

SENATE
STATE OF MINNESOTA
EIGHTY-SEVENTH LEGISLATURE **S.F. No. 1876**

(SENATE AUTHORS: HOFFMAN and Rosen)

DATE	D-PG	OFFICIAL STATUS
02/15/2012	3821	Introduction and first reading Referred to Health and Human Services
02/16/2012	3836	Author added Rosen
03/08/2012		Comm report: To pass as amended Second reading

A bill for an act

1.1 relating to health; licensing emergency medical personnel; amending Minnesota
1.2 Statutes 2010, sections 144E.001, subdivisions 1b, 3a, 4a, 4b, 5c, 5d, 5e, 6, 11,
1.3 14, by adding subdivisions; 144E.01, subdivision 1; 144E.101, subdivisions 2,
1.4 6, 7, 9, 10, 12; 144E.103; 144E.127, subdivision 2; 144E.265, subdivision 2;
1.5 144E.27, subdivisions 1, 2, 3, 5, by adding a subdivision; 144E.275, subdivision
1.6 3; 144E.28, subdivisions 1, 5, 7; 144E.283; 144E.285; 144E.286, subdivision
1.7 3; 144E.29; 144E.30, subdivision 3; 144E.305, subdivision 2; 144E.31;
1.8 144E.32, subdivision 2; 144E.35, subdivision 1; 144E.52; Minnesota Statutes
1.9 2011 Supplement, sections 144E.001, subdivision 5f; 144E.28, subdivision 9;
1.10 repealing Minnesota Rules, parts 4690.0100, subparts 16, 17; 4690.1400.
1.11

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

1.13 Section 1. Minnesota Statutes 2010, section 144E.001, subdivision 1b, is amended to
1.14 read:

1.15 Subd. 1b. **Advanced life support.** "Advanced life support" means rendering basic
1.16 life support and rendering intravenous therapy, drug therapy, intubation, and defibrillation
1.17 as outlined in the United States Department of Transportation ~~emergency medical~~
1.18 ~~technician-paramedic curriculum~~ paramedic standards or its equivalent, as approved
1.19 by the board.

1.20 Sec. 2. Minnesota Statutes 2010, section 144E.001, subdivision 3a, is amended to read:

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

1.24 (1) EMT's, ~~EMT-I's, or EMT-P's~~ AEMT's, or paramedics;

1.25 (2) Minnesota registered nurses who are: (i) EMT's, are currently practicing
1.26 nursing, and have passed a paramedic practical skills test, as approved by the board and

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

2.1 administered by ~~a training~~ an educational program approved by the board; (ii) on the roster
2.2 of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board,
2.3 deemed by the board to have training and skills equivalent to an EMT, as determined on
2.4 a case-by-case basis; or

2.5 (3) Minnesota licensed physician assistants who are: (i) EMT's, are currently
2.6 practicing as physician assistants, and have passed a paramedic practical skills test, as
2.7 approved by the board and administered by ~~a training~~ an educational program approved by
2.8 the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii)
2.9 after petitioning the board, deemed by the board to have training and skills equivalent to
2.10 an EMT, as determined on a case-by-case basis.

2.11 Sec. 3. Minnesota Statutes 2010, section 144E.001, subdivision 4a, is amended to read:

2.12 Subd. 4a. **Basic airway management.** "Basic airway management" means:

2.13 (1) resuscitation by mouth-to-mouth, mouth-to-mask, bag valve mask, or oxygen
2.14 powered ventilators; or

2.15 (2) insertion of an oropharyngeal, nasal pharyngeal, ~~esophageal obturator airway,~~
2.16 or esophageal tracheal airway, or esophageal gastric tube airway.

2.17 Sec. 4. Minnesota Statutes 2010, section 144E.001, subdivision 4b, is amended to read:

2.18 Subd. 4b. **Basic life support.** "Basic life support" means rendering basic-level
2.19 emergency care, including, but not limited to, basic airway management, cardiopulmonary
2.20 resuscitation, controlling shock and bleeding, and splinting fractures, as outlined in
2.21 the United States Department of Transportation emergency medical ~~technician-basic~~
2.22 curriculum technician education standards or its equivalent, as approved by the board.

2.23 Sec. 5. Minnesota Statutes 2010, section 144E.001, subdivision 5c, is amended to read:

2.24 Subd. 5c. **Emergency medical technician or EMT.** "Emergency medical
2.25 technician" or "EMT" means a person who has successfully completed the United States
2.26 Department of Transportation emergency medical ~~technician-basic~~ technician standards
2.27 course or its equivalent, as approved by the board, and has been issued valid certification
2.28 by the board.

2.29 Sec. 6. Minnesota Statutes 2010, section 144E.001, subdivision 5d, is amended to read:

2.30 Subd. 5d. ~~**Emergency medical technician-intermediate or EMT-I.**~~ **Advanced**
2.31 **emergency medical technician or AEMT.** "~~Emergency medical technician-intermediate~~
2.32 or "EMT-I" **"Advanced emergency medical technician" or "AEMT"** means a person who

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

3.1 has successfully completed the United States Department of Transportation ~~emergency~~
3.2 ~~medical technician-intermediate~~ advanced emergency medical technician standards
3.3 course or its equivalent, as approved by the board, and has been issued valid certification
3.4 by the board.

3.5 Sec. 7. Minnesota Statutes 2010, section 144E.001, subdivision 5e, is amended to read:

3.6 Subd. 5e. ~~Emergency medical technician-paramedic or EMT-P~~ **Paramedic.**
3.7 "~~Emergency medical technician-paramedic~~" or "~~EMT-P~~" "Paramedic" means a person who
3.8 has successfully completed the United States Department of Transportation ~~emergency~~
3.9 ~~medical technician-course-paramedic~~ paramedic course or its equivalent, as approved by
3.10 the board, and has been issued valid certification by the board.

3.11 Sec. 8. Minnesota Statutes 2011 Supplement, section 144E.001, subdivision 5f,
3.12 is amended to read:

3.13 Subd. 5f. ~~Emergency medical technician-Community Paramedic or EMT-CP~~
3.14 **Community paramedic.** "~~Emergency medical technician-Community Paramedic,~~"
3.15 "~~EMT-CP,~~" or "Community paramedic" means a person who is certified as ~~an EMT-P~~ a
3.16 paramedic and who meets the requirements for additional certification as ~~an EMT-CP~~ a
3.17 community paramedic as specified in section 144E.28, subdivision 9.

