



Emergency Ambulance Services

March 14, 2022

Key Findings

- Process for allocating ambulance services to geographic areas needs reform
- License renewal process lacks oversight
- State performance standards do not exist
- Outstate services are struggling
- Emergency Medical Services Regulatory Board (EMSRB) has not fulfilled its responsibilities

Ambulance Services in Minnesota

- 277 ambulance services as of July 2021
- Over 650,000 ambulance trips in FY2021
- Paid staff, volunteer staff, or mixed paid/volunteer
- Services are run by:
 - Local governments or fire departments
 - Hospitals and health care systems
 - Nonprofit organizations
 - For-profit companies

Levels of Care

Basic Life Support (BLS)

- Emergency medical technicians (EMTs)
- Basic care, very limited medications
- Typically low-population areas

Advanced Life Support (ALS)

- Paramedics
- Sophisticated procedures, many medications
- Typically high-population areas

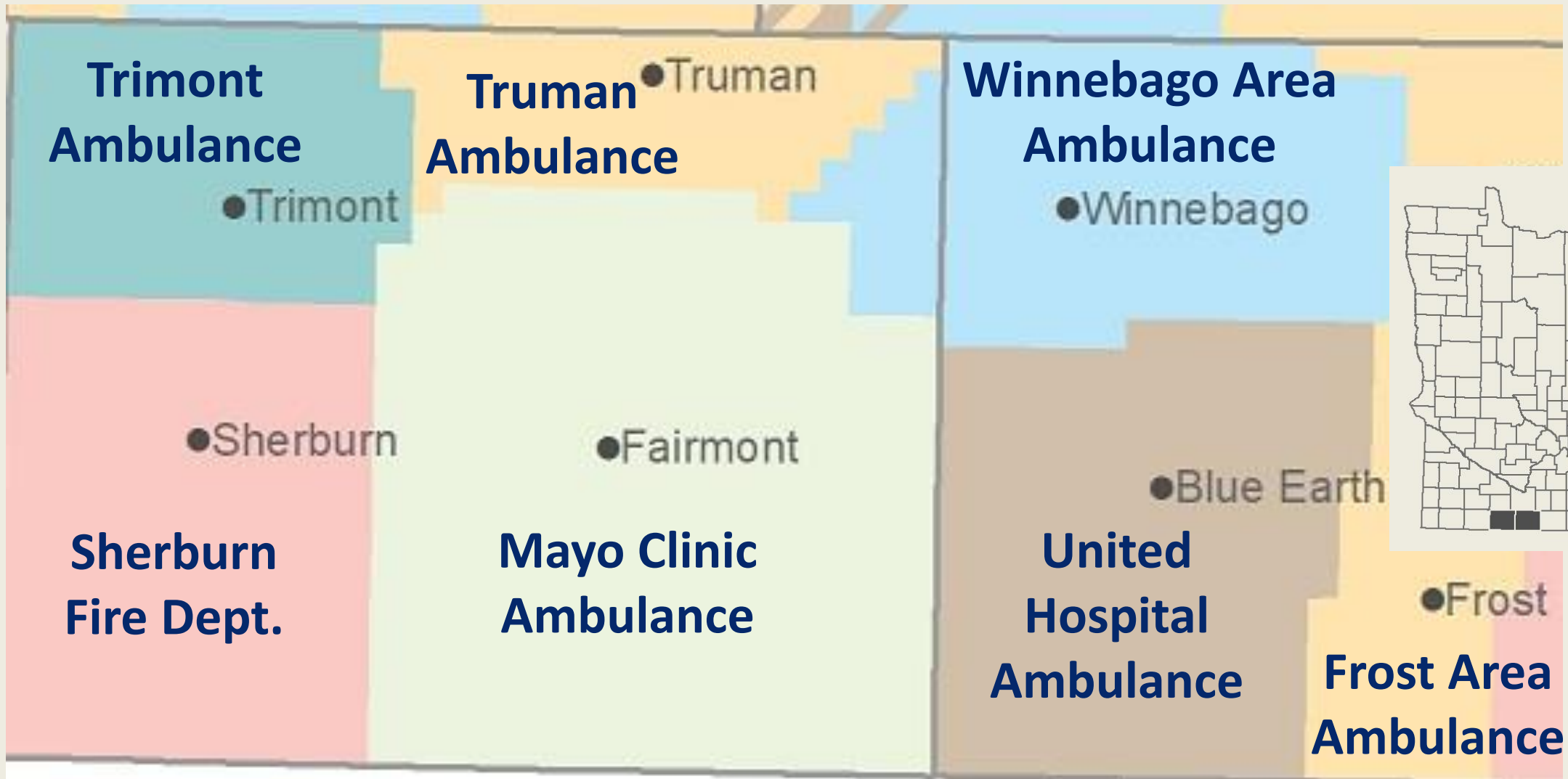
Emergency Medical Services Regulatory Board (EMSRB)

