

CHAPTER 144E

EMERGENCY MEDICAL SERVICES REGULATORY
BOARD

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GENERAL PROVISIONS

144E.001 DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of sections 144E.001 to 144E.52, the terms defined in this section have the meanings given them.

Subd. 2. **Ambulance.** "Ambulance" means any vehicle designed or intended for and actually used in providing ambulance service to ill or injured persons or expectant mothers.

Subd. 3. **Ambulance service.** "Ambulance service" means transportation and treatment which is rendered or offered to be rendered preliminary to or during transportation to, from, or between health care facilities for ill or injured persons or expectant mothers. The term includes all transportation involving the use of a stretcher, unless the person to be transported is not likely to require medical treatment during the course of transport.

Subd. 4. **Base of operations.** "Base of operations" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

Subd. 5. **Board.** "Board" means the emergency medical services regulatory board.

Subd. 6. **First responder.** "First responder" means an individual who is registered by the board to perform, at a minimum, basic emergency skills before the arrival of a licensed ambulance service, and is a member of an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service.

Subd. 7. **License.** "License" means authority granted by the board for the operation of an ambulance service in the state of Minnesota.

Subd. 8. **Licensee.** "Licensee" means a natural person, partnership, association, corporation, or unit of government which possesses an ambulance service license.

Subd. 9. **Municipality.** "Municipality" means any city of any class, however organized, and any town.

Subd. 10. **Primary service area.** "Primary service area" means the geographic area that can reasonably be served by an ambulance service.

History: 1997 c 199 s 1

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 a first responder and who is a member of a professional firefighter's union;
- (5) a volunteer firefighter who serves as a first responder;
- (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 local board of health 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 is at least 65 years of age; and
- (15) the commissioners of health and public safety or their designees.

(b) The governor shall appoint members under paragraph (a). Appointments under clauses (1) to (9) and (11) to (13) are subject to the advice and consent of the senate. In making appointments under 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) No member appointed under paragraph (a) may serve consecutive terms.

(d) 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 of representatives 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.

Subd. 6. **Duties of board.** (a) The emergency medical services regulatory board shall:

- (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.

History: 1995 c 207 art 9 s 35; 1996 c 324 s 2

144E.05 GENERAL AUTHORITY.

Subdivision 1. **Grants or gifts.** The board may accept grants or gifts of money, property, or services from a person, a public or private entity, or any other source for an emergency medical health purpose within the scope of its statutory authority.

Subd. 2. **Contracts.** The board may enter into contractual agreements with a person or public or private entity for the provision of statutorily prescribed emergency medical services-related activities by the board. The contract shall specify the services to be provided and the amount and method of reimbursement for the contracted services. Funds generated in a contractual agreement made pursuant to this section are appropriated to the board for purposes of providing the services specified in the contracts.

History: 1997 c 199 s 2

LIFE SUPPORT TRANSPORTATION SERVICES

144E.06 PRIMARY SERVICE AREAS.

The board shall adopt rules defining primary service areas under which the board shall designate each licensed ambulance service as serving a primary service area or areas.

History: 1997 c 199 s 3

144E.07 SUMMARY APPROVAL.

Subdivision 1. **Eliminating overlap; expansion.** An ambulance service may request a change in its primary service area, as established under section 144E.06, to eliminate any overlap in primary service areas or to expand its primary service area to provide service to a contiguous, but undesignated, primary service area. An ambulance service requesting a change in its primary service area must submit a written application to the board on a form provided by the board and must comply with the requirements of this section.

Subd. 2. **Retraction.** An applicant requesting to retract service from a geographic area within its designated primary service area must provide documentation showing that another licensed ambulance service is providing or will provide ambulance coverage within the proposed area of withdrawal.

Subd. 3. **Overlapping expansion.** An applicant requesting to provide service in a geographic area that is within the primary service area of another licensed ambulance service or services must submit documentation from the service or services whose primary service areas overlap the proposed expansion area, approving the expansion and agreeing to withdraw any service coverage from the proposed expanded area. The application may include documentation from the public safety answering point coordinator or coordinators endorsing the proposed change.

Subd. 4. **No primary service.** An applicant requesting to provide service in a geographic area where no primary ambulance service has been designated must submit documentation of approval from the ambulance service or services which are contiguous to the proposed

expansion area. The application may include documentation from the public safety answering point coordinator or coordinators endorsing the proposed change. If a licensed ambulance service provides evidence of historically providing 911 ambulance coverage to the undesignated area, it is not necessary to provide documentation from the contiguous ambulance service or services approving the change. At a minimum, a 12-month history of primary ambulance coverage must be included with the application.

Subd. 5. **Reporting.** The board shall report any approved change to the local public safety answering point coordinator.

History: 1997 c 199 s 4

AMBULANCE SERVICE LICENSING

144E.10 AMBULANCE SERVICE LICENSING.

Subdivision 1. **License required.** No natural person, partnership, association, corporation, or unit of government may operate an ambulance service within this state unless it possesses a valid license to do so issued by the board. The license shall specify the base of operations, the primary service area, and the type or types of ambulance service for which the licensee is licensed. The licensee shall obtain a new license if it wishes to expand its primary service area, or to provide a new type or types of service. The cost of licenses shall be in an amount prescribed by the board pursuant to section 144E.05. Licenses shall expire and be renewed in accordance with rules adopted by the board.

Subd. 2. **Requirements for new licenses.** The board shall not issue a license authorizing the operation of a new ambulance service, provision of a new type or types of ambulance service by an existing service, or an expanded primary service area for an existing service unless the requirements of this section and sections 144E.16 and 144E.18 are met.