3.18 Sec. 9. Minnesota Statutes 2010, section 144E.001, is amended by adding a subdivision
3.19 to read:

3.20 Subd. 5g. **Emergency medical responder group.** "Emergency medical responder
3.21 group" means a group of certified or registered personnel who respond to medical
3.22 emergencies and have a medical director.

3.23 Sec. 10. Minnesota Statutes 2010, section 144E.001, subdivision 6, is amended to read:

3.24 Subd. 6. ~~First responder~~ **Emergency medical responder or EMR.** "~~First~~
3.25 ~~responder~~" "Emergency medical responder" or "EMR" means an individual who is
3.26 registered by the board to perform, at a minimum, basic emergency skills before the arrival
3.27 of a licensed ambulance service, and is a member of an organized service recognized
3.28 by a local political subdivision whose primary responsibility is to respond to medical
3.29 emergencies to provide initial medical care before the arrival of a licensed ambulance
3.30 service or is on the roster of a Minnesota licensed ambulance service.

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

4.1 Sec. 11. Minnesota Statutes 2010, section 144E.001, is amended by adding a
4.2 subdivision to read:

4.3 Subd. 6a. **In-service ambulance.** "In-service ambulance" means the ambulance
4.4 is licensed by the Minnesota Emergency Medical Services Regulatory Board and is in
4.5 compliance with ambulance service requirements in chapter 144E and Minnesota Rules,
4.6 chapter 4690.

4.7 Sec. 12. Minnesota Statutes 2010, section 144E.001, is amended by adding a
4.8 subdivision to read:

4.9 Subd. 6b. **Intravenous infusion.** "Intravenous infusion" means the establishment
4.10 of an intravenous line or interosseous access and administration of an intravenous fluid,
4.11 other than blood, or intravenous fluids that have additives not for specific therapeutic
4.12 purposes into a vein.

4.13 Sec. 13. Minnesota Statutes 2010, section 144E.001, is amended by adding a
4.14 subdivision to read:

4.15 Subd. 6c. **Intravenous therapy.** "Intravenous therapy" means the administration of
4.16 intravenous fluids, medications, and other substances designed for specific therapeutic
4.17 response.

4.18 Sec. 14. Minnesota Statutes 2010, section 144E.001, subdivision 11, is amended to
4.19 read:

4.20 Subd. 11. **Program medical director.** "Program medical director" means a
4.21 physician who is responsible for ensuring an accurate and thorough presentation of the
4.22 medical content of an emergency care ~~training~~ education program; certifying that each
4.23 student has successfully completed the ~~training~~ education course; and in conjunction with
4.24 the program coordinator, planning the clinical training.

4.25 Sec. 15. Minnesota Statutes 2010, section 144E.001, subdivision 14, is amended to
4.26 read:

4.27 Subd. 14. ~~**Training Education program coordinator.**~~ ~~"Training "~~ Education
4.28 program coordinator" means an individual who serves as the administrator of an
4.29 emergency care ~~training~~ education program and who is responsible for planning,
4.30 conducting, and evaluating the program; selecting students and instructors; documenting
4.31 and maintaining records; developing a curriculum according to the National EMS
4.32 Education Standards by the National Highway Transportation Safety Administration

5.1 (NHTSA), United States Department of Transportation; and assisting in the coordination
5.2 of examination sessions and clinical training.

5.3 Sec. 16. Minnesota Statutes 2010, section 144E.01, subdivision 1, is amended to read:

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

5.7 (1) an emergency physician certified by the American Board of Emergency
5.8 Physicians;

5.9 (2) a representative of Minnesota hospitals;

5.10 (3) a representative of fire chiefs;

5.11 (4) a full-time firefighter who serves as ~~a first responder~~ an emergency medical
5.12 responder on or within a nontransporting or nonregistered agency and who is a member of
5.13 a professional firefighter's union;

5.14 (5) a volunteer firefighter who serves as ~~a first responder~~ an emergency medical
5.15 responder on or within a nontransporting or nonregistered agency;

5.16 (6) an attendant currently practicing on a licensed ambulance service who is a
5.17 paramedic or an emergency medical technician;

5.18 (7) an ambulance director for a licensed ambulance service;

5.19 (8) a representative of sheriffs;

5.20 (9) a member of a local board of health to represent community health services;

5.21 (10) two representatives of regional emergency medical services programs, one of
5.22 whom must be from the metropolitan regional emergency medical services program;

5.23 (11) a registered nurse currently practicing in a hospital emergency department;

5.24 (12) a pediatrician, certified by the American Board of Pediatrics, with experience
5.25 in emergency medical services;

5.26 (13) a family practice physician who is currently involved in emergency medical
5.27 services;

5.28 (14) a public member who resides in Minnesota; and

5.29 (15) the commissioners of health and public safety or their designees.

5.30 (b) The governor shall appoint members under paragraph (a). Appointments
5.31 under paragraph (a), clauses (1) to (9) and (11) to (13), are subject to the advice and
5.32 consent of the senate. In making appointments under paragraph (a), clauses (1) to (9) and
5.33 (11) to (13), the governor shall consider recommendations of the American College of
5.34 Emergency Physicians, the Minnesota Hospital Association, the Minnesota and State Fire
5.35 Chief's Association, the Minnesota Ambulance Association, the Minnesota Emergency

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

6.1 Medical Services Association, the Minnesota State Sheriff's Association, the Association
6.2 of Minnesota Counties, the Minnesota Nurses Association, and the Minnesota chapter of
6.3 the Academy of Pediatrics.

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

6.6 Sec. 17. Minnesota Statutes 2010, section 144E.101, subdivision 2, is amended to read:

6.7 Subd. 2. **Patient care.** When a patient is being transported, at least one of the
6.8 ambulance service personnel must be in the patient compartment. If advanced life-support
6.9 procedures are required, ~~an EMT-P~~ a paramedic, a registered nurse qualified under section
6.10 144E.001, subdivision 3a, clause (2), item (i), or a physician assistant qualified under
6.11 section 144E.001, subdivision 3a, clause (3), item (i), shall be in the patient compartment.

