

Senator Wiklund from the Committee on Health and Human Services, to which was referred

S.F. No. 4835: A bill for an act relating to health; establishing an Office of Emergency Medical Services to replace the Emergency Medical Services Regulatory Board; specifying duties for the office; transferring duties; establishing an advisory council; making conforming changes; amending Minnesota Statutes 2022, sections 62J.49, subdivision 1; 144E.001, by adding subdivisions; 144E.16, subdivision 5; 144E.19, subdivision 3; 144E.27, subdivision 5; 144E.28, subdivisions 5, 6; 144E.285, subdivision 6; 144E.287; 144E.305, subdivision 3; 214.025; 214.04, subdivision 2a; 214.29; 214.31; 214.355; Minnesota Statutes 2023 Supplement, sections 15A.0815, subdivision 2; 43A.08, subdivision 1a; 152.126, subdivision 6; proposing coding for new law in Minnesota Statutes, chapter 144E; repealing Minnesota Statutes 2022, sections 144E.001, subdivision 5; 144E.01; 144E.123, subdivision 5; 144E.50, subdivision 3.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, delete section 1

Page 3, after line 13, insert:

"Sec. 4. [144E.015] MEDICAL SERVICES DIVISION.

A Medical Services Division is created in the Office of Emergency Medical Services. The Medical Services Division shall be under the supervision of a deputy director of medical services appointed by the director. The deputy director, under the direction of the director, shall enforce and coordinate the laws, rules, and policies assigned by the director, which may include overseeing the clinical aspects of prehospital medical care and education programs for emergency medical service personnel.

Sec. 5. [144E.016] AMBULANCE SERVICES DIVISION.

An Ambulance Services Division is created in the Office of Emergency Medical Services. The Ambulance Services Division shall be under the supervision of a deputy director of ambulance services appointed by the director. The deputy director, under the direction of the director, shall enforce and coordinate the laws, rules, and policies assigned by the director, which may include operating standards and licensing of ambulance services; registration and operation of medical response units; establishment and modification of primary service areas; authorization of ambulance services to provide service in a primary service area and revocation such authorization; coordination of ambulance services within regions and across the state; and administration of grants.

Sec. 6. [144E.017] EMERGENCY MEDICAL SERVICE PROVIDERS DIVISION.

An Emergency Medical Service Providers Division is created in the Office of Emergency Medical Services. The Emergency Medical Service Providers Division shall be under the

2.1 supervision of a deputy director of emergency medical service providers appointed by the
2.2 director. The deputy director, under the direction of the director, shall enforce and coordinate
2.3 the laws, rules, and policies assigned by the director, which may include certification and
2.4 registration of individual emergency medical service providers; overseeing worker safety,
2.5 worker well-being, and working conditions; investigation of workplace violations;
2.6 implementation of education programs; and administration of grants."

2.7 Page 4, line 1, delete "and"

2.8 Page 4, after line 1, insert:

2.9 "(10) one member with experience working as a labor union representative representing
2.10 paramedics or emergency medical technicians, appointed by ...; and"

2.11 Page 4, line 2, delete "(10)" and insert "(11)"

2.12 Page 4, line 12, delete "(9)" and insert "(10)"

2.13 Page 4, line 21, after "director" insert "and the deputy director of ambulance services"
2.14 and delete the comma

2.15 Page 4, line 22, delete "ambulance service personnel," and insert "and" and delete ", and
2.16 emergency medical responders"

2.17 Page 4, line 27, delete "COMMITTEE" and insert "COUNCIL"

2.18 Page 4, line 29, delete "Committee" and insert "Council" and delete everything after
2.19 "established"

2.20 Page 4, line 30, delete everything before "and" and delete "shall consist" and insert
2.21 "consists"

2.22 Page 5, line 19, delete "advisory council" and insert "director and deputy director of
2.23 medical services"

2.24 Page 5, line 23, delete "advisory council and" and after "director" insert "and deputy
2.25 director of medical services"

2.26 Page 5, after line 26, insert:

2.27 "Sec. 9. [144E.04] LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS
2.28 ADVISORY COUNCIL.

