

## Table of Contents

### Emergency Medical Services Regulatory Board

Agency Profile.....	1
Expenditures Overview.....	4
Financing by Fund.....	5
Change Item: Small Agency Operations Increase.....	7
Change Item: Information Technology Operating Increase.....	8
Change Item: New Staff Positions – Investigator, Education Specialist, Data Specialist.....	10
Change Item: Cooper/Sams Volunteer Ambulance Program.....	12
Change Item: System Support Act – Regional Grant Program Increase.....	14
Change Item: Nonprofit Ambulance Services EMT Training.....	16
Federal Funds Summary.....	18

[mn.gov/boards/emsr/b/](http://mn.gov/boards/emsr/b/)

**AT A GLANCE**

- 10% of Minnesota’s population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 285 licensed ambulance services operating 846 vehicles across the state
- 323 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 161 ambulance services and 423 vehicles are inspected annually
- 157 approved emergency medical services education programs
- 29,378 certified emergency medical services personnel
- Nearly 900 applicant disclosures reviewed annually
- 54 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency’s jurisdiction
- 62% of the 285 licensed ambulance services are estimated to be volunteer or combination paid / volunteer
- 71% of the EMS Regulatory Board’s total budget is disbursed to the emergency medical services community
- 11 full-time employees across the state

**PURPOSE**

The mission of the Minnesota Emergency Medical Services (EMS) Regulatory Board (Board) is to protect the public’s health and safety through regulation and support of the EMS system. We are the lead agency in Minnesota responsible for certifying EMS personnel, licensing and inspecting ambulance services, and approving and auditing education programs. We also investigate all complaints and allegations of misconduct involving those individuals and entities subject to our jurisdiction. Our services start prior to the 9-1-1 call requesting response to a medical emergency: we safeguard the quality of care delivered by EMS personnel by ensuring the delivery of nationally-recognized education and testing standards.

We make certain that ambulance services are safe, reliable, and available around-the-clock in metropolitan areas and in Greater Minnesota. Areas with small population bases often rely on volunteer EMS personnel to cover the cost of providing continuous ambulance service. Recruitment and retention of these volunteers continues to be stretched by an anticipated decrease in population in 74 counties through 2025. At the same time, the elderly population, which generally requires more complex care, is increasing. We work with these services and communities to implement realistic solutions proven successful by other services assisted by this agency.

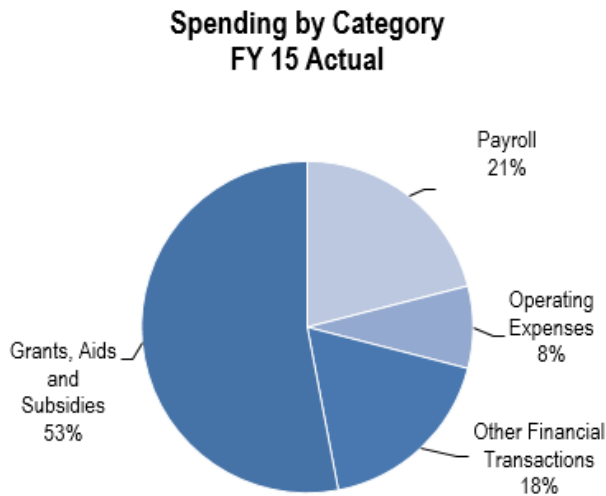
We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

The Board has formed committees and workgroups to aid in the execution of its mission. One such committee is the Medical Direction Standing Advisory Committee, which is comprised of physicians experienced in emergency medicine and emergency medical services and is led by a Board member/emergency physician who serves as the State’s EMS Medical Director. This committee discusses, evaluates, and recommends improvements in matters pertaining to the delivery of pre-hospital emergency care.

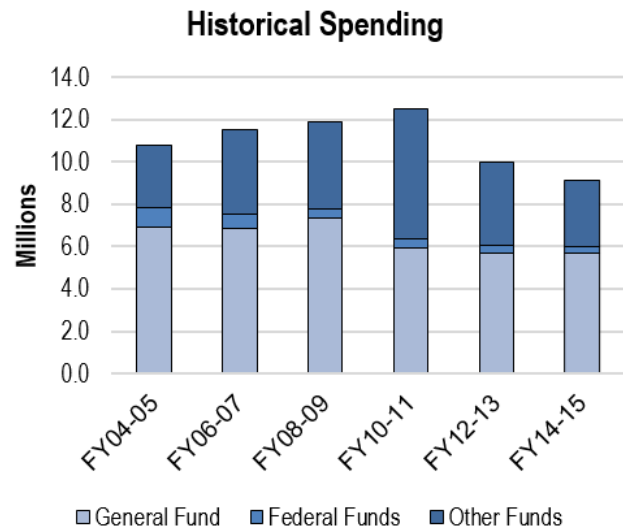
Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery continues with assessing and advising rural ambulance services and their managers, and it concludes with reinforcing quality care through inspections and audits, complaint reviews and investigations, and intervention of both a discipline and non-discipline nature.