6.12 Sec. 18. Minnesota Statutes 2010, section 144E.101, subdivision 6, is amended to read:

6.13 Subd. 6. **Basic life support.** (a) Except as provided in paragraphs (e) and (f), a
6.14 basic life-support ambulance shall be staffed by at least two EMTs, one of whom must
6.15 accompany the patient and provide a level of care so as to ensure that:

- 6.16 (1) life-threatening situations and potentially serious injuries are recognized;
6.17 (2) patients are protected from additional hazards;
6.18 (3) basic treatment to reduce the seriousness of emergency situations is administered;
6.19 and
6.20 (4) patients are transported to an appropriate medical facility for treatment.

6.21 (b) A basic life-support service shall provide basic airway management.

6.22 (c) A basic life-support service shall provide automatic defibrillation, ~~as provided in~~
6.23 ~~section 144E.103, subdivision 1, paragraph (b).~~

6.24 (d) A basic life-support service licensee's medical director may authorize ~~the~~
6.25 ambulance service personnel ~~to carry and to use medical antishock trousers and to perform~~
6.26 intravenous infusion ~~if the ambulance service personnel have been properly trained and use~~
6.27 equipment that is within the licensure level of the ambulance service. Ambulance service
6.28 personnel must be properly trained. Documentation of authorization for use, guidelines for
6.29 use, continuing education, and skill verification must be maintained in the licensee's files.

6.30 (e) Upon application from an ambulance service that includes evidence
6.31 demonstrating hardship, the board may grant a variance from the staff requirements in
6.32 paragraph (a) and may authorize a basic life-support ambulance to be staffed by one
6.33 EMT and one ~~first~~ registered emergency medical responder driver for all emergency
6.34 ambulance calls and interfacility transfers. The variance shall apply to basic life-support

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

7.1 ambulances operated by the ambulance service until the ambulance service renews its
7.2 license. When a variance expires, an ambulance service may apply for a new variance
7.3 under this paragraph. For purposes of this paragraph, "ambulance service" means
7.4 either an ambulance service whose primary service area is mainly located outside the
7.5 metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of
7.6 Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in
7.7 a community with a population of less than 1,000.

7.8 (f) After an initial emergency ambulance call, each subsequent emergency ambulance
7.9 response, until the initial ambulance is again available, and interfacility transfers, may
7.10 be staffed by one registered ~~first~~ emergency medical responder driver and an EMT. The
7.11 EMT must accompany the patient and provide the level of care required in paragraph
7.12 (a). This paragraph applies only to an ambulance service whose primary service area is
7.13 mainly located outside the metropolitan counties listed in section 473.121, subdivision
7.14 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an
7.15 ambulance based in a community with a population of less than 1,000 persons.

7.16 Sec. 19. Minnesota Statutes 2010, section 144E.101, subdivision 7, is amended to read:

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

7.19 (1) one EMT and one ~~EMT-P~~ paramedic;

7.20 (2) one EMT and one registered nurse who is an EMT, is currently practicing
7.21 nursing, and has passed a paramedic practical skills test approved by the board and
7.22 administered by ~~a training~~ an education program; or

7.23 (3) one EMT and one physician assistant who is an EMT, is currently practicing as a
7.24 physician assistant, and has passed a paramedic practical skills test approved by the board
7.25 and administered by ~~a training~~ an education program.

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

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

7.32 (d) An ambulance service providing advanced life support shall have a written
7.33 agreement with its medical director to ensure medical control for patient care 24 hours
7.34 a day, seven days a week. The terms of the agreement shall include a written policy

8.1 on the administration of medical control for the service. The policy shall address the
8.2 following issues:

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

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

8.9 (e) When an ambulance service provides advanced life support, the authority of ~~an~~
8.10 ~~EMT-P~~ a paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician
8.11 assistant-EMT to determine the delivery of patient care prevails over the authority of
8.12 an EMT.

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

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

8.31 Sec. 20. Minnesota Statutes 2010, section 144E.101, subdivision 9, is amended to read:

8.32 Subd. 9. **Specialized life support.** A specialized ground life-support service
8.33 providing advanced life support shall be staffed by at least one EMT and one ~~EMT-P~~
8.34 paramedic, registered nurse-EMT, or physician assistant-EMT. A specialized life-support

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

9.1 service shall provide basic or advanced life support as designated by the board, and shall
9.2 be restricted by the board to:

- 9.3 (1) operation less than 24 hours of every day;
- 9.4 (2) designated segments of the population;
- 9.5 (3) certain types of medical conditions; or
- 9.6 (4) air ambulance service that includes fixed-wing or rotor-wing.

9.7 Sec. 21. Minnesota Statutes 2010, section 144E.101, subdivision 10, is amended to
9.8 read:

9.9 Subd. 10. **Driver.** A driver of an ambulance must possess a ~~current~~ valid driver's
9.10 license issued by any state and must have attended an emergency vehicle driving course
9.11 approved by the licensee. The emergency vehicle driving course must include actual
9.12 driving experience.

9.13 Sec. 22. Minnesota Statutes 2010, section 144E.101, subdivision 12, is amended to
9.14 read:

9.15 Subd. 12. **Mutual aid agreement.** A licensee shall have a written agreement
9.16 with at least one neighboring licensed ambulance service for ~~coverage during times~~
9.17 ~~when the licensee's ambulances are not available for service in its primary service area.~~
9.18 ~~The agreement must specify the duties and responsibilities of the agreeing parties. the~~
9.19 preplanned and organized response of emergency medical services, and other emergency
9.20 personnel and equipment, to a request for assistance in an emergency when local
9.21 ambulance transport resources have been expended. The response is predicated upon
9.22 formal agreements among participating ambulance services. A copy of each mutual aid
9.23 agreement shall be maintained in the files of the licensee.

9.24 Sec. 23. Minnesota Statutes 2010, section 144E.103, is amended to read:

9.25 **144E.103 EQUIPMENT.**

9.26 Subdivision 1. **General requirements.** ~~(a)~~ Every ambulance in service for patient
9.27 care shall carry, at a minimum:

- 9.28 (1) oxygen;
- 9.29 (2) airway maintenance equipment in various sizes to accommodate all age groups;
- 9.30 (3) splinting equipment in various sizes to accommodate all age groups;
- 9.31 (4) dressings, bandages, commercially manufactured tourniquets, and bandaging
9.32 equipment;
- 9.33 (5) an emergency obstetric kit;

10.1 (6) equipment to determine vital signs in various sizes to accommodate all age
10.2 groups;

10.3 (7) a stretcher;

10.4 (8) a defibrillator; and

10.5 (9) a fire extinguisher.