2.29 Subdivision 1. Establishment; membership. The Labor and Emergency Medical Service
2.30 Providers Advisory Council is established and consists of the following members:

(1) one emergency medical services provider of any type from each of the designated regional emergency medical services systems, appointed by their respective regional emergency services boards;

(2) one emergency medical technician instructor, appointed by ...;

(3) two members with experience working as a labor union representative representing emergency medical service providers, appointed by ...;

(4) one emergency medical service provider based in a fire department, appointed by ...; and

(5) one emergency medical service provider not based in a fire department, appointed by

Subd. 2. **Terms, compensation, removal, vacancies, and expiration.** Compensation and reimbursement for expenses for members appointed under subdivision 1; removal of members; filling of vacancies of members; and, except for initial appointments, membership terms are governed by section 15.059. Notwithstanding section 15.059, subdivision 6, the Labor and Emergency Medical Service Providers Advisory Council does not expire.

Subd. 3. **Officers; meetings.** (a) The Labor and Emergency Medical Service Providers Advisory Council must elect a chair and vice-chair from among its membership and may elect other officers as the advisory council deems necessary.

(b) The Labor and Emergency Medical Service Providers Advisory Council must meet quarterly or at the call of the chair.

(c) Meetings of the Labor and Emergency Medical Service Providers Advisory Council are subject to chapter 13D.

Subd. 4. **Duties.** The Labor and Emergency Medical Service Providers Advisory Council must review and make recommendations to the director and deputy director of emergency medical service providers on the laws, rules, and policies assigned to the Emergency Medical Service Providers Division and other topics as directed by the director.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 10. **[144E.105] ALTERNATIVE EMS RESPONSE MODEL PILOT PROGRAM.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Partnering ambulance services" means the basic life support ambulance service and the advanced life support ambulance service that partner to jointly respond to emergency ambulance calls under the pilot program.

(c) "Pilot program" means the alternative EMS response model pilot program established under this section.

Subd. 2. Pilot program established. The board must establish and administer an alternative EMS response model pilot program. Under the pilot program, the board may authorize basic life support ambulance services to partner with advanced life support ambulance services to provide expanded advanced life support service intercept capability and staffing support for emergency ambulance calls.

Subd. 3. Application. A basic life support ambulance service that wishes to participate in the pilot program must apply to the board. An application from a basic life support ambulance service must be submitted jointly with the advanced life support ambulance service with which the basic life support ambulance service proposes to partner. The application must identify the ambulance services applying to be partnering ambulance services and must include:

(1) approval to participate in the pilot program from the medical directors of the proposed partnering ambulance services;

(2) procedures the basic life support ambulance service will implement to respond to emergency ambulance calls when the basic life support ambulance service is unable to meet the minimum staffing requirements under section 144E.101, subdivision 6, and the partnering advanced life support ambulance service is unavailable to jointly respond to emergency ambulance calls;

(3) an agreement between the proposed partnering ambulance services specifying which ambulance service is responsible for:

(i) workers' compensation insurance;

(ii) motor vehicle insurance; and

(iii) billing, identifying which if any ambulance service will bill the patient or the patient's insurer and specifying how payments received will be distributed among the proposed partnering ambulance services;

(4) communication procedures to coordinate and make known the real-time availability of the advanced life support ambulance service to its proposed partnering basic life support ambulance services and public safety answering points;

5.1 (5) an acknowledgment that the proposed partnering ambulance services must coordinate
5.2 compliance with the prehospital care data requirements in section 144E.123; and

5.3 (6) an acknowledgment that the proposed partnering ambulance services remain
5.4 responsible for providing continual service as required under section 144E.101, subdivision
5.5 3.