Our contribution to ensuring continuous, consistent and safe emergency medical services in Minnesota supports the statewide outcomes of: **All Minnesotans have optimal health and the people in Minnesota are safe.**

## BUDGET



Source: BPAS



Source: Consolidated Fund Statement

The board budget is from a variety of sources: general fund, dedicated funds, federal grants and fines for seat-belt violations. Because the EMS system in Minnesota is heavily dependent on a diminishing pool of volunteers, particularly in rural areas, there is no fee for certification. A majority of the agency's budget is dedicated to grant programs that support emergency medical services statewide. Administrative expenses of the EMSRB account for 29% of its budget expenditures (11 full-time equivalent employees).

## STRATEGIES

To accomplish its mission of protecting the public's health and safety, the Emergency Medical Services (EMS) Regulatory Board uses the following strategies:

1. **Regulation**
  - a. Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs.
  - b. License ambulance services, credential EMS personnel, and approve education programs.
2. **Prevention**
  - a. Conduct educational compliance seminars.
  - b. Communicate compliance requirements to medical and ambulance service directors to reduce compliance issues.
  - c. Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success.
3. **Compliance and Discipline**
  - a. Conduct on-site inspections of ambulance services and vehicles.
  - b. Investigate complaints, allegations of misconduct, and self-reported violations in a fair and timely manner, ensuring that the subjects of those investigations receive the necessary due process.
  - c. Review evidence to determine appropriate action through the agency's Complaint Review Panel, which is a subset of our Board and supported by advice from the Attorney General's Office and agency staff.
  - d. Collaborate with the Health Professionals Services Program for matters involving impaired professionals.
4. **Support of the EMS System**
  - a. Educate the public, EMS personnel, ambulance services, and education programs about certification and licensing requirements and responsibilities, ethical standards, and the complaint resolution process.
  - b. Distribute state and federal grant funds that support the EMS community with retention and recruitment of personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure.

- c. Continue to reach out to our wider audience: the general public, employers, and ethnically-diverse populations.
- 5. **Maximize Technology and Online Services**
  - a. Use technology to maximize efficiencies, improve customer service, increase data security, and decrease costs.
  - b. Provide free, 24/7 online application and renewal process, license and certification look-up, and access to public data on adverse license and certification actions.
- 6. **Risk Assessment and Continuous Improvement**
  - a. Evaluate performance through customer surveys, research, and data analysis.
  - b. Identify trends in the EMS industry that may need new or improved support, standards, or oversight to ensure the public is protected.
  - c. Conduct system reviews and audits of fees, expenditures, receipts, and disbursements; improve systems as appropriate.
  - d. Engage public and private expertise and input. Our board, committees, and work groups are comprised of volunteers representing EMS physicians and personnel, educators, and stakeholders from public, private, and non-profit organizations. This is important because EMS has touch points in every part of the health care system, and these subject matter experts help identify issues and craft solutions.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of EMS Personnel credentialed by the Emergency Medical Services Regulatory Board	31,902	29,378	FY 2014 & FY 2016
Quality	Average time from receipt of completed application to issuance of credentials	3 days	3 days	FY 2014 & FY 2016
Quantity	Requests for ambulance services statewide	542,462	596,536	FY 2014 & FY 2016
Quantity	Number of ambulance services receiving correction orders	78	39	FY 2014 & FY 2016
Quality	Percentage of correction orders resolved within 60 days	80%	88%	FY 2014 & FY 2016
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Examination	80%	80%	FY 2014 & FY 2016
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Examination	72%	72%	FY 2014 & FY 2016
Quality	Prompt Payments to Grantees (within 45 days)	72%	96%	FY 2014 & FY 2016
Quantity	Number of investigations completed in response to allegations of misconduct	72	54	FY 2014 & FY 2016
Quality	Resolution Cycle: Percentage of investigations resolved within 12 months	100%	100%	FY 2014 & FY 2016

The Emergency Medical Services Regulatory Board's legal authority comes from Minnesota Statute 144E and Minnesota Rules 4690 (<https://www.revisor.mn.gov/statutes/?id=144E&format=pdf> and <https://www.revisor.mn.gov/rules/?id=4690&version=2014-01-18T06:02:28-06:00&format=pdf>).