10.6 ~~(b) A basic life-support service has until January 1, 2001, to equip each ambulance~~
10.7 ~~in service for patient care with a defibrillator.~~

10.8 Subd. 2. **Advanced life-support requirements.** In addition to the requirements in
10.9 subdivision 1, an ambulance used in providing advanced life support must carry drugs and
10.10 drug administration equipment and supplies as approved by the licensee's medical director.

10.11 Subd. 2a. **Maintenance, sanitation, and testing of equipment, supplies, and**
10.12 **drugs.** Equipment carried on every ambulance in service for patient care must be
10.13 maintained in full operating condition. Patient care equipment, supplies, and drugs must
10.14 be stored and maintained within manufacturer's recommendations and:

10.15 (1) all equipment and supplies must be maintained in full operating condition and
10.16 in good repair;

10.17 (2) all equipment, supplies, and containers used for storage of equipment or supplies
10.18 must be kept clean so as to be free from dirt, grease, and other offensive matter;

10.19 (3) sheets and pillowcases must be changed after each use;

10.20 (4) single-service equipment and supplies must be wrapped, stored, and handled so
10.21 as to prevent contamination and must be disposed of after use;

10.22 (5) reusable equipment and supplies must be cleaned after each use so as to be free
10.23 from dirt, grease, and other offensive matter;

10.24 (6) equipment and supplies, soiled or otherwise not free from dirt, grease, and
10.25 other offensive matter, must be kept in plastic bags or securely covered containers until
10.26 disposed of or prepared for reuse; and

10.27 (7) procedures for the periodic performance testing of mechanical equipment must
10.28 be developed, maintained, and followed; and records of performance testing must be kept
10.29 in the licensee's files. Testing must occur within the manufacturer's recommendations.

10.30 Subd. 3. **Storage.** All equipment carried in an ambulance must be securely stored.

10.31 Subd. 4. **Safety restraints.** An ambulance must be equipped with safety straps,
10.32 including shoulder harnesses, for the stretcher and seat belts in the patient compartment
10.33 for the patient and ambulance personnel.

10.34 Subd. 5. **Communication equipment.** An ambulance must be equipped with
10.35 a two-way radio that is programmed and operating according to the most recent version

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

11.1 of the statewide radio board shared radio and communication plan or its equivalent as
11.2 determined by the Emergency Medical Services Regulatory Board.

11.3 Sec. 24. Minnesota Statutes 2010, section 144E.127, subdivision 2, is amended to read:

11.4 Subd. 2. **Interfacility transfers.** In an interfacility transport, a licensee whose
11.5 primary service area is located outside the metropolitan counties listed in section 473.121,
11.6 subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St.
11.7 Cloud; or an ambulance service based in a community with a population of less than
11.8 1,000, may substitute one EMT with a registered ~~first~~ emergency medical responder if an
11.9 EMT or ~~EMT-paramedic~~ paramedic, physician, registered nurse, or physician's assistant is
11.10 in the patient compartment. If using a physician, registered nurse, or physician's assistant
11.11 as the sole provider in the patient compartment, the individual must be trained to use the
11.12 equipment in the ambulance and be knowledgeable of the ambulance service protocols.

11.13 Sec. 25. Minnesota Statutes 2010, section 144E.265, subdivision 2, is amended to read:

11.14 Subd. 2. **Responsibilities.** Responsibilities of the medical director shall include, but
11.15 are not limited to:

11.16 (1) approving standards for ~~training~~ education and orientation of personnel that
11.17 impact patient care;

11.18 (2) approving standards for purchasing equipment and supplies that impact patient
11.19 care;

11.20 (3) establishing standing orders for prehospital care;

11.21 (4) approving written triage, treatment, and transportation guidelines for adult and
11.22 pediatric patients;

11.23 (5) participating in the development and operation of continuous quality
11.24 improvement programs including, but not limited to, case review and resolution of patient
11.25 complaints;

11.26 (6) establishing procedures for the administration of drugs; and

11.27 (7) maintaining the quality of care according to the standards and procedures
11.28 established under clauses (1) to (6).

11.29 Sec. 26. Minnesota Statutes 2010, section 144E.27, subdivision 1, is amended to read:

11.30 Subdivision 1. **Training Education programs.** (a) Curriculum for initial and
11.31 refresher ~~training education~~ programs must meet ~~the current standards of the United States~~
11.32 Department of Transportation ~~first responder curriculum~~ emergency medical responder
11.33 education standards or its equivalent as determined by the board. ~~A training~~ An education

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

12.1 program instructor must be ~~a first~~ an emergency medical responder, EMT, ~~EMT-I, EMT-P~~
12.2 AEMT, paramedic, physician, physician assistant, or registered nurse.

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

12.7 Sec. 27. Minnesota Statutes 2010, section 144E.27, subdivision 2, is amended to read:

12.8 Subd. 2. **Registration.** To be eligible for registration with the board as ~~a first~~ an
12.9 emergency medical responder, an individual shall complete a board-approved application
12.10 form and:

12.11 (1) successfully complete a board-approved initial ~~first~~ emergency medical
12.12 responder training education program. Registration under this clause is valid for two years
12.13 and expires ~~at the end of the month in which the registration was issued~~ on October 31; or

12.14 (2) be credentialed as ~~a first~~ an emergency medical responder by the National
12.15 Registry of Emergency Medical Technicians. Registration under this clause expires the
12.16 same day as the National Registry credential.

12.17 Sec. 28. Minnesota Statutes 2010, section 144E.27, is amended by adding a subdivision
12.18 to read:

12.19 Subd. 2a. **Registration dates.** Registration expiration dates are as follows:

12.20 (1) for initial registration granted between January 1 and June 30 of an
12.21 even-numbered year, the expiration date is October 31 of the next even-numbered year;

12.22 (2) for initial registration granted between July 1 and December 31 of an
12.23 even-numbered year, the expiration date is October 31 of the second odd-numbered year;

12.24 (3) for initial registration granted between January 1 and June 30 of an odd-numbered
12.25 year, the expiration date is October 31 of the next odd-numbered year; and

12.26 (4) for initial registration granted between July 1 and December 31 of an
12.27 odd-numbered year, the expiration date is October 31 of the second even-numbered year.