History: 1997 c 199 s 5

144E.11 AMBULANCE SERVICE APPLICATION PROCEDURE.

Subdivision 1. **Written application.** Each prospective licensee and each present licensee wishing to offer a new type or types of ambulance service or to expand a primary service area shall make written application for a license to the board on a form provided by the board.

Subd. 2. **Application notice.** The board shall promptly send notice of the completed application to each county board, community health board, governing body of a regional emergency medical services system designated under section 144E.50, ambulance service, and municipality in the area in which ambulance service would be provided by the applicant. The board shall publish the notice, at the applicant's expense, in the State Register and in a newspaper in the municipality in which the base of operation is or will be located, or if no newspaper is published in the municipality or if the service is or would be provided in more than one municipality, in a newspaper published at the county seat of the county or counties in which the service would be provided.

Subd. 3. **Comments.** Each municipality, county, community health board, governing body of a regional emergency medical services system, ambulance service, and other person wishing to make recommendations concerning the disposition of the application shall make written recommendations or comments opposing the application to the board within 30 days of the publication of notice of the application in the State Register.

Subd. 4. **Contested case exemption; procedure.** (a) If no more than five written comments opposing the application have been received by the board under subdivision 3, and the board has determined, after considering the factors listed under subdivision 6, that the proposed service or expansion of primary service area is needed, the applicant shall be exempt from the contested case hearing process under subdivision 5.

(b) An applicant exempted from a contested case hearing under this subdivision shall furnish additional information, as requested by the board, to support its application. The board shall approve the application and grant a license to the applicant within 30 days after final submission of requested information to the board, and upon a determination by the

board that the applicant is in compliance with the rules adopted by the board and with the inspection requirements of section 144E.18.

(c) If an applicant does not comply with the inspection requirements under section 144E.18 within one year of the board's approval of its application, the license shall be denied. The one-year time limit applies to any licensing decision made by the board or to any prior licensing decision made by the commissioner of health or an administrative law judge.

(d) If, after considering the factors under subdivision 6, the board determines that the proposed service or expansion of primary service area is not needed, the case shall be treated as a contested case under subdivision 5, paragraphs (c) to (g).

Subd. 5. Contested case; procedure. (a) If more than five written comments opposing the application are received by the board as specified under subdivision 3, the board shall give the applicant the option of immediately proceeding to a contested case hearing or trying to resolve the objections within 30 days.

(b) If, after considering the factors under subdivision 6, the board determines that the proposed service or expansion of primary service area is not needed, the board shall give the applicant the option of immediately proceeding to a contested case hearing or using up to 30 days to satisfy the board that the proposed service or expansion of primary service area is needed.

(c) The board shall request that the chief administrative law judge appoint an administrative law judge to hold a public hearing in the municipality in which the applicant's base of operation is or will be located:

- (1) if more than five opposing comments remain after 30 days;
- (2) if, after considering the factors under subdivision 6, the board determines that the proposed service or expansion of primary service area is not needed after 30 days; or
- (3) at the applicant's initial request.

(d) If the applicant's base of operation is located outside of Minnesota, the hearing shall be held at a location within the area in which service would be provided in Minnesota. The public hearing shall be conducted as a contested case hearing under chapter 14. The board shall pay the expenses for the hearing location and the administrative law judge.

(e) The board shall provide notice of the public hearing, at the applicant's expense, in the State Register and in the newspaper or newspapers in which the notice was published under subdivision 2 for two successive weeks at least ten days before the date of the hearing.

(f) The administrative law judge shall:

- (1) hold a public hearing as specified in paragraphs (c) and (d);
- (2) allow any interested person the opportunity to be heard, to be represented by counsel, and to present oral and written evidence at the public hearing; and
- (3) provide a transcript of the hearing at the expense of any individual requesting it.

(g) The administrative law judge shall review and comment upon the application and make written recommendations as to its disposition to the board within 90 days of publication of notice of the hearing in the State Register. In making the recommendations, the administrative law judge shall consider and make written comments as to whether the proposed service or expansion in primary service area is needed, based on consideration of the factors specified in subdivision 6.

Subd. 6. Review criteria. When reviewing an application for licensure, the board and administrative law judge shall consider the following factors:

(1) the relationship of the proposed service or expansion in primary service area to the current community health plan as approved by the commissioner of health under section 145A.12, subdivision 4;

(2) the recommendations or comments of the governing bodies of the counties, municipalities, and regional emergency medical services system designated under section 144E.50 in which the service would be provided;

(3) the deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license;

(4) the estimated effect of the proposed service or expansion in primary service area on the public health; and

(5) whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion in primary service area. The administrative law judge shall recommend that the board either grant or deny a license or recommend that a modified license be granted. The reasons for the recommendation shall be set forth in detail. The administrative law judge shall make the recommendations and reasons available to any individual requesting them.

Subd. 7. Licensing decision. After receiving the administrative law judge's report, the board shall approve or deny the application and grant the license within 60 days if the application is approved, and upon determination by the board, that the applicant is in compliance with the rules adopted by the board and with the inspection requirements of section 144E.18. In approving or denying an application, the board shall consider the administrative law judge's report, the evidence contained in the application, and any hearing record and other applicable evidence. The board's decision shall be based on a consideration of the factors contained in subdivision 6. If the board determines to grant the applicant a license, the applicant must comply with the inspection requirements under 144E.18 within one year of the board's approval of the application or the license will be denied. This one-year time limit applies to any licensing decision by the board or to any prior licensing decision made by the commissioner of health or an administrative law judge.