**Expenditures By Fund**

	Actual	Actual	Actual	Estimate	Forecasted Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	2,675	3,009	2,992	3,249	3,037	3,037	4,159	4,088
2000 - Restrict Misc Special Revenue	1,091	638	871	1,069	673	673	673	673
2001 - Other Misc Special Revenue	724	686	819	713	683	683	683	683
2403 - Gift	0	0	0	9	0	0	0	0
3000 - Federal	123	172	120	130	130	130	130	130
<b>Total</b>	<b>4,612</b>	<b>4,504</b>	<b>4,801</b>	<b>5,170</b>	<b>4,523</b>	<b>4,523</b>	<b>5,645</b>	<b>5,574</b>
<i>Biennial Change</i>				855		(925)		1,248
<i>Biennial % Change</i>				9		(9)		13
<i>Governor's Change from Base</i>								2,173
<i>Governor's % Change from Base</i>								24

**Expenditures by Program**

Program: Emergency Medical Services Bd	4,612	4,504	4,801	5,170	4,523	4,523	5,645	5,574
<b>Total</b>	<b>4,612</b>	<b>4,504</b>	<b>4,801</b>	<b>5,170</b>	<b>4,523</b>	<b>4,523</b>	<b>5,645</b>	<b>5,574</b>

**Expenditures by Category**

Compensation	838	936	850	1,094	930	932	1,151	1,177
Operating Expenses	1,079	1,126	1,268	1,544	1,268	1,266	1,860	1,763
Other Financial Transactions	3	66	17	9	10	10	10	10
Grants, Aids and Subsidies	2,692	2,377	2,666	2,523	2,314	2,314	2,623	2,623
<b>Total</b>	<b>4,612</b>	<b>4,504</b>	<b>4,801</b>	<b>5,170</b>	<b>4,523</b>	<b>4,523</b>	<b>5,645</b>	<b>5,574</b>

**Full-Time Equivalents**

	<b>10.0</b>	<b>10.1</b>	<b>9.8</b>	<b>12.5</b>	<b>11.0</b>	<b>11.0</b>	<b>14.0</b>	<b>14.0</b>
--	-------------	-------------	------------	-------------	-------------	-------------	-------------	-------------

**1000 - General**

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	138	0	212	0	0	0	0
Direct Appropriation	2,741	2,741	2,904	3,037	3,037	3,037	4,159	4,088
Receipts	69	130	300	0	0	0	0	0
Cancellations	0	0	0	0	0	0	0	0
<b>Expenditures</b>	<b>2,675</b>	<b>3,009</b>	<b>2,992</b>	<b>3,249</b>	<b>3,037</b>	<b>3,037</b>	<b>4,159</b>	<b>4,088</b>
Balance Forward Out	136	0	212	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				558		(167)		2,006
<i>Biennial % Change in Expenditures</i>				10		(3)		32
<i>Gov's Exp Change from Base</i>								2,173
<i>Gov's Exp % Change from Base</i>								36
Full-Time Equivalents	9.2	9.1	8.7	11.5	10.0	10.0	13.0	13.0

**2000 - Restrict Misc Special Revenue**

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	157	240	513	414	0	0	0	0
Receipts	21	22	18	23	23	23	23	23
Net Transfers	1,091	890	753	632	650	650	650	650
<b>Expenditures</b>	<b>1,091</b>	<b>638</b>	<b>871</b>	<b>1,069</b>	<b>673</b>	<b>673</b>	<b>673</b>	<b>673</b>
Balance Forward Out	178	513	414	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				211		(594)		(594)
<i>Biennial % Change in Expenditures</i>				12		(31)		(31)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

**2001 - Other Misc Special Revenue**

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	61	21	17	30	0	0	0	0
Receipts	0	0	148	0	0	0	0	0
Net Transfers	683	683	683	683	683	683	683	683
<b>Expenditures</b>	<b>724</b>	<b>686</b>	<b>819</b>	<b>713</b>	<b>683</b>	<b>683</b>	<b>683</b>	<b>683</b>
Balance Forward Out	21	17	30	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				122		(165)		(165)

**2001 - Other Misc Special Revenue**

<i>Biennial % Change in Expenditures</i>				9		(11)		(11)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.6	0.8	0.7	0.7	0.7	0.7	0.7	0.7

**2403 - Gift**

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15			FY16	FY17	FY18	FY19
Balance Forward In	9	9	9	9	0	0	0	0
Receipts	0	0	0	0	0	0	0	0
<b>Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Balance Forward Out	9	9	9	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				9		(9)		(9)
<i>Biennial % Change in Expenditures</i>						(99)		(99)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

**3000 - Federal**

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15			FY16	FY17	FY18	FY19
Receipts	123	172	120	130	130	130	130	130
<b>Expenditures</b>	<b>123</b>	<b>172</b>	<b>120</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>
<i>Biennial Change in Expenditures</i>				(45)		10		10
<i>Biennial % Change in Expenditures</i>				(15)		4		4
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3

# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: Small Agency Operations Increase

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	274	203	203	203
Revenues	0	0	0	0
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	274	203	203	203
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends \$477,000 in FY 2018-19 and \$406,000 in FY 2020-21 from the general fund to pay for increasing salary and operating costs, including rent increases, salary increases, retirement payouts, board travel, insurance, vehicle cost increases, and vendor costs. This proposal will allow the board to maintain current operations and service levels to the public.