12.28 Sec. 29. Minnesota Statutes 2010, section 144E.27, subdivision 3, is amended to read:

12.29 Subd. 3. **Renewal.** (a) The board may renew the registration of ~~a first~~ an emergency
12.30 medical responder who:

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

12.32 (2) submits a completed renewal application to the board before the registration
12.33 expiration date.

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

13.1 (b) The board may renew the lapsed registration of ~~a first~~ an emergency medical
13.2 responder who:

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

13.4 (2) submits a completed renewal application to the board within 12 months after
13.5 the registration expiration date.

13.6 Sec. 30. Minnesota Statutes 2010, section 144E.27, subdivision 5, is amended to read:

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

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

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

13.14 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross
13.15 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
13.16 alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal
13.17 use of drugs or alcohol;

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

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

13.24 (6) maltreats or abandons a patient;

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

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

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

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

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

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

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

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

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

14.13 Sec. 31. Minnesota Statutes 2010, section 144E.275, subdivision 3, is amended to read:

14.14 Subd. 3. **Medical response unit qualifications.** To be registered with the board, a
14.15 medical response unit must:

14.16 (1) submit an application form prescribed by the board;

14.17 (2) have a medical director according to section 144E.265;

14.18 (3) be staffed by at least one ~~first~~ emergency medical responder or one emergency
14.19 medical technician, as appropriate to the level of care given;

14.20 (4) submit a letter from the appropriate municipality, township, or county governing
14.21 body recognizing the medical response unit as the unit in its geographical area designated
14.22 to respond to a medical emergency; and

14.23 (5) be dispatched to the scene of a medical emergency on a routine basis by a
14.24 public safety answering point, as defined under section 403.02, subdivision 19, or an
14.25 ambulance service.

14.26 Sec. 32. Minnesota Statutes 2010, section 144E.28, subdivision 1, is amended to read:

14.27 Subdivision 1. **Requirements.** To be eligible for certification by the board as an
14.28 EMT, ~~EMT-I, or EMT-P~~ AEMT, or paramedic, an individual shall:

14.29 (1) successfully complete the United States Department of Transportation course, or
14.30 its equivalent as approved by the board, specific to the EMT, ~~EMT-I, or EMT-P~~ AEMT, or
14.31 paramedic classification;

14.32 (2) pass the written and practical examinations approved by the board and
14.33 administered by the board or its designee, specific to the EMT, ~~EMT-I, or EMT-P~~ AEMT,
14.34 or paramedic classification; and

15.1 (3) complete a board-approved application form.

15.2 Sec. 33. Minnesota Statutes 2010, section 144E.28, subdivision 5, is amended to read:

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

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

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

15.9 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross
15.10 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
15.11 alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal
15.12 use of drugs or alcohol;

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

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

15.19 (6) maltreats or abandons a patient;

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

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

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

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

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

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

15.33 (b) Before taking action under paragraph (a), the board shall give notice to an
15.34 individual of the right to a contested case hearing under chapter 14. If an individual
15.35 requests a contested case hearing within 30 days after receiving notice, the board shall

16.1 initiate a contested case hearing according to chapter 14 and no disciplinary action shall be
16.2 taken at that time.

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

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

16.9 Sec. 34. Minnesota Statutes 2010, section 144E.28, subdivision 7, is amended to read:

16.10 Subd. 7. **Renewal.** (a) Before the expiration date of certification, an applicant for
16.11 renewal of certification as an EMT shall:

16.12 (1) successfully complete a course in cardiopulmonary resuscitation that is approved
16.13 by the board or the licensee's medical director;

16.14 (2) take the United States Department of Transportation EMT refresher course and
16.15 successfully pass the practical skills test portion of the course, or successfully complete 48
16.16 hours of continuing education in EMT programs that are consistent with the United States
16.17 Department of Transportation National ~~Standard Curriculum~~ EMS Education Standards or
16.18 its equivalent as approved by the board or as approved by the licensee's medical director
16.19 and pass a practical skills test approved by the board and administered by ~~a training~~ an
16.20 education program approved by the board. The cardiopulmonary resuscitation course and
16.21 practical skills test may be included as part of the refresher course or continuing education
16.22 renewal requirements. ~~Twenty-four of the 48 hours must include at least four hours of~~
16.23 ~~instruction in each of the following six categories; and~~

16.24 ~~(i) airway management and resuscitation procedures;~~

16.25 ~~(ii) circulation, bleeding control, and shock;~~

16.26 ~~(iii) human anatomy and physiology, patient assessment, and medical emergencies;~~

16.27 ~~(iv) injuries involving musculoskeletal, nervous, digestive, and genito-urinary~~
16.28 ~~systems;~~

16.29 ~~(v) environmental emergencies and rescue techniques; and~~

16.30 ~~(vi) emergency childbirth and other special situations; and~~

16.31 (3) complete a board-approved application form.

16.32 (b) Before the expiration date of certification, an applicant for renewal of certification
16.33 as an ~~EMT-I or EMT-P~~ AEMT or paramedic shall:

16.34 (1) for an ~~EMT-I~~ AEMT, successfully complete a course in cardiopulmonary
16.35 resuscitation that is approved by the board or the licensee's medical director and for an

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

17.1 ~~EMT-P~~ a paramedic, successfully complete a course in advanced cardiac life support that
17.2 is approved by the board or the licensee's medical director;

17.3 (2) successfully complete 48 hours of continuing education in emergency medical
17.4 training programs, appropriate to the level of the applicant's ~~EMT-I or EMT-P~~ AEMT
17.5 or paramedic certification, that are consistent with the United States Department of
17.6 Transportation National ~~Standard Curriculum~~ EMS Education Standards or its equivalent
17.7 as approved by the board or as approved by the licensee's medical director. An applicant
17.8 may take the United States Department of Transportation Emergency Medical Technician
17.9 refresher course or its equivalent without the written or practical test as approved by
17.10 the board, and as appropriate to the applicant's level of certification, as part of the 48
17.11 hours of continuing education. Each hour of the refresher course, the cardiopulmonary
17.12 resuscitation course, and the advanced cardiac life-support course counts toward the
17.13 48-hour continuing education requirement; and

17.14 (3) complete a board-approved application form.

