL SERVICES FUND.

Subd. 3. **Definition.** For purposes of this section, "board" means the Emergency Medical Services Regulatory Board.