### Rationale/Background:

Each year, employer-paid health care contributions, pension contributions, FICA and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

Agencies face challenging decisions to manage these costs within existing budgets, while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. However, cost growth typically outstrips efficiencies, and without additional resources added to agency budgets, service delivery erodes.

For the Emergency Medical Services Regulatory Board, an erosion of services includes slower response to licensing and registration requests and delays in inspections and complaints related to ambulance services and EMS personnel—thereby leaving Minnesotans less safe.

### Proposal:

Base Budget Funding Increase:	FY 2018	FY 2019	FY 2020	FY 2021
Salary and Benefits Increases	\$38,113.95	\$61,752.50	\$61,752.50	\$61,752.50
Retirement Payouts	\$93,854			
Board Travel	\$22,262	\$22,262	\$22,262	\$22,262
Vehicle Cost Increases	\$11,364	\$11,364	\$11,364	\$11,364
Insurance	\$3,000	\$3,000	\$3,000	\$3,000
Miscellaneous Operational Costs	\$5,000	\$5,000	\$5,000	\$5,000
Vendor Costs – Administrative Services Unit	\$80,000	\$80,000	\$80,000	\$80,000
Vendor Costs –Office of Administrative Hearings	\$20,000	\$20,000	\$20,000	\$20,000
<b>Total</b>	<b>\$274,000</b>	<b>\$203,000</b>	<b>\$203,000</b>	<b>\$203,000</b>

### Results:

- This is an existing program. With increased funding, the EMSRB will be able to meet its operational financial obligations and fulfill its mandate of protecting the public's health and safety.

### Statutory Change(s):

This initiative does not require a statutory change.



# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: Information Technology Operating Increase

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	106	106	108	108
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	106	106	108	108
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends \$212,000 in FY 2018-19 and \$216,000 in FY 2020-21 from the general fund for information technology costs at the Emergency Medical Services Regulatory Board (EMSRB). Included in the recommendation in FY 2018-19 is \$76,000 for hosting and maintenance costs of a new e-licensing system, \$92,000 for increased hosting and maintenance costs of the Minnesota State Ambulance Reporting System related to the replacement of servers, and \$44,000 for increasing MN.IT rates. The agency's direct appropriation general fund base is \$6.074 million in FY 2018-19; this recommendation represents a 3.5% increase over that base.

### Rationale/Background:

- The EMSRB has not previously funded its online services (eLicensing) software solution. For many years the EMSRB used a no-fee solution provided by MN.IT and its third-party vendor. MN.IT's relationship with this vendor has ended, thereby requiring the EMSRB to seek a new software solution that will have recurring annual hosting, maintenance, and support fees on a go-forward basis. This software solution is critical for initial and renewal credentialing of over 30,000 EMS personnel, for licensing 285 ambulance services and inspecting all of their ambulances, for approving EMS education programs, and for documenting the agency's investigations into allegations of misconduct. In short, this software allows this agency to perform its core regulatory functions.
- The EMSRB is responsible for Minnesota State Ambulance Reporting System (MNSTAR) that allows the 285 licensed ambulance services to submit pre-hospital care patient records as is required by statute. The data is analyzed to identify and prepare for trends that impact patient care. The data also is used by the EMSRB during investigations into allegations of misconduct and other aspects of the agency's regulatory function. The secured servers that held this data reached their end of life, which required infrastructure replacement that has increased ongoing annual hosting/maintenance/support fees.
- MN.IT provides the email and voice services to the EMSRB so it can perform its regulatory functions.
- The EMSRB is reliant upon this technology to perform its core functions and to meet the public's expectation for comprehensive electronic government services.
- MN.IT is requiring that the EMSRB pay for the computer networking hardware device that connects all computers, printers, and the voice-over IP phone system located at the EMSRB offices to the State's network system.
- This trend is being driven by Board reliance on and public expectation of comprehensive electronic government services.

### Proposal:

- This proposal is a change to an existing program.
- The funding increase program will buy maintenance and support of the current database and online services.
- MN.IT will direct implementation. Anticipated effective date is July 1, 2017.

<b>MNIT Small Agency Increase:</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
• Hosting/maintenance/support of agency online services (eLicensing) software solution	\$37,500	\$37,500	\$38,625	\$38,625
• Hosting/maintenance/support of agency Minnesota State Ambulance Reporting System (MNSTAR)	\$45,640	\$45,640	\$47,009	\$47,009
• MN.IT services recurring costs (e.g., email, telephone)	\$7,000	\$7,000	\$7,000	\$7,000
• MN.IT service rate change	\$13,000	\$13,000	\$13,000	\$13,000
• MN.IT network switch equipment annual expense	\$2,472	\$2,472	\$2,472	\$2,472
<b>Total</b>	<b>\$105,612</b>	<b>\$105,612</b>	<b>\$108,106</b>	<b>\$108,106</b>

**Results:**

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>Previous</b>	<b>Current</b>	<b>Dates</b>
Quantity	Percentage of initial and renewal EMS personnel certification applications completed online	100	100	FY14 – FY16
Quantity	Percentage of renewal ambulance license applications completed online	100	100	FY14 – FY16
Quantity	Percentage EMS education program applications completed online	100	100	FY14 – FY16
Quantity	Number of pre-hospital care reports submitted by ambulance services to the EMSRB's MNSTAR database	552,015	597,242	FY14 – FY16

**Statutory Change(s):**

No statutory change is required for this initiative.

# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: New Staff Positions – Investigator, Education Specialist, Data Specialist

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	183	183	183	183
Revenues	0	0	0	0
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	183	183	183	183
<b>FTEs</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

#### Recommendation:

The Governor recommends \$366,000 biennially from the general fund for 3.0 FTE lost over time through attrition. The board licenses and regulates over 300 ambulance service providers and nearly 30,000 EMS personnel. This recommendation includes a 1.0 FTE investigator role to respond to complaints and disciplinary issues more quickly and thoroughly. Role requirements were once served by six compliance specialists, but this has been reduced to four. The Governor also recommends a 1.0 FTE data specialist to manage the Minnesota State Ambulance Reporting System (MNSTAR) and the board's new e-licensing system. Finally, the recommendation includes a 1.0 FTE education specialist role to oversee the agency's regulatory requirements over EMS education programs. The board used to retain data specialist and education specialist positions but these have since gone unfilled, with duties being absorbed into other roles. Increasing workloads, delays in investigations, and technical demands have prompted this proposal. The agency's direct appropriation general fund base is \$6.074 million in FY 2018-19; the recommendation in FY 2018-19 represents a 6.0% increase over that base.

#### Rationale/Background:

- Since the EMSRB's inception in 1996, the EMSRB has largely covered operational cost increases through staffing attrition: from 20 FTEs down to 12 FTEs.
- The EMSRB has streamlined operations and utilized technology and procedural improvements, but the need exists to hire three critical FTEs lost through attrition.
- The ongoing trend in the complexity of the changing emergency medical services environment, when viewed in light of this agency's core functions and responsibilities of protecting the public's health and safety, requires the additional personnel.
- The three positions will allow the EMSRB to satisfactorily meet its regulatory responsibilities and obligations that protect the public's health and safety.

#### Proposal:

- The proposal is neither a new initiative nor a change to an existing program.
- The proposal includes a base budget funding to hire the following:
  - **Investigator.** The Board's investigative workload has increased not only as it relates to the number of allegations of misconduct and self-reported misconduct but also to the complexity of the investigations into these allegations of misconduct and self-reported misconduct. The EMSRB's four Compliance Specialists historically have conducted these investigations. The workload of the four Compliance Specialists has increased substantially, in part because the EMSRB formerly had six Compliance Specialists, but also because the nature of the Compliance Specialists' responsibilities and compliance activities has become more complex and time-demanding. As a result, misconduct complaints are not being completed as timely, thereby creating a need and an opportunity for improvement in the quality of investigations as sought by the Board Chair and the Complaint Review Panel. Delays in investigating allegations of misconduct adversely impact the public's health and safety. Protecting the public's health and safety while ensuring that the subject

of the complaint receive due process requires that the EMSRB hire an investigator with significant EMS experience as well as corresponding level of experience in investigations.

- **Data Specialist.** By way of background, the EMSRB is statutorily-mandated to collect pre-hospital care records submitted by all ambulance services by using a system called MNSTAR (Minnesota State Ambulance Reporting System). MNSTAR enables ambulance services and their medical directors to monitor pre-hospital emergency care by reviewing its own data as well as other non-identifiable patient care information to improve patient outcomes. The EMSRB submits non-identifiable patient care information to a national database repository used to develop EMS education curricula and to evaluate patient and EMS system outcomes. A dedicated Data Specialist will train the 285 licensed ambulance services in how to enter correct data in the nearly 600,000 patient care reports submitted annually as well as will assist these services with improving data quality. A dedicated Data Specialist also will respond to the many requests for data submitted to the EMSRB for aggregate data. In addition, the Data Specialist will be the agency specialist for the new software database that will be used to license all ambulance services, certify nearly 30,000 EMS professionals, and approve nearly 160 education programs. Likewise, the Data Specialist will input daily updates to the agency's web site, thus ensuring that pertinent information is communicated to the public accurately and timely. This Data Specialist also will work with the ambulance services and medical directors so data can be used for quality review and quality improvement. The EMSRB previously had a Data Specialist; the position was lost through attrition.
- **Education Specialist.** The past 24 months have seen an evolution in the nature of EMS education in Minnesota and across the nation. New paradigms require demonstration of practical skills competency integrated with critical-thinking skills. At the same time, nearly 30% of Board disciplinary action is related to education deficiencies. EMS education will continue to evolve, particularly in the area of community paramedicine. The Education Specialist will work with the nearly 160 EMSRB-approved education programs to ensure alignment with state and national requirements and standards. The EMSRB does not have a dedicated staff person to handle the agency's education program responsibilities – a critical aspect of protecting the public's health and safety. The EMSRB previously had an Education Specialist; the position was lost through attrition.