- Licenses ambulance services
- Certifies paramedics and EMTs
- Investigates complaints
- Inspects services
- Provides grants to regional organizations

Primary Service Areas

- Geographic area associated with license
- First created in early 1980s
- Ambulance service must ensure coverage 24 hours a day within the area
- Service cannot deny care to anyone within the area based on ability to pay

Primary Service Areas



Advantages and Disadvantages

- System has helped ensure all Minnesotans have access to ambulances
- But, significant problems exist:
 - System not designed to change with times
 - Disparities in local control

Recommendations: Primary Service Areas



Legislature should keep primary service areas, but restructure how they are created, modified, and overseen

- Develop process for periodically reviewing boundaries
- Enable local units of government to have input into who provides service

Licensing

Initial Licensure

- Includes public comment and local government input
- Almost never used

License Renewal

- Practically automatic; almost no requirements
- Only process used by most services for decades

Changes In Provider

- Statutes do not require initial licensure process:
 - When a license is transferred from one service to another
 - When a license holder that contracts for ambulance provision switches from one provider to another
- A community's ambulance service can change without opportunity for public comment or local government input

Recommendations: Licensing

- ✓ Legislature should make license renewal process more stringent
- ✓ Legislature should require that ambulance services go through initial licensing process whenever a community's provider changes

Accountability

- Standards for ambulance services focus on capabilities, not outcomes
- EMSRB has the authority to set many performance standards, but has not done so
- EMSRB lacks authority to set standards for some key elements, such as response times

Recommendations: Accountability

- ✓ The Legislature should require EMSRB to set and enforce performance standards
- ✓ EMSRB should work with the Legislature to determine whether it needs additional authority

Ambulance Service Sustainability

- Many ambulance services, particularly outstate, struggle with staffing and revenue
- 30 percent of ambulance service directors are not confident their services will be able to meet the needs of their communities in 5 years
- Some services are unable to respond at times, and must rely on neighboring services

Recommendation: Sustainability

Many suggestions have been made, but most are untested



Legislature should experiment with strategies to support struggling services

- Trial policies with sunset dates
- Pilot projects that involve a few services
- Monitoring and evaluation of outcomes

EMSRB Performance

- No statewide plan or strategy
- No board action on sustainability issues
- No updates to regulations
- No collection of financial data as required by law
- No publication of primary service area maps

EMSRB Oversight of Agency

- No evaluation of executive director in over 5 years
- Agency was formed with 17 staff in 1996
- In recent years, as few as 3 staff
 - Inspections were not done
 - Investigations were not done
- EMSRB returned money to the general fund in each of the last three biennia

Recommendations to the Legislature

- ✓ Require EMSRB to create a statewide emergency medical services plan
- ✓ Require EMSRB to regularly evaluate its executive director

Recommendations to EMSRB

- ✓ Improve board oversight of the agency
- ✓ Ensure agency has sufficient staff to carry out its responsibilities
- ✓ Begin collecting financial data as required by law
- ✓ Update administrative rules
- ✓ Publish primary service area maps

Broader Restructuring



Legislature should consider whether broader structural changes to EMSRB are needed. It could:

- Change composition of board, for example by increasing public membership
- Require term limits
- Move some or all of EMSRB's functions elsewhere
- Keep status quo, but monitor EMSRB's improvement efforts

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www.auditor.leg.state.mn.us