Subd. 8. Final decision. The board's decision made under subdivision 7 shall be the final administrative decision. Any person aggrieved by the board's decision or action shall be entitled to judicial review in the manner provided in sections 14.63 to 14.69.

History: 1997 c 199 s 6

144E.12 LICENSURE OF AIR AMBULANCE SERVICES.

Except for submission of a written application to the board on a form provided by the board, an application to provide air ambulance service shall be exempt from the provisions of section 144E.11. A license issued pursuant to this section need not designate a primary service area. No license shall be issued under this section unless the board determines that the applicant complies with sections 144E.10, 144E.11, subdivision 1, 144E.16, and 144E.18 and the requirements of applicable federal and state statutes and rules governing aviation operations within the state.

History: 1997 c 199 s 7

144E.13 TEMPORARY LICENSE.

The board may issue a temporary license when a primary service area would be deprived of ambulance service. The temporary license shall expire when an applicant has been issued a regular license under this section. The temporary license shall be valid no more than six months from date of issuance. A temporary licensee must provide evidence that the licensee will meet the requirements of section 144E.16 and the rules adopted under this chapter.

History: 1997 c 199 s 8

144E.14 TRANSFER OF LICENSE OR OWNERSHIP.

A license, or the ownership of a licensed ambulance service, may be transferred only upon approval of the board, based upon a finding that the proposed licensee or proposed new owner of a licensed ambulance service meets or will meet the requirements of section 144E.16. If the proposed transfer would result in an addition of a new base of operations, expansion of the service's primary service area, or provision of a new type or types of ambulance service, the board shall require the prospective licensee or owner to comply with section 144E.11. The board may approve the license or ownership transfer prior to completion of the application process described in section 144E.11 upon obtaining written assurances from the proposed licensee or proposed new owner that no expansion of the service's primary service area or provision of a new type or types of ambulance service will occur during the processing of the application. If requesting a transfer of its base of operations, an applicant must comply with the requirements of section 144E.15.

History: 1997 c 199 s 9

144E.15 RELOCATION OF BASE OF OPERATIONS.

To relocate the base of operations to another municipality or township within its primary service area, a licensee must provide written notification to the board prior to relocating. The board shall review the proposal to determine if relocation would adversely affect service coverage within the primary service area. The applicant must furnish any additional information requested by the board to support its proposed transfer. If the board does not approve the relocation proposal, the licensee must comply with the application requirements for a new license under section 144E.11.

History: 1997 c 199 s 10

144E.16 AMBULANCE SERVICE REQUIREMENTS.

Subdivision 1. **Drivers and attendants.** No publicly or privately owned basic ambulance service shall be operated in the state unless its drivers and attendants possess a current emergency care course certificate authorized by rules adopted by the board according to chapter 14. Until August 1, 1997, a licensee may substitute a person currently certified by the American Red Cross in advanced first aid and emergency care or a person who has successfully completed the United States Department of Transportation first responder curriculum, and who has also been trained to use basic life support equipment as required by rules adopted by the board under subdivision 4 for one of the persons on a basic ambulance, provided that person will function as the driver while transporting a patient. The board may grant a variance to allow a licensed ambulance service to use attendants certified by the American Red Cross in advanced first aid and emergency care and, until August 1, 1997, to use attendants who have successfully completed the United States Department of Transportation first responder curriculum, and who have been trained to use basic life support equipment as required by rules adopted by the board under subdivision 4, in order to ensure 24-hour emergency ambulance coverage.

Subd. 2. **Equipment and staff.** (a) Every ambulance offering ambulance service shall be equipped as required by the board and carry at least the minimal equipment necessary for the type of service to be provided as determined by standards adopted by the board pursuant to subdivision 3.

(b) Each ambulance service shall offer service 24 hours per day every day of the year, unless otherwise authorized by the board.

(c) Each ambulance while transporting a patient shall be staffed by at least a driver and an attendant, according to subdivision 1. An ambulance service may substitute for the attendant a physician, osteopath, registered nurse, or physician's assistant who is qualified by training to use appropriate equipment in the ambulance. Advanced life support procedures including, but not limited to, intravenous fluid administration, drug administration, endotracheal intubation, cardioversion, defibrillation, and intravenous access may be performed by the physician, osteopath, registered nurse, or physician's assistant who has appropriate training and authorization, and who provides all of the equipment and supplies not normally carried on basic ambulances.

Subd. 3. **Denial of service prohibited.** An ambulance service shall not deny emergency ambulance service to any person needing emergency ambulance service because of inability to pay or due to source of payment for services if the need develops within the licensee's primary service area. Transport for the patient may be limited to the closest appropriate emergency medical facility.

Subd. 4. **Types of services to be regulated.** (a) The board may adopt rules needed to regulate ambulance services in the following areas:

- (1) applications for licensure;
- (2) personnel qualifications and staffing standards;
- (3) quality of life support treatment;
- (4) restricted treatments and procedures;
- (5) equipment standards;
- (6) ambulance standards;
- (7) communication standards, equipment performance and maintenance, and radio frequency assignments;

- (8) advertising;
- (9) scheduled ambulance services;
- (10) ambulance services in time of disaster;
- (11) basic, intermediate, advanced, and refresher emergency care course programs;
- (12) continuing education requirements;
- (13) trip reports;
- (14) license fees, vehicle fees, and expiration dates; and
- (15) waivers and variances.

