

CHAPTER 144E

EMERGENCY MEDICAL SERVICES
REGULATORY BOARD144E.101 Ambulance service requirements.
144E.285 Training programs.

144E.30 Cooperation; board powers.

144E.101 AMBULANCE SERVICE REQUIREMENTS.*[For text of subs 1 to 5, see M.S.2000]*

Subd. 6. **Basic life support.** (a) Except as provided in paragraph (e), a basic life support ambulance shall be staffed by at least two ambulance service personnel, at least one of which must be an EMT, who provide a level of care so as to ensure that:

- (1) life-threatening situations and potentially serious injuries are recognized;
- (2) patients are protected from additional hazards;
- (3) basic treatment to reduce the seriousness of emergency situations is administered; and

- (4) patients are transported to an appropriate medical facility for treatment.

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

(c) By January 1, 2001, a basic life support service shall provide automatic defibrillation, as provided in section 144E.103, subdivision 1, paragraph (b).

(d) A basic life support service licensee's medical director may authorize the ambulance service personnel to carry and to use medical antishock trousers and to perform intravenous infusion if the ambulance service personnel have been properly trained.

(e) Upon application from an ambulance service that includes evidence demonstrating hardship, the board may grant a temporary variance from the staff requirements in paragraph (a) and may authorize a basic life support ambulance to be staffed by one EMT and one first responder. The variance shall apply to basic life support ambulances operated by the ambulance service for up to one year from the date of the variance's issuance. When a variance expires, an ambulance service may apply for a new variance under this paragraph. For purposes of this paragraph, "ambulance service" means either an ambulance service whose primary service area is located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in a community with a population of less than 1,000.

*[For text of subs 7 to 13, see M.S.2000]***History:** 2001 c 74 s 1**144E.285 TRAINING PROGRAMS.***[For text of subd 1, see M.S.2000]*

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

(b) An EMT-P training program that is administered by an educational institution not accredited by CAAHEP, but that is in the process of completing the accreditation process, may be granted provisional approval by the board upon verification of submission of its self-study report and the appropriate review fee to CAAHEP.

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

(d) This subdivision does not apply to an EMT-P training program when the program is operated by an advanced life support ambulance service licensed by the emergency medical services regulatory board under this chapter, and the ambulance service meets the following criteria:

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

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

(3) received approval before 1991 from the commissioner of health to operate an EMT-P training program;

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

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

[For text of subs 3 to 7, see M.S.2000]

History: 2001 c 74 s 2

144E.30 COOPERATION; BOARD POWERS.

[For text of subs 3 and 4, see M.S.2000]

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 13.3805, subdivision 1. 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.

History: 1999 c 227 s 22