**Results:**

- This is an existing program. With increased funding, the EMSRB will continue to meet its obligations to protect the public's health and safety through regulation and support.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Allegations of misconduct triggering an investigation	72	77	FY2014 & FY2016
Quantity	Pre-hospital care reports submitted to the EMSRB by licensed ambulance services	542,462	597,242	FY 2014 & FY 2016
Quantity	Number of EMS education programs approved by the EMSRB	158	158	FY 2014 & FY 2016
Quantity	Number of EMS education programs audited by the EMSRB	0	1	FY 2014 & FY 2016

**Statutory Change(s):**

This initiative does not require a statutory change.

# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: Cooper/Sams Volunteer Ambulance Program

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	250	250	250	250
Revenues	0	0	0	0
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	250	250	250	250
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends \$500,000 biennially from the general fund to maintain the Cooper/Sams Volunteer Ambulance Program. The program provides longevity awards for volunteer ambulance personnel upon ending service of five years or more. Payouts, which are determined by length of service, have been gradually increasing—the average payout was \$6,419 (across 141 individuals) in FY 2016, totaling \$905,000. This is up from \$5,922 (across 122 individuals) in FY 2015, totaling \$722,000. The awards are funded by a general fund appropriation of \$1.222 million biennially and a trust account consisting of excess appropriation amounts and investment earnings. Since FY 2009, payouts have exceeded the appropriation, and the trust fund will be depleted by FY 2019.

### Rationale/Background:

- 62% of Minnesota’s ambulances are staffed by volunteers.
- The Cooper/Sams Volunteer Ambulance Program (“Program”) was established in 1993 to recognize the services rendered by volunteer ambulance personnel and to reward volunteer ambulance personnel for significant contributions to state and local government and to the public.
- Volunteer ambulance service personnel eligible to participate in the Program are referred to as a Qualified Ambulance Service Person.
- A Qualified Ambulance Service Person is someone who has terminated active ambulance service, who has at least five years of credited ambulance service, and who is at least 50 years old.
- Payment from the Program to a Qualified Ambulance Service Person is referred to as a Longevity Award.
- The Cooper/Sams Volunteer Ambulance Trust (“Trust Account”) was established to accumulate resources to allow for the payment of longevity awards to these qualified ambulance service personnel upon the completion of a substantial ambulance service career.
- The current base budget general fund appropriation for the Program is \$611,000; it formerly was \$1,000,000.
- Longevity Award payments exceeding the \$611,000 are supplemented with funds from the Trust Account.
- In 2008, by legislative action, \$800,000 was removed from the Trust Account and transferred to the State’s general fund. In 2009, by legislative action \$6,200,000 was removed from the Trust Account and transferred to the State’s general fund. This amount was never restored to the Trust Account.
- The average Longevity Award for qualified applicants is increasing, and the number of volunteers retiring from service also is increasing, thereby requiring funds to be drawn from the Trust Account.
- The available fund in the Trust Account currently is \$870,297.
- In FY 2019, with the projected Longevity Award payouts and the corresponding need to supplement the payouts with Trust Account funds, the Trust Account balance is projected to be \$0.
- In FY 2019, the EMSRB is expecting to be unable to pay Longevity Awards to 63 qualified ambulance service personnel due to an absence of Trust Account funding needed to supplement the Program’s base of \$611,000.
- The Program has been and continues to be a successful tool to recruit and retain volunteer ambulance service personnel in Greater Minnesota

Fiscal Year	Number of Cooper Sams Applications	Average Payout	Total Payout Amount	Base Budget	Est. Trust Fund Balance	Number of Payouts Possible	Applicants Unable to be paid out
2006	91	\$3,692	\$335,944.00	\$611,000			
2007	93	\$4,168	\$387,652.66	\$611,000	\$7,237,638.74	1,883	0
2008	113	\$4,625	\$522,675.65	\$611,000	\$7,512,694.74	1,756	0
2009	148	\$4,533	\$670,874.43	\$611,000	\$7,736,042.08	1,841	0
2010	153	\$4,655	\$712,194.81	\$611,000	\$7,724,366.43	1,812	0
2011	144	\$4,833	\$695,917.10	\$611,000	\$7,764,492.00	1,733	0
2012	141	\$5,437	\$765,544.56	\$611,000	\$1,582,492.00	403	0
2013	119	\$5,358	\$637,156.32	\$611,000	\$1,420,815.16	379	0
2014	122	\$5,577	\$680,444.28	\$611,000	\$1,266,270.60	337	0
2015	122	\$5,922	\$740,814.95	\$611,000	\$1,240,114.28	313	0
2016	141	\$6,419	\$905,079.00	\$611,000	\$1,170,670.00	278	0
2017*	146	\$6,691	\$976,886.00	\$611,000	\$870,297.00	211	0
2018*	151	\$6,963	\$1,051,413.00	\$611,000	\$504,411.00	160	0
2019*	156	\$7,235	\$1,128,660.00	\$611,000	\$63,998.00	93	63
2020*	161	\$7,507	\$1,208,627.00	\$611,000	\$0	81	80
2021*	166	\$7,779	\$1,291,314.00	\$611,000	\$0	79	87
2022*	171	\$8,051	\$1,376,721.00	\$611,000	\$0	76	95
2023*	176	\$8,323	\$1,464,848.00	\$611,000	\$0	73	103
2024*	181	\$8,595	\$1,555,695.00	\$611,000	\$0	71	110
2025*	186	\$8,867	\$1,649,262.00	\$611,000	\$0	69	117