(b) These rules shall apply to the following types of ambulance service:

(1) basic ambulance service that provides a level of care to ensure that life-threatening situations and potentially serious injuries can be recognized, patients will be protected from additional hazards, basic treatment to reduce the seriousness of emergency situations will be administered, and patients will be transported to an appropriate medical facility for treatment,

(2) intermediate ambulance service that provides (i) basic ambulance service, and (ii) intravenous infusions or defibrillation or both;

(3) advanced ambulance service that provides (i) basic ambulance service, and (ii) advanced airway management, defibrillation, and administration of intravenous fluids and pharmaceuticals. Vehicles of advanced ambulance service licensees not equipped or staffed at the advanced ambulance service level shall not be identified to the public as capable of providing advanced ambulance service;

(4) specialized ambulance service that provides basic, intermediate, or advanced service as designated by the board, and is restricted by the board to (i) less than 24 hours of every day, (ii) designated segments of the population, or (iii) certain types of medical conditions; and

(5) air ambulance service, that includes fixed-wing and helicopter, and is specialized ambulance service.

Until rules are promulgated, the current provisions of Minnesota Rules shall govern these services.

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

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

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

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

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

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

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

Subd. 6. Drivers. An ambulance service vehicle shall be staffed by a driver possessing a current Minnesota driver's license or equivalent and whose driving privileges are not under suspension or revocation by any state. If red lights and siren are used, the driver must also have completed training approved by the board in emergency driving techniques. An ambulance transporting patients must be staffed by at least two persons who are trained according to subdivision 1 or section 144E.25, one of whom may be the driver. A third person serving as driver shall be trained according to this subdivision.

History: 1997 c 199 s 11

144E.17 REPORTS.

Subdivision 1. **Reporting of information.** Operators of ambulance services licensed pursuant to sections 144E.001 to 144E.16 shall report information about ambulance service to the board as the board may require. The reports shall be classified as "private data on individuals" under the Minnesota Government Data Practices Act, chapter 13.

Subd. 2. **Failure to report.** Failure to report all information required by the board shall constitute grounds for licensure revocation.

History: 1974 c 300 s 1; 1977 c 305 s 45; 1979 c 316 s 6; 1987 c 209 s 39; 1989 c 134 s 8; 1995 c 207 art 9 s 13; 1997 c 199 s 14

144E.18 INSPECTIONS.

The board may inspect ambulance services as frequently as deemed necessary. These inspections shall be for the purpose of determining whether the ambulance and equipment is clean and in proper working order and whether the operator is in compliance with sections 144E.001 to 144E.16 and any rules that the board adopts related to sections 144E.001 to 144E.16.

History: 1977 c 37 s 6; 1977 c 305 s 45; 1979 c 316 s 7; 1989 c 134 s 9; 1995 c 207 art 9 s 14; 1997 c 199 s 14

144E.25 RENEWAL OF BASIC EMERGENCY CARE COURSE CERTIFICATE; FEE.

Subdivision 1. **Standards for recertification.** The board shall adopt rules establishing minimum standards for expiration and recertification of basic emergency care course certificates. These standards shall require:

(1) four years after initial certification, and every four years thereafter, formal classroom training and successful completion of a written test and practical examination, both of which must be approved by the board; and

(2) two years after initial certification, and every four years thereafter, in-service continuing education, including knowledge and skill proficiency testing, all of which must be conducted under the supervision of a medical director or medical advisor and approved by the board.

Course requirements under clause (1) shall not exceed 24 hours. Course requirements under clause (2) shall not exceed 36 hours, of which at least 12 hours may consist of course material developed by the medical director or medical advisor.

Individuals may choose to complete, two years after initial certification, and every two years thereafter, formal classroom training and successful completion of a written test and practical examination, both of which are approved by the board, in lieu of completing requirements in clauses (1) and (2).

Subd. 2. **Upgrading to basic emergency care course certificate.** The board shall adopt rules authorizing the equivalence of the following as credit toward successful completion of the board's basic emergency care course:

(1) successful completion of the United States Department of Transportation first responder curriculum;

(2) a minimum of two years of documented continuous service as an ambulance driver, as authorized in section 144E.16, subdivision 6;

(3) documented clinical experience obtained through work or volunteer activity as a first responder; and

(4) documented continuing education in emergency care.

Subd. 3. **Limitation on fees.** No fee set by the board for biennial renewal of a basic emergency care course certificate by a volunteer member of an ambulance service, fire department, or police department shall exceed \$2.

History: 1977 c 37 s 7; 1977 c 305 s 45; 1979 c 316 s 8; 1987 c 209 s 39; 1989 c 134 s 10; 1990 c 568 art 2 s 13; 1995 c 207 art 9 s 15; 1997 c 199 s 14

144E.27 FIRST RESPONDER REGISTRATION.

Subdivision 1. **Training programs.** Curriculum for initial and refresher training programs must meet the current standards of the United States Department of Transportation first responder curriculum or its equivalent as determined by the board.

Subd. 2. **Registration.** The board shall register the following persons as first responders:

(1) a person who successfully completes a board-approved initial or refresher first responder training program. Registration under this clause is valid for two years and expires at the end of the month in which the registration was issued; or

(2) a person who is credentialed as a first responder by the National Registry of Emergency Medical Technicians. Registration under this clause expires the same day as the National Registry credential.

Subd. 3 **Renewal.** (a) The board may renew the registration of a first responder who:

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

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

(b) The board may renew the lapsed registration of a first responder who:

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

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

Subd. 4. **Expiration.** A first responder registration issued by the board or the commissioner of health before August 1, 1997, expires in 1999 at the end of the month in which it was issued.

