

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 2602

(SENATE AUTHORS: ROSEN)

DATE	D-PG	OFFICIAL STATUS
03/12/2014	6166	Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act

1.1 relating to health; amending the responsibility of collection and reporting of
 1.2 prehospital care data; amending Minnesota Statutes 2012, sections 13.3806,
 1.3 by adding a subdivision; 144E.31, subdivision 3; proposing coding for new
 1.4 law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2012,
 1.5 section 144E.123.
 1.6

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

1.8 Section 1. Minnesota Statutes 2012, section 13.3806, is amended by adding a
 1.9 subdivision to read:

1.10 Subd. 1c. **Ambulance prehospital care data.** Ambulance prehospital care data
 1.11 is governed by section 144.281.

1.12 Sec. 2. **[144.281] PREHOSPITAL CARE DATA.**

1.13 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 1.14 apply.

1.15 (b) "Ambulance service licensee" has the definition in section 144E.001, subdivision
 1.16 8.

1.17 (c) "Commissioner" means the commissioner of health.

1.18 (d) "Prehospital care data" is defined as data identified by the commissioner that is
 1.19 part of the National Highway Traffic Safety Administration/National Emergency Medical
 1.20 Services Information System Emergency Medical Services Data Standard, including:

1.21 (1) demographic information of the ill or injured person;

1.22 (2) information about the date, location, and cause of the illness or injury;

1.23 (3) information about the condition of the ill or injured person; and

2.1 (4) information about the treatment, comorbidities, medications, and provider
2.2 impression of the ill or injured person.

2.3 Subd. 2. **Authority and collection.** An ambulance service licensee shall maintain
2.4 prehospital care data for every response. An ambulance service licensee shall collect
2.5 and provide prehospital care data electronically to the commissioner within 30 days of
2.6 the date of the incident. The Emergency Medical Services Regulatory Board (EMSRB)
2.7 must electronically transfer all legacy prehospital care data collected and maintained by
2.8 the EMSRB to the commissioner.

2.9 Subd. 3. **Reporting to hospitals.** If a patient is transported to a hospital, the
2.10 ambulance service licensee shall provide to the receiving hospital a copy of the ambulance
2.11 report describing the prehospital medical care given. The commissioner may provide
2.12 an electronic version of the prehospital care data to the receiving hospital upon request
2.13 by the hospital.

2.14 Subd. 4. **Use of data.** The commissioner shall use the prehospital care data to:

2.15 (1) improve emergency medical services through clinical, system, and operational
2.16 quality;

2.17 (2) develop injury and illness prevention efforts;

2.18 (3) develop treatment protocols;

2.19 (4) improve outcomes of trauma, stroke, acute myocardial infarction, sudden cardiac
2.20 arrest, and other conditions involving emergency medical services; and

2.21 (5) conduct analysis of utilization and timely access to these services for purposes of
2.22 section 62J.311, subdivision 1, clause (3).

2.23 Subd. 5. **Data classification.** Prehospital care data collected by the commissioner
2.24 on individuals under this section are private data on individuals, as defined in section
2.25 13.02, subdivision 12. Prehospital care data not on individuals collected under this section
2.26 are nonpublic data as defined in section 13.02, subdivision 9.

2.27 Subd. 6. **Reporting.** (a) The commissioner shall create annual summary prehospital
2.28 care data reports to describe emergency medical services. The reports must include
2.29 information relating to trauma, stroke, acute myocardial infarction, sudden cardiac arrest,
2.30 and other conditions involving emergency medical services.

2.31 (b) For purposes of this section, reports created under paragraph (a) are summary data,
2.32 as defined under section 13.02, subdivision 19, including nonpublic data not on individuals.

2.33 Subd. 7. **Sharing of data.** (a) The commissioner shall provide to the EMSRB
2.34 private and nonpublic prehospital care data on ambulance services required by the
2.35 EMSRB to operate its licensing and regulatory program.

3.1 (b) The commissioner shall provide to the commissioner of public safety nonpublic
3.2 prehospital care data on motor vehicle crashes to reduce deaths and injuries from
3.3 automotive travel.

3.4 (c) The commissioner may provide private and nonpublic prehospital care data to the
3.5 National Emergency Medical Services Information System Technical Assistance Center
3.6 or its successor under contract with the national Highway Traffic Safety Administration.

3.7 Sec. 3. Minnesota Statutes 2012, section 144E.31, subdivision 3, is amended to read:

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

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

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

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

3.23 (e) Fines shall be assessed as follows:

3.24 ~~(1) \$150 for violation of section 144E.123;~~

3.25 ~~(2)~~ (1) \$400 for violation of sections 144E.06, 144E.07, 144E.101, 144E.103,
3.26 144E.121, 144E.125, 144E.265, 144E.285, and 144E.305;

3.27 ~~(3)~~ (2) \$750 for violation of rules adopted under section 144E.16, subdivision 4,
3.28 clause (8); and

3.29 ~~(4)~~ (3) \$50 for violation of all other sections under this chapter or rules adopted
3.30 under this chapter that are not specifically enumerated in clauses (1) to (3).

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

3.33 Sec. 4. **REPEALER.**

3.34 Minnesota Statutes 2012, section 144E.123, subdivisions 1, 2, 3, and 5, are repealed.

144E.123 PREHOSPITAL CARE DATA.

Subdivision 1. **Collection and maintenance.** A licensee shall collect and provide prehospital care data to the board in a manner prescribed by the board. At a minimum, the data must include items identified by the board that are part of the National Uniform Emergency Medical Services Data Set. A licensee shall maintain prehospital care data for every response.

Subd. 2. **Copy to receiving hospital.** If a patient is transported to a hospital, a copy of the ambulance report delineating prehospital medical care given shall be provided to the receiving hospital.

Subd. 3. **Review.** Prehospital care data may be reviewed by the board or its designees. The data shall be classified as private data on individuals under chapter 13, the Minnesota Government Data Practices Act.

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.