\*Projections based on current trends

**Proposal:**

This proposal provides \$500,000 biennially in additional funding so that the Cooper/Sams Volunteer Ambulance Program can continue to provide Longevity Awards to volunteer ambulance personnel at the end of their service.

**Results:**

- This is an existing program. With increased funding, the Board will continue to be able to continue to provide Longevity Awards to Qualified Ambulance Service Personnel, thereby helping with recruitment and retention of a necessary workforce that provides pre-hospital emergency care throughout Greater Minnesota.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of Qualified Ambulance Service Personnel receiving Longevity Award	126	141	FY15 – FY16
Quantity	Longevity Award Program payout amount	\$740,815	\$911,373	FY15 – FY16
Quantity	Average Longevity Award payment	\$5,926	\$6,260	FY15 – FY16
Quantity	Average of Recipient	57	58	FY15 – FY16
Quantity	Age of Oldest Recipient	82	80	FY15 – FY16

**Statutory Change(s):**

This initiative does not require a statutory change.

# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: System Support Act – Regional Grant Program Increase

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	200	200	200	200
Revenues	0	0	0	0
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	200	200	200	200
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends \$400,000 biennially from the general fund to increase grants to the state's eight regional emergency medical services programs. State dollars support these eight regional programs through two sources: a general fund appropriation of \$1.170 million biennially and 90% of seat belt violation fines; all dollars are distributed equally. Due to a decrease in seat belt citations, this revenue source has decreased precipitously: it provided the regional programs \$1.091 million in revenue in FY 2014, \$890,000 in FY 2015, \$753,000 in FY 2016, and an expected \$632,000 in FY 2017. From these two funding sources, the eight regional programs provide grants to local agencies for equipment and vehicle purchases (e.g., ambulances or medical data reporting systems), reimbursement for EMS personnel training, and special training initiatives in that region (e.g., opioid or stroke protocol). With decreased seat belt fine revenue, regional programs have reduced reimbursement amounts and training opportunities, contributing to decreasing EMS staffing levels. This recommendation constitutes a \$50,000 per biennium increase to each of the eight regional programs.

### Rationale/Background:

- The legislature created the Minnesota Emergency Medical Services System Support Act ("Support Act").
- The Support Act is funded by general revenue appropriation dollars.
- The purpose of the fund is to develop, maintain, and improve regional emergency medical services ("EMS") systems.
- The purpose of the fund also is to provide financial assistance in addressing identified common local, regional, and state emergency medical system needs; to provide discretionary grants for EMS projects with potential region-wide significance; to provide for public education about emergency care; and to ensure the ongoing coordination of regional EMS systems.
- The EMSRB distributes Support Act funding equally among the eight established EMS regional systems in Minnesota.
- In 1989, the Support Act's yearly general revenue appropriation was \$920,000. Divided equally, each of the eight EMS systems received \$115,000. Several years later, the appropriation was decreased to \$585,000. Divided equally, each of the eight EMS regional systems thereafter and currently receives \$73,125. There has never been an increase of Support Act funds.
- The eight EMS regional systems also receive special funding from fines collected from seat belt enforcement.
- This special funding is known as the Emergency Medical Services Relief Account ("Relief Account").
- The purpose of these funds is for education and training, equipment and vehicle purchases, and for operational expenses of emergency life support transportation.
- The Relief Account funds augment the Support Act funds and allow the eight EMS regional systems to engage in important activities that protect the public's health and safety.
- While the Support Act funds have remained constant, the Relief Account funds have been decreasing precipitously as the result of seat belt enforcement efforts and public compliance with seat belt usage.
- In 2011, the Relief Account provided the eight regional EMS systems with a total of \$1,677,088, or \$209,636 per region.
- Statewide seat belt compliance has grown to a consistent 94 percent.