History: 1997 c 199 s 13

PENALTIES, DISCIPLINARY ACTION**144E.30 PENALTIES; DISCIPLINARY ACTION.**

Subdivision 1. **Suspension; revocation; nonrenewal.** The board may initiate a contested case hearing upon reasonable notice to suspend, revoke, refuse to renew, or place conditions on the license of a licensee upon finding that the licensee has violated a provision of this chapter or rules adopted under this chapter, or has ceased to provide the service for which the licensee is licensed. The board may initiate a contested case hearing upon reasonable notice to suspend, revoke, refuse to renew, or place conditions on the credential of a person credentialed by the board upon finding that the person credentialed by the board has violated sections 144E.06 to 144E.30 or rules adopted thereunder. The board may also initiate a contested case hearing upon reasonable notice to suspend, revoke, refuse to renew, or place conditions on a training program approved by the board upon finding that the training program has violated sections 144E.06 to 144E.30, or rules adopted thereunder.

Subd. 2. **Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the license of a licensee, credential of a person, or approval of a training program after conducting a preliminary inquiry to determine if the board believes that the licensee, person, or training program has violated a statute or rule that the board is empowered to enforce and that the continued provision of service by the licensee, person, or training program would create an imminent risk to public health or harm to others.

(b) The order prohibiting the licensee, person credentialed by the board, or training program approved by the board from providing ambulance service, medical care, or training shall give notice of the right to a hearing pursuant to this subdivision and shall state the reasons for the entry of the order.

(c) Service of the order is effective when the order is served on the licensee, person credentialed by the board, or representative of the training program personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the licensee, person, or training program.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing to be held before a group of its members designated by the board which shall begin no

later than 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for hearing by a licensee, person credentialed by the board, or training program approved by the board on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. This hearing is not subject to chapter 14. Evidence presented by the board, licensee, person credentialed by the board, or training program approved by the board must be in the form of an affidavit. The licensee, the person credentialed by the board, a representative of the training program, or a counsel of record may appear for oral argument.

(e) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, schedule a contested case hearing within 30 days of the issuance of the order. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

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

Subd. 4. Injunctive relief. In addition to any other remedy provided by law, the board may bring an action for injunctive relief in the district court in Hennepin county or, at the board's discretion, in the district court in the county in which a violation of any statute, rule, or order that the board is empowered to enforce or issue, has occurred, to enjoin the violation.

Subd. 5. Subpoena power. The board may, as part of an investigation to determine whether a serious public health threat exists, issue subpoenas to require the attendance and testimony of witnesses and production of books, records, correspondence, and other information relevant to any matter involved in the investigation. The board or the board's designee may administer oaths to witnesses or take their affirmation. The subpoenas may be served upon any person named therein anywhere in the state by any person authorized to serve subpoenas or other processes in civil actions of the district courts. If a person to whom a subpoena is issued does not comply with the subpoena, the board may apply to the district court in any district and the court shall order the person to comply with the subpoena. Failure to obey the order of the court may be punished by the court as contempt of court. No person may be compelled to disclose privileged information as described in section 595.02, subdivision 1. All information pertaining to individual medical records obtained under this section shall be considered health data under section 13.38. All other information is considered public data unless otherwise protected under the Minnesota Data Practices Act or other specific law. The fees for the service of a subpoena must be paid in the same manner as prescribed by law for service of process used out of a district court. Subpoenaed witnesses must receive the same fees and mileage as in civil actions.

Subd. 6. Penalties. Any person who violates a provision of sections 144E.06 to 144E.30 is guilty of a misdemeanor. The board may issue fines to ensure compliance with sections 144E.06 to 144E.30 and rules adopted thereunder. The board shall adopt rules to implement a schedule of fines.

History: 1997 c 199 s 12

144E.35 REIMBURSEMENT TO NONPROFIT AMBULANCE SERVICES.

Subdivision 1. Repayment for volunteer training. Any political subdivision, or nonprofit hospital or nonprofit corporation operating a licensed ambulance service shall be reimbursed by the board for the necessary expense of the initial training of a volunteer ambulance attendant upon successful completion by the attendant of a basic emergency care course, or a continuing education course for basic emergency care, or both, which has been approved by the board, pursuant to section 144E.16. Reimbursement may include tuition, transportation,

food, lodging, hourly payment for the time spent in the training course, and other necessary expenditures, except that in no instance shall a volunteer ambulance attendant be reimbursed more than \$450 for successful completion of a basic course, and \$225 for successful completion of a continuing education course.

Subd. 2. **Volunteer attendant defined.** For purposes of this section, "volunteer ambulance attendant" means a person who provides emergency medical services for a Minnesota licensed ambulance service without the expectation of remuneration and who does not depend in any way upon the provision of these services for the person's livelihood. An individual may be considered a volunteer ambulance attendant even though that individual receives an hourly stipend for each hour of actual service provided, except for hours on standby alert, even though this hourly stipend is regarded as taxable income for purposes of state or federal law, provided that this hourly stipend does not exceed \$3,000 within one year of the final certification examination. Reimbursement will be paid under provisions of this section when documentation is provided the board that the individual has served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulance service.

History: 1977 c 305 s 45, 1977 c 427 s 1; 1979 c 316 s 9; 1986 c 444; 1987 c 209 s 39; 1989 c 134 s 11; 1990 c 568 art 2 s 14; 1Sp1993 c 1 art 9 s 23; 1995 c 207 art 9 s 16; 1997 c 199 s 14

144E.40 AMBULANCE SERVICE PERSONNEL LONGEVITY AWARD AND INCENTIVE PROGRAM.