17.15 (c) Certification shall be renewed every two years.

17.16 (d) If the applicant does not meet the renewal requirements under this subdivision,
17.17 the applicant's certification expires.

17.18 Sec. 35. Minnesota Statutes 2011 Supplement, section 144E.28, subdivision 9, is
17.19 amended to read:

17.20 Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board
17.21 as ~~an EMT-CP~~ a community paramedic, an individual shall:

17.22 (1) be currently certified as ~~an EMT-P~~ a paramedic and have two years of full-time
17.23 service as ~~an EMT-P~~ a paramedic or its part-time equivalent;

17.24 (2) successfully complete a community paramedic ~~training~~ education program
17.25 from a college or university that has been approved by the board or accredited by a
17.26 board-approved national accreditation organization. The ~~training~~ education program must
17.27 include clinical experience that is provided under the supervision of an ambulance medical
17.28 director, advanced practice registered nurse, physician assistant, or public health nurse
17.29 operating under the direct authority of a local unit of government; and

17.30 (3) complete a board-approved application form.

17.31 (b) A community paramedic must practice in accordance with protocols and
17.32 supervisory standards established by an ambulance service medical director in accordance
17.33 with section 144E.265. A community paramedic may provide services as directed by a
17.34 patient care plan if the plan has been developed by the patient's primary physician or by
17.35 an advanced practice registered nurse or a physician assistant, in conjunction with the

18.1 ambulance service medical director and relevant local health care providers. The care
18.2 plan must ensure that the services provided by the community paramedic are consistent
18.3 with the services offered by the patient's health care home, if one exists, that the patient
18.4 receives the necessary services, and that there is no duplication of services to the patient.

18.5 (c) A community paramedic is subject to all certification, disciplinary, complaint,
18.6 and other regulatory requirements that apply to ~~EMT-Ps~~ paramedics under this chapter.

18.7 Sec. 36. Minnesota Statutes 2010, section 144E.283, is amended to read:

18.8 **144E.283 ~~EMT~~ INSTRUCTOR QUALIFICATIONS.**

18.9 (a) An emergency medical technician instructor must:

18.10 (1) possess valid certification, registration, or licensure as an EMT, ~~EMT-I, EMT-P~~
18.11 AEMT, paramedic, physician, physician's assistant, or registered nurse;

18.12 (2) have two years of active emergency medical practical experience;

18.13 (3) be recommended by a medical director of a licensed hospital, ambulance service,
18.14 or training education program approved by the board; ~~and~~

18.15 (4) successfully complete the United States Department of Transportation
18.16 Emergency Medical Services Instructor Training Education Program or its equivalent
18.17 as approved by the board; and

18.18 (5) complete eight hours of continuing education in educational topics every two
18.19 years, with documentation filed with the education program coordinator.

18.20 (b) An emergency medical responder instructor must possess valid registration,
18.21 certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician
18.22 assistant, or registered nurse.

18.23 Sec. 37. Minnesota Statutes 2010, section 144E.285, is amended to read:

18.24 **144E.285 ~~TRAINING~~ EDUCATION PROGRAMS.**

18.25 Subdivision 1. **Approval required.** (a) All ~~training education~~ programs for an EMT,
18.26 ~~EMT-I, or EMT-P~~ AEMT, or paramedic must be approved by the board.

18.27 (b) To be approved by the board, ~~a training~~ an education program must:

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

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

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

18.32 (iii) names and addresses of clinical sites, including a contact person and telephone
18.33 number;

18.34 (iv) admission criteria for students; and

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

19.1 (v) materials and equipment to be used;

19.2 (2) for each course, implement the most current version of the United States
19.3 Department of Transportation ~~curriculum~~ EMS Education Standards, or its equivalent
19.4 as determined by the board applicable to EMT, ~~EMT-I, or EMT-P training~~ AEMT, or
19.5 paramedic education;

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

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

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

19.12 (6) maintain a written agreement with a licensed hospital or licensed ambulance
19.13 service designating a clinical training site;

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

19.16 (8) notify the board of the starting date of a course prior to the beginning of a course;

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

19.18 (10) maintain a minimum average yearly pass rate ~~on the state EMT certification~~
19.19 ~~exam that is equal to the national average pass rate on the certification exam~~ as set by the
19.20 board on an annual basis. The pass rate will be determined by the percent of candidates
19.21 who pass the exam on the first attempt. ~~A training~~ An education program not meeting this
19.22 yearly standard shall be placed on probation and shall be on a performance improvement
19.23 plan approved by the board until meeting the pass rate standard. While on probation, the
19.24 ~~training~~ education program may continue providing classes if meeting the terms of the
19.25 performance improvement plan as determined by the board. If ~~a training~~ an education
19.26 program having probation status fails to meet the pass rate standard after two years in
19.27 which an EMT initial course has been taught, the board may take disciplinary action
19.28 under subdivision 5.

19.29 Subd. 2. ~~EMT-P~~ **Paramedic requirements.** (a) In addition to the requirements
19.30 under subdivision 1, paragraph (b), ~~a training~~ an education program applying for approval
19.31 to teach ~~EMT-P curriculum~~ paramedics must be administered by an educational institution
19.32 accredited by the Commission of Accreditation of Allied Health Education Programs
19.33 (CAAHEP).

19.34 (b) ~~An EMT-P training~~ A paramedic education program that is administered by
19.35 an educational institution not accredited by CAAHEP, but that is in the process of
19.36 completing the accreditation process, may be granted provisional approval by the board

20.1 upon verification of submission of its self-study report and the appropriate review fee
20.2 to CAAHEP.

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

20.5 (d) This subdivision does not apply to ~~an EMT-P training~~ a paramedic education
20.6 program when the program is operated by an advanced life-support ambulance service
20.7 licensed by the Emergency Medical Services Regulatory Board under this chapter, and the
20.8 ambulance service meets the following criteria:

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

20.12 (2) has tax-exempt status in accordance with the Internal Revenue Code, section
20.13 501(c)(3);

20.14 (3) received approval before 1991 from the commissioner of health to operate ~~an~~
20.15 ~~EMT-P training~~ a paramedic education program;

20.16 (4) operates the ~~EMT-P training~~ paramedic education program exclusively to train
20.17 paramedics for the local ambulance service; and

20.18 (5) limits enrollment in the ~~EMT-P training~~ paramedic program to five candidates
20.19 per biennium.

