

# Emergency Ambulance Services

**O L A** Office of the Legislative Auditor  
State of Minnesota

## Emergency Ambulance Services

March 14, 2022

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### 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

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### 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

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### Levels of Care

Basic Life Support (BLS)	Advanced Life Support (ALS)
<ul style="list-style-type: none"><li>• Emergency medical technicians (EMTs)</li></ul>	<ul style="list-style-type: none"><li>• Paramedics</li></ul>
<ul style="list-style-type: none"><li>• Basic care, very limited medications</li></ul>	<ul style="list-style-type: none"><li>• Sophisticated procedures, many medications</li></ul>
<ul style="list-style-type: none"><li>• Typically low-population areas</li></ul>	<ul style="list-style-type: none"><li>• Typically high-population areas</li></ul>

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### Emergency Medical Services Regulatory Board (EMSRB)

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

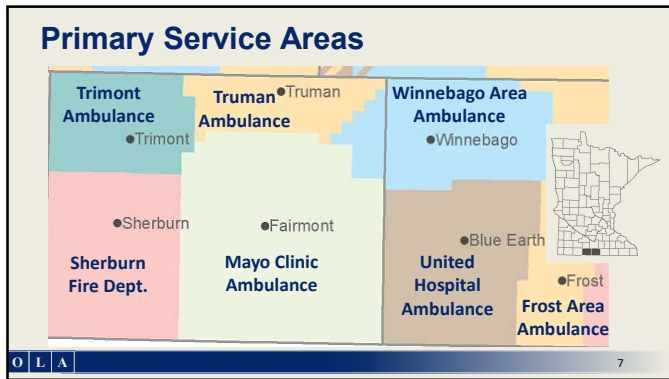
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### Primary Service Areas

- 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

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# Emergency Ambulance Services



### 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

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### 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

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### Licensing

Initial Licensure	License Renewal
<ul style="list-style-type: none"> <li>• Includes public comment and local government input</li> <li>• Almost never used</li> </ul>	<ul style="list-style-type: none"> <li>• Practically automatic; almost no requirements</li> <li>• Only process used by most services for decades</li> </ul>

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### 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

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### 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

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# Emergency Ambulance Services

## 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

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## 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

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## 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

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## 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

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## 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

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## 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

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# Emergency Ambulance Services

## Recommendations to the Legislature

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

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## 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

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## 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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