Subdivision 1. **Establishment.** An ambulance service personnel longevity award and incentive program is established. The program is intended to recognize the service rendered to state and local government and the citizens of Minnesota by qualified ambulance service personnel, and to reward qualified ambulance service personnel for significant contributions to state and local government and to the public. The purpose of the ambulance service personnel longevity award and incentive trust is to accumulate resources to allow for the payment of longevity awards to qualified ambulance service personnel upon the completion of a substantial ambulance service career.

Subd. 2. **Administration.** (a) Unless paragraph (c) applies, consistent with the responsibilities of the state board of investment and the various ambulance services, the ambulance service personnel longevity award and incentive program must be administered by the emergency medical services regulatory board. The administrative responsibilities of the board for the program relate solely to the record keeping, award application, and award payment functions. The state board of investment is responsible for the investment of the ambulance service personnel longevity award and incentive trust. The applicable ambulance service is responsible for determining, consistent with this chapter, who is a qualified ambulance service person, what constitutes a year of credited ambulance service, what constitutes sufficient documentation of a year of prior service, and for submission of all necessary data to the board in a manner consistent with this chapter. Determinations of an ambulance service are final.

(b) The board may administer its assigned responsibilities regarding the program directly or may retain a qualified governmental or nongovernmental plan administrator under contract to administer those responsibilities regarding the program. A contract with a qualified plan administrator must be the result of an open competitive bidding process and must be reopened for competitive bidding at least once during every five-year period after July 1, 1993.

(c) The commissioner of employee relations shall review the options within state government for the most appropriate administration of pension plans or similar arrangements for emergency service personnel and recommend to the governor the most appropriate future pension plan or nonpension plan administrative arrangement for this chapter. If the governor concurs in the recommendation, the governor shall transfer the future administrative responsibilities relating to this chapter to that administrative agency.

History: 1Sp1993 c 1 art 9 s 54; 1995 c 207 art 9 s 23; 1997 c 199 s 14

144E.41 PROGRAM ELIGIBILITY; QUALIFIED AMBULANCE SERVICE PERSONNEL.

(a) Persons eligible to participate in the ambulance service personnel longevity award and incentive program are qualified ambulance service personnel.

(b) Qualified ambulance service personnel are ambulance attendants, ambulance drivers, and ambulance service medical directors or medical advisors who meet the following requirements:

(1) employment of the person by or provision by the person of service to an ambulance service that is licensed as such by the state of Minnesota and that provides ambulance services that are generally available to the public and are free of unfair discriminatory practices under chapter 363;

(2) performance by the person during the 12 months ending as of the immediately previous June 30 of all or a predominant portion of the person's services in the state of Minnesota or on behalf of Minnesota residents, as verified by August 1 annually in an affidavit from the chief administrative officer of the ambulance service;

(3) current certification of the person during the 12 months ending as of the immediately previous June 30 by the Minnesota department of health as an ambulance attendant, ambulance driver, or ambulance service medical director or medical advisor under section 144E.16, and supporting rules, and current active ambulance service employment or service provision status of the person, as verified by August 1 annually in an affidavit from the chief administrative officer of the ambulance service; and

(4) conformance by the person with the definition of the phrase "volunteer ambulance attendant" under section 144E.35, subdivision 2, except that for the salary limit specified in that provision there must be substituted, for purposes of this section only, a limit of \$3,000 for calendar year 1993, and \$3,000 multiplied by the cumulative percentage increase in the national Consumer Price Index, all items, for urban wage earners and clerical workers, as published by the federal Department of Labor, Bureau of Labor Statistics, since December 31, 1993, and for an ambulance service medical director, conformance based solely on the person's hourly stipends or salary for service as a medical director.

(c) The term "active ambulance service employment or service provision status" means being in good standing with and on the active roster of the ambulance service making the certification.

(d) The maximum period of ambulance service employment or service provision for which a person may receive credit towards an award under this chapter, including prior service credit under section 144E.45, subdivision 2, paragraph (c), is 20 years.

(e) For a person who is employed by or provides service to more than one ambulance service concurrently during any period during the 12-month period, credit towards an award under this chapter is limited to one ambulance service during any period. The creditable period is with the ambulance service for which the person undertakes the greatest portion of employment or service hours.

History: *1Sp1993 c 1 art 9 s 55; 1997 c 199 s 14*

144E.42 AMBULANCE SERVICE PERSONNEL LONGEVITY AWARD AND INCENTIVE TRUST; TRUST ACCOUNT.

Subdivision 1. **Trust.** There is established an ambulance service personnel longevity award and incentive trust.

Subd. 2. **Trust account.** (a) There is established in the general fund an ambulance service personnel longevity award and incentive trust account and an ambulance service personnel longevity award and incentive suspense account.

(b) The trust account must be credited with:

(1) general fund appropriations for that purpose;

(2) transfers from the ambulance service personnel longevity award and incentive suspense account; and

(3) investment earnings on those accumulated proceeds. The assets and income of the trust account must be held and managed by the commissioner of finance and the state board of investment for the benefit of the state of Minnesota and its general creditors.

(c) The suspense account must be credited with transfers from the excess police state-aid holding account established in section 69.021, subdivision 11, any per-year-of-service allocation under section 144E.45, subdivision 2, paragraph (c), that was not made for an individual, and investment earnings on those accumulated proceeds. The suspense account must be managed by the commissioner of finance and the state board of investment. From the suspense account to the trust account there must be transferred to the ambulance service personnel longevity award and incentive trust account, as the suspense account balance permits, the following amounts:

- (1) an amount equal to any general fund appropriation to the ambulance service personnel longevity award and incentive trust account for that fiscal year, and
- (2) an amount equal to the percentage of the remaining balance in the account after the deduction of the amount under clause (1), as specified for the applicable fiscal year:

Fiscal year	Percentage
1995	20
1996	40
1997	50
1998	60
1999	70
2000	80
2001	90
2002 and thereafter	100

Subd. 3. Priority of claims. The state of Minnesota intends that this program, trust, and trust account not constitute a separate fund for any legal purpose, including the federal Internal Revenue Code, as amended, and the federal Employee Retirement Income Security Act of 1974, as amended. Qualified ambulance service personnel have only an unsecured promise of the state of Minnesota to pay a longevity award upon meeting entitlement requirements set forth in section 144E.46, and qualified ambulance service personnel meeting those entitlement requirements have the status of general unsecured creditors with respect to an ambulance service personnel longevity award, if and when awarded.

