

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 2894

(SENATE AUTHORS: WESTROM, Benson, Rosen and Abeler)

DATE	D-PG	OFFICIAL STATUS
03/01/2018	6246	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health; authorizing the Emergency Medical Services Regulatory Board

1.3 to adopt rules authorizing certified emergency medical services personnel to assist

1.4 with administering certain emergency prescription medications and participate in

1.5 care coordination; requiring rulemaking; amending Minnesota Statutes 2016,

1.6 section 144E.16, by adding a subdivision.

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

1.8 Section 1. Minnesota Statutes 2016, section 144E.16, is amended by adding a subdivision

1.9 to read:

1.10 Subd. 9. Authority for patient-assisted medication administration and care

1.11 coordination. (a) The board shall adopt rules authorizing EMTs, AEMTs, and paramedics

1.12 certified under section 144E.28 to assist, in emergency situations, with administering

1.13 prescription medications that are:

1.14 (1) carried by a patient;

1.15 (2) administered via routes of delivery that are:

1.16 (i) within the scope of training for the EMT, AEMT, or paramedic; and

1.17 (ii) approved by the ambulance service medical director for the service area in which

1.18 the EMT, AEMT, or paramedic provides care; and

1.19 (3) intended to treat a specific life-threatening condition.

1.20 EMTs, AEMTs, and paramedics assisting with medication administration according to this

1.21 subdivision must do so under the authority of guidelines approved by the ambulance service

1.22 medical director or under the direction of orders from direct medical control.

2.1 (b) The board shall adopt rules to:

2.2 (1) establish standards for use by ambulance services to communicate with patients, and
2.3 their caregivers, in their service area who are diagnosed with specific health conditions
2.4 about the patient's health condition, the likelihood that the patient will need emergency
2.5 medical services, and how to collaboratively develop emergency medical services care plans
2.6 to meet the patient's needs; and

2.7 (2) establish standards for ambulance service medical directors to participate in care
2.8 coordination for patients in the service area who are diagnosed with specific conditions.
2.9 Care coordination may include developing potential treatment plans, determining the optimal
2.10 prehospital approach and treatment for the patient, and establishing alternative approaches
2.11 and treatment.