

5/8/89

STATE OF MINNESOTA  
DEPARTMENT OF HEALTH

IN THE MATTER OF THE PROPOSED  
ADOPTION OF AMENDMENTS TO MINNESOTA  
RULES, CHAPTER 4690, GOVERNING  
ADMINISTRATION OF MINNESOTA  
AMBULANCE SERVICES.

STATEMENT OF NEED  
AND REASONABLENESS

**INTRODUCTION.**

The function of ambulance services in Minnesota is to transport ill and injured people to places where they can receive medical treatment for the illness or injury.

Minnesota ambulance services are licensed and regulated by the Commissioner of Health through the Emergency Medical Services Section (EMS) of the Community Health Services Division of the Minnesota Department of Health (MDH).

Licensing and regulation by EMS are conducted under the authority of Minnesota Statutes, sections 144.801 through 144.8093 and Minnesota Rules, chapter 4690. Minnesota Rules, part 4690.8300, subpart 3, item E currently restricts variances granted to basic life support services by EMS for administration of intravenous infusions "to solution administered only for fluid volume replacement."

Proposed amendments pertaining to intravenous infusions (I.V. infusions) would authorize Emergency Medical Technician - Intermediates (EMT - Intermediates), by virtue of their training

in the establishment and maintenance of intravenous infusions, and basic Emergency Medical Technicians who have received satisfactory training approved by the medical director of their licensed ambulance service, to initiate intravenous infusion for pre-hospital emergency medical conditions other than solely for fluid volume replacement.

To prepare the proposed amendments the MDH followed the procedures mandated by the Minnesota Administrative Procedures Act and the rules of the Office of Administrative Hearings. A notice to solicit outside opinion concerning the proposed amendments was published in the State Register on Monday, January 16, 1989. The proposed rule amendments grew out of recommendations made by an EMS Advisory Task Force convened in October, 1987. The proposed amendments have also been reviewed and approved by the EMS section's consulting emergency physician. Drafts of the proposed rules were given to each person requesting a copy of the draft rules after publication of the notice of intent to solicit outside opinion. Comments received were reviewed and considered by EMS when it completed the proposed rules.

This statement of need and reasonableness must be read in conjunction with a copy of the proposed amendments. Copies of the amendments are available from the EMS section at the Minnesota Department of Health.

**IMPACT ON SMALL BUSINESSES.**

Minnesota Statutes, section 14.115, subdivision 2 requires a state agency to consider the methods for reducing the impact of the rule on small businesses.

The amendments pertaining to intravenous infusions, however, do not require any businesses to change the way they operate. The amendments authorize ambulance services to perform a specific medical procedure if it is in the best interests of their patients and business to that procedure. If they choose to do the procedure they must follow the procedures for obtaining permission from the state to do so. The procedures for obtaining permission, known as variance requests, have been in place for many years. Ambulance businesses are familiar with the procedures. The proposed rule changes will not burden ambulance services with new procedures.

Minnesota Statutes, section 14.115, subdivision 4 requires the state agency to have small businesses participate in rulemaking. This requirement was satisfied by mailing the notice of intent to solicit outside opinion to all licensed ambulance services in the state.

**NEED AND REASONABLENESS OF AMENDMENTS.**

The amendments that pertain to I.V. infusions are those made under part 4690.0100, subpart 16 (changing the definition of "intravenous infusion") and under part 4690.8300, subpart 3, (the deletion of item E).

The proposed amendments pertaining to I.V. infusions would authorize EMT-Intermediates, by virtue of their training in the establishment and maintenance of I.V. infusions, and basic EMT's who have received satisfactory training approved by the medical director of their licensed ambulance service, to initiate I.V. infusion for pre-hospital emergency medical conditions other than

fluid volume replacement. This change affects only those qualified EMT's functioning as attendants upon licensed basic life support ambulance services, with a variance to initiate I.V. infusions, as approved by the Commissioner of Health. Licensees with a variance to initiate I.V. infusions will still be required to have a physician medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders, continuing education, and assessment of the quality of care provided with respect to the intravenous infusion procedure offered or provided pursuant to the variance.

The proposed amendments pertaining to I.V. infusions will also authorize qualified EMT's to maintain I.V. infusions skills through the experience of more I.V. starts under medical supervision. Intravenous infusion for the purpose of fluid volume replacement only limited these I.V. infusion initiations in the pre-hospital setting. It will enable an I.V. infusion route to be initiated in patients for the purpose of keeping open an infusion route, thus eliminating this need once the patient is within the emergency room of a medical facility. Review of this procedure will be done by the commissioner through the EMS Office of the MDH. As required by Minnesota Rules part 4690.8300, subpart 2, item C, the State EMS Medical Consultant will continue to review all I.V. infusion variance requests to assure that proper medical protocols are in place and followed, including rapid and appropriate treatment and transport, proper training of personnel, continuing education, and quality assurance standard.

The proposed amendments relating to I.V. infusions do not change or expand the types of variances prohibited by part

4690.8300, subpart 6. The proposed amendments will not, for example, allow the EMT's to add medication to an I.V. infusion.

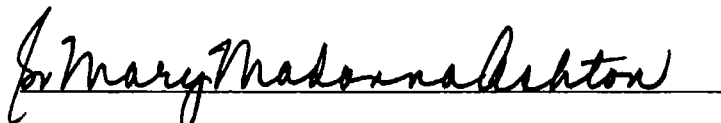
**FISCAL IMPACT**

The proposed amendments will not result in an increase spending of public money by any public bodies because the amendments will not require any further training of EMT's. Therefore the fiscal note requirements of Minnesota Statutes, section 14.11, subdivision 1 do not apply to these proposed amendments.

**EXPERT WITNESSES.**

The Department of Health will not present expert witnesses from outside the Department to testify concerning the provisions of these proposed amendments on behalf of the department.

DATE: 4/21/89



Sister Mary Madonna Ashton  
Commissioner of Health