History: *1Sp1993 c 1 art 9 s 56; 1994 c 632 art 3 s 50; 1996 c 390 s 31; 1997 c 199 s 14*

144E.43 DISTRIBUTIONS FROM ACCOUNT.

Subdivision 1. **Award payments.** (a) The emergency medical services regulatory board or the board's designee under section 144E.40, subdivision 2, shall pay ambulance service personnel longevity awards to qualified ambulance service personnel determined to be entitled to an award under section 144E.46 by the board based on the submissions by the various ambulance services. Amounts necessary to pay the ambulance service personnel longevity award are appropriated from the ambulance service personnel longevity award and incentive trust account to the board.

(b) If the state of Minnesota is unable to meet its financial obligations as they become due, the commissioner of health shall undertake all necessary steps to discontinue paying ambulance service personnel longevity awards until the state of Minnesota is again able to meet its financial obligations as they become due.

Subd. 2. General creditors of the state. The trust account is at all times subject to a levy under an execution of any general creditor of the state of Minnesota, and if no other funds are available to satisfy that levy, the levy has priority for payment from the trust account before any ambulance service personnel longevity award.

History: *1Sp1993 c 1 art 9 s 57; 1995 c 207 art 9 s 24; 1997 c 199 s 14*

144E.44 TRUST ACCOUNT INVESTMENT.

The trust account must be invested by the state board of investment in nonretirement funds established under the provisions of section 11A.14. The trust account must be invested in investment accounts so that the asset allocation is similar to the asset allocation of the in-

come share account of the Minnesota supplemental investment fund, as governed by section 11A.17.

History: *1Sp1993 c 1 art 9 s 58; 1996 c 438 art 5 s 1; 1997 c 199 s 14*

144E.45 CREDITING QUALIFIED AMBULANCE PERSONNEL SERVICE.

Subdivision 1. Separate recordkeeping. The board or the board's designee under section 144E.40, subdivision 2, shall maintain a separate record of potential award accumulations for each qualified ambulance service person under subdivision 2.

Subd. 2. Potential allocations. (a) On November 1, annually, the board or the board's designee under section 144E.40, subdivision 2, shall determine the amount of the allocation of the prior year's accumulation to each qualified ambulance service person. The prior year's net investment gain or loss under paragraph (b) must be allocated and that year's general fund appropriation, plus any transfer from the suspense account under section 144E.42, subdivision 2, and after deduction of administrative expenses, also must be allocated.

(b) The difference in the market value of the assets of the ambulance service personnel longevity award and incentive trust account as of the immediately previous June 30 and the June 30 occurring 12 months earlier must be reported on or before August 15 by the state board of investment. The market value gain or loss must be expressed as a percentage of the total potential award accumulations as of the immediately previous June 30, and that positive or negative percentage must be applied to increase or decrease the recorded potential award accumulation of each qualified ambulance service person.

(c) The appropriation for this purpose, after deduction of administrative expenses, must be divided by the total number of additional ambulance service personnel years of service recognized since the last allocation or 1,000 years of service, whichever is greater. If the allocation is based on the 1,000 years of service, any allocation not made for a qualified ambulance service person must be credited to the suspense account under section 144E.42, subdivision 2. A qualified ambulance service person must be credited with a year of service if the person is certified by the chief administrative officer of the ambulance service as having rendered active ambulance service during the 12 months ending as of the immediately previous June 30. If the person has rendered prior active ambulance service, the person must be additionally credited with one-fifth of a year of service for each year of active ambulance service rendered before June 30, 1993, but not to exceed in any year one additional year of service or to exceed in total five years of prior service. Prior active ambulance service means employment by or the provision of service to a licensed ambulance service before June 30, 1993, as determined by the person's current ambulance service based on records provided by the person that were contemporaneous to the service. The prior ambulance service must be reported on or before August 1 to the board in an affidavit from the chief administrative officer of the ambulance service.

History: *1Sp1993 c 1 art 9 s 59; 1994 c 632 art 3 s 51; 1995 c 207 art 9 s 25; 1996 c 438 art 5 s 2; 1997 c 199 s 14*

144E.46 AMBULANCE SERVICE PERSONNEL LONGEVITY AWARD.

(a) A qualified ambulance service person who has terminated active ambulance service, who has at least five years of credited ambulance service, who is at least 50 years old, and who is among the 400 persons with the greatest amount of credited ambulance service applying for a longevity award during that year, is entitled, upon application, to an ambulance service personnel longevity award. An applicant whose application is not approved because of the limit on the number of annual awards may apply in a subsequent year.

(b) If a qualified ambulance service person who meets the age and service requirements specified in paragraph (a) dies before applying for a longevity award, the estate of the decedent is entitled, upon application, to the decedent's ambulance service personnel longevity award, without reference to the limit on the number of annual awards.

(c) An ambulance service personnel longevity award is the total amount of the person's accumulations indicated in the person's separate record under section 144E.45 as of November 1 in the calendar year in which application is made. The amount is payable only in a lump sum.