5.6 Subd. 4. **Operation.** Under the pilot program, an advanced life support ambulance
5.7 service may partner with one or more basic life support ambulance services. Under this
5.8 partnership, the advanced life support ambulance service and basic life support ambulance
5.9 service must jointly respond to emergency ambulance calls originating in the primary service
5.10 area of the basic life support ambulance service. The advanced life support ambulance
5.11 service must respond to emergency ambulance calls with either an ambulance or a
5.12 nontransporting vehicle fully equipped with the advanced life support complement of
5.13 equipment and medications required for that nontransporting vehicle by that ambulance
5.14 service's medical director.

5.15 Subd. 5. **Staffing.** (a) When responding to an emergency ambulance call and when an
5.16 ambulance or nontransporting vehicle from the partnering advanced life support ambulance
5.17 service is confirmed to be available and is responding to the call:

5.18 (1) the basic life support ambulance must be staffed with a minimum of one emergency
5.19 medical technician; and

5.20 (2) the advanced life support ambulance or nontransporting vehicle must be staffed with
5.21 a minimum of one paramedic.

5.22 (b) The staffing specified in paragraph (a) is deemed to satisfy the staffing requirements
5.23 in section 144E.101, subdivisions 6 and 7.

5.24 Subd. 6. **Medical director oversight.** The medical director for an ambulance service
5.25 participating in the pilot program retains responsibility for the ambulance service personnel
5.26 of their ambulance service. When a paramedic from the partnering advanced life support
5.27 ambulance service makes contact with the patient, the standing orders, clinical policies,
5.28 protocols, and triage, treatment, and transportation guidelines for the advanced life support
5.29 ambulance service shall direct patient care related to the encounter.

5.30 Subd. 7. **Waivers and variances.** The board may issue any waivers of or variances to
5.31 this chapter or Minnesota Rules, chapter 4690, to partnering ambulance services that are
5.32 needed to implement the pilot program, provided the waiver or variance does not adversely
5.33 affect the public health or welfare.

6.1 Subd. 8. **Data and evaluation.** In administering the pilot program, the board shall collect
6.2 from partnering ambulance services, data needed to evaluate the impacts of the pilot program
6.3 on response times, patient outcomes, and patient experience for emergency ambulance calls.

6.4 Subd. 9. **Transfer of authority.** Effective January 1, 2025, the duties and authority
6.5 assigned to the board in this section are transferred to the director.

6.6 Subd. 10. **Expiration.** This section expires June 30, 2026.

6.7 **EFFECTIVE DATE.** This section is effective July 1, 2024."

6.8 Page 13, line 20, delete "six" and insert "seven"

6.9 Page 13, line 26, delete "COMMITTEE" and insert "COUNCIL"

6.10 Page 13, line 28, delete "Committee" and insert "Council"

6.11 Page 14, after line 5, insert:

6.12 "Sec. 21. **INITIAL MEMBERS AND FIRST MEETING; LABOR AND**
6.13 **EMERGENCY MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL.**

6.14 (a) Initial appointments of members to the Labor and Emergency Medical Service
6.15 Providers Advisory Council must be made by January 1, 2025. The terms of initial appointees
6.16 shall be determined by lot by the secretary of state and shall be as follows:

6.17 (1) six members shall serve two-year terms; and

6.18 (2) seven members shall serve three-year terms.

6.19 (b) The emergency medical technician instructor appointee must convene the first meeting
6.20 of the Labor and Emergency Medical Service Providers Advisory Council by February 1,
6.21 2025.

6.22 **EFFECTIVE DATE.** This section is effective July 1, 2024."

6.23 Renumber the sections in sequence

6.24 Amend the title as follows:

6.25 Page 1, line 4, delete "an" and delete "council" and insert "councils; establishing an
6.26 alternative emergency medical services responsible pilot program"

6.27 Amend the title numbers accordingly

6.28 And when so amended the bill do pass and be re-referred to the Committee on State and
6.29 Local Government and Veterans. Amendments adopted. Report adopted.

Melvin H. Withman

7.1

7.2

7.3

7.4

.....
(Committee Chair)

March 15, 2024.....
(Date of Committee recommendation)