20.20 Subd. 3. **Expiration.** ~~Training~~ Education program approval shall expire two years
20.21 from the date of approval.

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

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

20.27 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2)
20.28 to (9).

20.29 Subd. 5. **Disciplinary action.** (a) The board may deny, suspend, revoke, place
20.30 conditions on, or refuse to renew approval of ~~a training~~ an education program that the
20.31 board determines:

20.32 (1) violated subdivisions 1 to 4 or rules adopted under sections 144E.001 to
20.33 144E.33; or

20.34 (2) misrepresented or falsified information on an application form provided by
20.35 the board.

21.1 (b) Before taking action under paragraph (a), the board shall give notice to ~~a training~~
21.2 an education program of the right to a contested case hearing under chapter 14. If
21.3 ~~a training~~ an education program requests a contested case hearing within 30 days after
21.4 receiving notice, the board shall initiate a contested case hearing according to chapter 14.

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

21.8 (d) After six months from the board's decision to deny, revoke, place conditions on,
21.9 or refuse approval of ~~a training~~ an education program for disciplinary action, the ~~training~~
21.10 education program shall have the opportunity to apply to the board for reapproval.

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

21.17 (b) A temporary suspension order prohibiting the ~~training~~ education program from
21.18 providing emergency medical care training shall give notice of the right to a preliminary
21.19 hearing according to paragraph (d) and shall state the reasons for the entry of the
21.20 temporary suspension order.

21.21 (c) Service of a temporary suspension order is effective when the order is served
21.22 on the ~~training~~ education program personally or by certified mail, which is complete
21.23 upon receipt, refusal, or return for nondelivery to the most recent address provided to the
21.24 board for the ~~training~~ education program.

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

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

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

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

22.4 (g) If a ~~training~~ education program requests a contested case hearing within 30
22.5 days of receiving notice under paragraph (f), the board shall initiate a contested case
22.6 hearing according to chapter 14. The administrative law judge shall issue a report and
22.7 recommendation within 30 days after the closing of the contested case hearing record.
22.8 The board shall issue a final order within 30 days after receipt of the administrative law
22.9 judge's report.

22.10 Subd. 7. **Audit.** The board may audit ~~training~~ education programs approved by
22.11 the board. The audit may include, but is not limited to, investigation of complaints,
22.12 course inspection, classroom observation, review of instructor qualifications, and student
22.13 interviews.

22.14 Sec. 38. Minnesota Statutes 2010, section 144E.286, subdivision 3, is amended to read:

22.15 Subd. 3. **Examiner qualifications.** An examiner testing EMT, ~~EMT-I, or EMT-P~~
22.16 AEMT, or paramedic practical skills must be certified at or above the level the examiner
22.17 is testing or must be a registered nurse, physician, or physician assistant familiar with
22.18 current out-of-hospital care. A physician must be available to answer questions relating
22.19 to the evaluation of skill performance at the ~~EMT-I and EMT-P~~ AEMT and paramedic
22.20 practical examination.

22.21 Sec. 39. Minnesota Statutes 2010, section 144E.29, is amended to read:

22.22 **144E.29 FEES.**

22.23 (a) The board shall charge the following fees:

22.24 (1) initial application for and renewal of an ambulance service license, \$150;

22.25 (2) each ambulance operated by a licensee, \$96. The licensee shall pay an additional
22.26 \$96 fee for the full licensing period or \$4 per month for any fraction of the period for each
22.27 ambulance added to the ambulance service during the licensing period;

22.28 (3) initial application for and renewal of approval for a ~~training~~ education
22.29 program, \$100; and

22.30 (4) duplicate of an original license, certification, or approval, \$25.

22.31 (b) With the exception of paragraph (a), clause (4), all fees are for a two-year period.
22.32 All fees are nonrefundable.

22.33 (c) Fees collected by the board shall be deposited as nondedicated receipts in the
22.34 general fund.

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

23.1 Sec. 40. Minnesota Statutes 2010, section 144E.30, subdivision 3, is amended to read:

23.2 Subd. 3. **Cooperation during investigation.** A licensee, person credentialed by
23.3 the board, ~~training~~ education program approved by the board, or agent of one who is the
23.4 subject of an investigation or who is questioned in connection with an investigation by or
23.5 on behalf of the board shall cooperate fully with the investigation. Cooperation includes
23.6 responding fully and promptly to any question raised by or on behalf of the board relating
23.7 to the subject of the investigation, executing all releases requested by the board, providing
23.8 copies of ambulance service records, as reasonably requested by the board to assist it in its
23.9 investigation, and appearing at conferences or hearings scheduled by the board. The board
23.10 shall pay reasonable costs for copies requested.

23.11 Sec. 41. Minnesota Statutes 2010, section 144E.305, subdivision 2, is amended to read:

23.12 Subd. 2. **Mandatory reporting.** (a) A licensee shall report to the board conduct by
23.13 ~~a first~~ an emergency medical responder, EMT, ~~EMT-I, or EMT-P~~ AEMT, or paramedic
23.14 that they reasonably believe constitutes grounds for disciplinary action under section
23.15 144E.27, subdivision 5, or 144E.28, subdivision 5. The licensee shall report to the board
23.16 within 60 days of obtaining verifiable knowledge of the conduct constituting grounds for
23.17 disciplinary action.

23.18 (b) A licensee shall report to the board any dismissal from employment of ~~a first~~
23.19 an emergency medical responder, EMT, ~~EMT-I, or EMT-P~~ AEMT, or paramedic. A
23.20 licensee shall report the resignation of ~~a first responder~~ an emergency medical responder,
23.21 EMT, ~~EMT-I, or EMT-P~~ AEMT, or paramedic before the conclusion of any disciplinary
23.22 proceeding or before commencement of formal charges but after the ~~first~~ emergency
23.23 medical responder, EMT, ~~EMT-I, or EMT-P~~ AEMT, or paramedic has knowledge that
23.24 formal charges are contemplated or in preparation. The licensee shall report to the board
23.25 within 60 days of the resignation or initial determination to dismiss. An individual's
23.26 exercise of rights under a collective bargaining agreement does not extend the licensee's
23.27 time period for reporting under this subdivision.