(d) Applications for an ambulance service personnel longevity award must be received by the board or the board's designee under section 144E.40, subdivision 2, by October 1, annually. Ambulance service personnel longevity awards are payable only as of the last business day in December annually.

History: *1Sp1993 c 1 art 9 s 60; 1995 c 207 art 9 s 26; 1996 c 438 art 5 s 3; 1997 c 199 s 14*

144E.47 EFFECT OF CHANGES.

Subdivision 1. **Modifications.** The ambulance service personnel longevity award and incentive program is a gratuity established by the state of Minnesota and may be modified by subsequent legislative enactment at any time without creating any cause of action for any ambulance service personnel related to the program as a result. No provision of Laws 1993, First Special Session chapter 1, and no subsequent amendment may be interpreted as causing or resulting in the program to be funded for federal Internal Revenue Code or federal Employee Retirement Income Security Act of 1974 purposes, or as causing or resulting in any contributions to or investment income earned by the ambulance service personnel longevity award and incentive trust account to be subject to federal income tax to ambulance service personnel or their beneficiaries before actual receipt of a longevity award under section 144E.46.

Subd. 2. **Nonassignability.** No entitlement or claim of a qualified ambulance service person or the person's beneficiary to an ambulance service personnel longevity award is assignable, or subject to garnishment, attachment, execution, levy, or legal process of any kind, except as provided in section 518.58, 518.581, or 518.6111. The board may not recognize any attempted transfer, assignment, or pledge of an ambulance service personnel longevity award.

Subd. 3. **Public employee status.** Recognizing the important public function performed by ambulance service personnel, only for purposes of Laws 1993, First Special Session chapter 1, and the receipt of a state sponsored gratuity in the form of an ambulance service personnel longevity award, all qualified ambulance service personnel are considered to be public employees.

History: *1Sp1993 c 1 art 9 s 61; 1995 c 207 art 9 s 27; 1997 c 199 s 14; 1997 c 203 art 6 s 92*

144E.48 SCOPE OF ADMINISTRATIVE DUTIES.

For purposes of administering the award and incentive program, the board cannot hear appeals, direct ambulance services to take any specific actions, investigate or take action on individual complaints, or otherwise act on information beyond that submitted by the licensed ambulance services.

History: *1Sp1993 c 1 art 9 s 62; 1995 c 207 art 9 s 28; 1997 c 199 s 14*

144E.50 EMERGENCY MEDICAL SERVICES FUND.

Subdivision 1. **Citation.** This section is the "Minnesota Emergency Medical Services System Support Act."

Subd. 2. **Establishment and purpose.** In order to develop, maintain, and improve regional emergency medical services systems, the emergency medical services regulatory board shall establish an emergency medical services system fund. The fund shall be used for the general purposes of promoting systematic, cost-effective delivery of emergency medical care throughout the state; identifying common local, regional, and state emergency medical system needs and providing assistance in addressing those needs; providing discretionary grants for emergency medical service projects with potential regionwide significance; providing for public education about emergency medical care; promoting the exchange of emergency medical care information; ensuring the ongoing coordination of regional emergency medical services systems; and establishing and maintaining training standards to ensure consistent quality of emergency medical services throughout the state.

Subd. 3. **Definition.** For purposes of this section, "board" means the emergency medical services regulatory board.

Subd. 4. **Use and restrictions.** Designated regional emergency medical services systems may use emergency medical services system funds to support local and regional emergency medical services as determined within the region, with particular emphasis given to supporting and improving emergency trauma and cardiac care and training. No part of a region's share of the fund may be used to directly subsidize any ambulance service operations or rescue service operations or to purchase any vehicles or parts of vehicles for an ambulance service or a rescue service.

Subd. 5. **Distribution.** Money from the fund shall be distributed according to this subdivision. Ninety-three and one-third percent of the fund shall be distributed annually on a contract for services basis with each of the eight regional emergency medical services systems designated by the board. The systems shall be governed by a body consisting of appointed representatives from each of the counties in that region and shall also include representatives from emergency medical services organizations. The board shall contract with a regional entity only if the contract proposal satisfactorily addresses proposed emergency medical services activities in the following areas: personnel training, transportation coordination, public safety agency cooperation, communications systems maintenance and development, public involvement, health care facilities involvement, and system management. If each of the regional emergency medical services systems submits a satisfactory contract proposal, then this part of the fund shall be distributed evenly among the regions. If one or more of the regions does not contract for the full amount of its even share or if its proposal is unsatisfactory, then the board may reallocate the unused funds to the remaining regions on a pro rata basis. Six and two-thirds percent of the fund shall be used by the board to support regionwide reporting systems and to provide other regional administration and technical assistance.

History: *1Sp1985 c 9 art 2 s 13; 1987 c 209 s 39; 1992 c 549 art 5 s 14; 1995 c 207 art 9 s 17; 1996 c 324 s 1; 1997 c 199 s 14*

144E.52 FUNDING FOR THE EMERGENCY MEDICAL SERVICES REGIONS.

The emergency medical services regulatory board shall distribute funds appropriated from the general fund equally among the emergency medical service regions. Each regional board may use this money to reimburse eligible emergency medical services personnel for continuing education costs related to emergency care that are personally incurred and are not reimbursed from other sources. Eligible emergency medical services personnel include, but are not limited to, dispatchers, emergency room physicians, emergency room nurses, first responders, emergency medical technicians, and paramedics.

History: *1990 c 568 art 2 s 15; 1995 c 207 art 9 s 18; 1997 c 199 s 14*