

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 166

(SENATE AUTHORS: WIKLUND)

DATE	D-PG	OFFICIAL STATUS
01/31/2013	124	Introduction and first reading Referred to Health, Human Services and Housing
02/11/2013	187	Comm report: To pass
	190	Second reading
04/04/2013	1680	Special Order
	1680	Third reading Passed
04/15/2013	1787	Returned from House Presentment date 04/12/13
04/18/2013	1980	Governor's action Approval 04/15/13
	1980	Secretary of State Chapter 13 04/15/13 Effective date 08/01/13

A bill for an act

1.1 relating to emergency medical services; modifying certain provisions to include
 1.2 advanced emergency medical technicians; updating inspection provisions;
 1.3 providing requirements for emergency medical responder registration; amending
 1.4 Minnesota Statutes 2012, sections 144E.101, subdivision 7; 144E.18; 144E.27,
 1.5 subdivision 1, by adding a subdivision; 144E.285, subdivisions 2, 4.
 1.6

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

1.8 Section 1. Minnesota Statutes 2012, section 144E.101, subdivision 7, is amended to
 1.9 read:

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

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

1.13 (2) one EMT or one AEMT and one registered nurse who is an EMT or an AEMT, is
 1.14 currently practicing nursing, and has passed a paramedic practical skills test approved by
 1.15 the board and administered by an education program; or

1.16 (3) one EMT or one AEMT and one physician assistant who is an EMT or an AEMT,
 1.17 is currently practicing as a physician assistant, and has passed a paramedic practical skills
 1.18 test approved by the board and administered by an education program.

1.19 (b) An advanced life-support service shall provide basic life support, as specified
 1.20 under subdivision 6, paragraph (a), advanced airway management, manual defibrillation,
 1.21 and administration of intravenous fluids and pharmaceuticals.

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

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

- 2.6 (1) two-way communication for physician direction of ambulance service personnel;
- 2.7 (2) patient triage, treatment, and transport;
- 2.8 (3) use of standing orders; and
- 2.9 (4) the means by which medical control will be provided 24 hours a day.

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

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

2.16 (f) Upon application from an ambulance service that includes evidence demonstrating
2.17 hardship, the board may grant a variance from the staff requirements in paragraph (a),
2.18 clause (1), and may authorize an advanced life-support ambulance to be staffed by a
2.19 registered emergency medical responder driver with a paramedic for all emergency calls
2.20 and interfacility transfers. The variance shall apply to advanced life-support ambulance
2.21 services until the ambulance service renews its license. When the variance expires, an
2.22 ambulance service may apply for a new variance under this paragraph. This paragraph
2.23 applies only to an ambulance service whose primary service area is mainly located outside
2.24 the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities
2.25 of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance based in a
2.26 community with a population of less than 1,000 persons.

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

2.34 Sec. 2. Minnesota Statutes 2012, section 144E.18, is amended to read:

2.35 **144E.18 INSPECTIONS.**

3.1 The board may inspect ambulance services as frequently as deemed necessary to
 3.2 determine whether an ambulance service is in compliance with sections 144E.001 to
 3.3 144E.33 and rules adopted under those sections. The board may review at any time
 3.4 documentation or electronic files required to be on file with a licensee.

3.5 Sec. 3. Minnesota Statutes 2012, section 144E.27, subdivision 1, is amended to read:

3.6 Subdivision 1. **Education programs.** ~~(a) Curriculum for initial and refresher~~
 3.7 ~~education programs must meet the United States Department of Transportation Emergency~~
 3.8 ~~Medical Responder Education Standards or its equivalent as determined by the board. An~~
 3.9 education program instructor must be an emergency medical responder, EMT, AEMT,
 3.10 paramedic, physician, physician assistant, or registered nurse.

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

3.15 Sec. 4. Minnesota Statutes 2012, section 144E.27, is amended by adding a subdivision
 3.16 to read:

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

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

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

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

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

3.24 (iii) admission criteria for students; and

3.25 (iv) materials and equipment to be used;

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

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

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

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

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

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

4.5 Sec. 5. Minnesota Statutes 2012, section 144E.285, subdivision 2, is amended to read:

4.6 Subd. 2. **AEMT and paramedic requirements.** (a) In addition to the requirements
4.7 under subdivision 1, paragraph (b), an education program applying for approval to teach
4.8 AEMTs and paramedics must be administered by an educational institution accredited by
4.9 the Commission of Accreditation of Allied Health Education Programs (CAAHEP).

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

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

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

4.21 (1) covers a rural primary service area that does not contain a hospital within the
4.22 primary service area or contains a hospital within the primary service area that has been
4.23 designated as a critical access hospital under section 144.1483, clause (11);

4.24 (2) has tax-exempt status in accordance with the Internal Revenue Code, section
4.25 501(c)(3);

4.26 (3) received approval before 1991 from the commissioner of health to operate
4.27 a paramedic education program;

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

4.30 (5) limits enrollment in the AEMT and paramedic program to five candidates per
4.31 biennium.

4.32 Sec. 6. Minnesota Statutes 2012, section 144E.285, subdivision 4, is amended to read:

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

- 5.1 (1) submit an application prescribed by the board specifying any changes from the
5.2 information provided for prior approval and any other information requested by the board
5.3 to clarify incomplete or ambiguous information presented in the application; and
5.4 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to
5.5 ~~(9)~~ (10).