23.28 Sec. 42. Minnesota Statutes 2010, section 144E.31, is amended to read:

23.29 **144E.31 CORRECTION ORDER AND FINES.**

23.30 Subdivision 1. **Correction order.** (a) If the board finds that a licensee or ~~training~~
23.31 education program has failed to comply with an applicable law or rule and the violation
23.32 does not imminently endanger the public's health or safety, the board may issue a
23.33 correction order to the licensee or ~~training~~ education program.

23.34 (b) The correction order shall state:

- 24.1 (1) the conditions that constitute a violation of the law or rule;
- 24.2 (2) the specific law or rule violated; and
- 24.3 (3) the time allowed to correct the violation.

24.4 Subd. 2. **Reconsideration.** (a) If the licensee or ~~training~~ education program believes
24.5 that the contents of the board's correction order are in error, the licensee or ~~training~~
24.6 education program may ask the board to reconsider the parts of the correction order that
24.7 are alleged to be in error.

24.8 (b) The request for reconsideration must:

- 24.9 (1) be in writing;
- 24.10 (2) be delivered by certified mail;
- 24.11 (3) specify the parts of the correction order that are alleged to be in error;
- 24.12 (4) explain why they are in error; and
- 24.13 (5) include documentation to support the allegation of error.

24.14 (c) A request for reconsideration does not stay any provision or requirement of the
24.15 correction order. The board's disposition of a request for reconsideration is final and not
24.16 subject to appeal under chapter 14.

24.17 Subd. 3. **Fine.** (a) The board may order a fine concurrently with the issuance of a
24.18 correction order, or after the licensee or ~~training~~ education program has not corrected the
24.19 violation within the time specified in the correction order.

24.20 (b) A licensee or ~~training~~ education program that is ordered to pay a fine shall be
24.21 notified of the order by certified mail. The notice shall be mailed to the address shown on
24.22 the application or the last known address of the licensee or ~~training~~ education program.
24.23 The notice shall state the reasons the fine was ordered and shall inform the licensee or
24.24 training program of the right to a contested case hearing under chapter 14.

24.25 (c) A licensee or ~~training~~ education program may appeal the order to pay a fine by
24.26 notifying the board by certified mail within 15 calendar days after receiving the order. A
24.27 timely appeal shall stay payment of the fine until the board issues a final order.

24.28 (d) A licensee or ~~training~~ education program shall pay the fine assessed on or before
24.29 the payment date specified in the board's order. If a licensee or ~~training~~ education program
24.30 fails to fully comply with the order, the board shall suspend the license or cancel approval
24.31 until there is full compliance with the order.

24.32 (e) Fines shall be assessed as follows:

- 24.33 (1) \$150 for violation of section 144E.123;
- 24.34 (2) \$400 for violation of sections 144E.06, 144E.07, 144E.101, 144E.103, 144E.121,
24.35 144E.125, 144E.265, 144E.285, and 144E.305;

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

25.1 (3) \$750 for violation of rules adopted under section 144E.16, subdivision 4, clause
25.2 (8); and

25.3 (4) \$50 for violation of all other sections under this chapter or rules adopted under
25.4 this chapter that are not specifically enumerated in clauses (1) to (3).

25.5 (f) Fines collected by the board shall be deposited as nondedicated receipts in the
25.6 general fund.

25.7 Subd. 4. **Additional penalties.** This section does not prohibit the board from
25.8 suspending, revoking, placing conditions on, or refusing to renew a licensee's license or
25.9 ~~a training~~ an education program's approval in addition to ordering a fine.

25.10 Sec. 43. Minnesota Statutes 2010, section 144E.32, subdivision 2, is amended to read:

25.11 Subd. 2. **Review organization defined.** A review organization, as defined under
25.12 section 145.61, includes a committee of an ambulance service provider, a physician
25.13 medical director, a medical advisor, or ambulance supervisory personnel who gather,
25.14 create, and review information relating to the care and treatment of patients in providing
25.15 emergency medical care, including employee performance reviews, quality assurance
25.16 data, and other ambulance service or ~~first~~ emergency medical responder performance data
25.17 for ambulance services licensed under section 144E.10 or 144E.12 or ~~first~~ emergency
25.18 medical responders registered under section 144E.27, for the purposes specified under
25.19 section 145.61, subdivision 5.

25.20 Sec. 44. Minnesota Statutes 2010, section 144E.35, subdivision 1, is amended to read:

25.21 Subdivision 1. **Repayment for volunteer ~~training~~ education.** A licensed
25.22 ambulance service shall be reimbursed by the board for the necessary expense of the initial
25.23 ~~training~~ education of a volunteer ambulance attendant upon successful completion by the
25.24 attendant of ~~a basic emergency care~~ an EMT education course, or a continuing education
25.25 course for ~~basic emergency~~ EMT care, or both, which has been approved by the board,
25.26 pursuant to section 144E.285. Reimbursement may include tuition, transportation, food,
25.27 lodging, hourly payment for the time spent in the ~~training~~ education course, and other
25.28 necessary expenditures, except that in no instance shall a volunteer ambulance attendant
25.29 be reimbursed more than \$600 for successful completion of ~~a basic~~ an initial education
25.30 course, and \$275 for successful completion of a continuing education course.

25.31 Sec. 45. Minnesota Statutes 2010, section 144E.52, is amended to read:

25.32 **144E.52 FUNDING FOR EMERGENCY MEDICAL SERVICES REGIONS.**

S.F. No. 1876, as introduced - 87th Legislative Session (2011-2012) [12-3860]

26.1 The Emergency Medical Services Regulatory Board shall distribute funds
26.2 appropriated from the general fund equally among the emergency medical service
26.3 regions. Each regional board may use this money to reimburse eligible emergency
26.4 medical services personnel for continuing education costs related to emergency care that
26.5 are personally incurred and are not reimbursed from other sources. Eligible emergency
26.6 medical services personnel include, but are not limited to, dispatchers, emergency room
26.7 physicians, emergency room nurses, ~~first~~ emergency medical responders, emergency
26.8 medical technicians, and paramedics.

26.9 Sec. 46. **REPEALER.**

26.10 Minnesota Rules, parts 4690.0100, subparts 16 and 17; and 4690.1400, are repealed.