- With the increase in seat belt usage, there has been a corresponding decrease in seat belt citations issued statewide by law enforcement.
- In Fiscal Year 2016, the Relief Account provided the eight regional EMS systems with a total of \$753,367, or \$94,170 per region.
- The decrease in funding has negatively impacted the eight regional EMS system's ability to engage in activities that protect the public's health and safety.
- This model of eight regional systems has allowed for the following:
  - Financial support for required certification and recertification training for EMS personnel reducing the cost barrier to recruitment and retention;
  - Funding for projects for local EMS agencies to purchase patient care, communications and tactical equipment that broaden the capabilities of care providers;
  - Creating subject matter experts that enhance the delivery of care during disasters, incidents, and events of public significance;
  - Act as a central hub for special training initiatives to enhance public safety activities such as Stroke/STEMI, Narcan (Naloxone) and LUCAS device (CPR chest compression system) rollouts.
- The eight regional EMS systems have been forced to make cuts to these programs due to the funding reductions. Fewer agencies are being reimbursed, fewer individuals have access to training, and the availability of regional personnel as a resource continues to decrease.
- With the lack of adequate sustainable funding, the eight regional EMS systems cannot meet the demand to provide quality EMS provider personnel training, system coordination, public safety support, healthcare systems integration, and emergency response readiness.

**Proposal:**

- The proposal is a change to an existing program.
- This proposal represents an increase to the board's base budget of \$200,000 annually.

**Results:**

- This is an existing program. With increased funding, the eight regional EMS systems will be able to continue to provide the ongoing projects as noted above plus additional efforts directly impacting/ protecting the public's health and safety:
  - Providing grants for EMS response equipment needed by local public safety agencies (police/fire/rescue/EMS) to reduce the cost burden associated with continually updating lifesaving equipment that has reached its end of life (e.g., automated external defibrillators (AEDs); batteries for AEDs and LUCAS devices;
  - Provide community bystander CPR training to schools, businesses, and civic groups;
  - Provide EMT education to interested high school seniors in a paradigm designed to aid with recruitment efforts for rural ambulance services.
  - Provide life-saving medications (e.g, epinephrine and naloxone) to local public safety EMS responders that lack funding for such drugs.

**Statutory Change(s):**

This initiative does not require a statutory change.



# Emergency Medical Services Regulatory Board

## FY18-19 Biennial Budget Change Item

### Change Item Title: Nonprofit Ambulance Services EMT Training

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	109	109	109	109
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	109	109	109	109
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends \$218,000 biennially from the general fund to increase emergency medical technician education reimbursement. Current statute, supported by a base appropriation of \$722,000 biennially, allows an ambulance service to be reimbursed for the education costs of their volunteer ambulance personnel—up to \$600 for an initial education course and \$275 for a renewal course. This recommendation would allow the board to increase reimbursement rates to \$900 for initial courses and \$350 for renewal courses. Average course costs are \$1,200 for initial courses and \$350 for renewal courses; higher reimbursement allows ambulance services to pay for volunteers' educational costs, thereby helping to recruit and retain volunteers and maintain higher staffing levels. Reimbursement rates were last increased in 2007 legislation. In FY 2016, the board made 149 initial education reimbursement payments and 1,253 renewal education reimbursement payments.

### Rationale/Background:

- 62% of Minnesota's ambulances are staffed by volunteers.
- The vast majority of these ambulance services are located throughout Greater Minnesota where recruitment and retention of volunteers continues to be a challenge.
- Providing education reimbursement to nonprofit ambulance services helps with recruitment and retention workforce issues, thereby helping to ensure that these ambulance services maintain the staffing necessary to respond to emergency calls for service.
- The current statutory reimbursement rates of \$600.00 for an initial EMT course and \$275.00 for a renewal EMT course have not been increased in eight years.
- The EMSRB currently receives \$361,000 in general revenue funds dedicated for reimbursement.
- Course fees for an initial EMT course and renewal EMT education have risen over the past eight years. The average initial EMT course is \$1,200.00; the average renewal for an EMT is \$350.00.
- In FY 2016, the EMSRB reimbursed nonprofit ambulance services for 149 initial EMT courses and 1,253 renewal courses for their volunteer ambulance attendants.

### Proposal:

- The proposal is a change to an existing program.
- The recommendation includes an increase in the board's base budget of \$109,000 in FY 2018 and \$109,000 FY 2019.
- The Governor recommends changing the language in Minn. Stat. § 144E.35, subd. 1 to increase the initial course reimbursement fee from \$600.00 to \$900.00 and to increase the renewal education fee from \$275.00 to \$350.00.
- The reimbursement increase will assist nonprofit ambulance services with recruitment and retention of its volunteer ambulance attendants.

**Results:**

- This is an existing program. With increased funding, the Board will continue to provide reimbursement to nonprofit ambulance services to more-successfully offset their costs of educating new and current volunteer ambulance attendants, thereby helping with recruitment and retention of a necessary workforce that provides emergency pre-hospital emergency care throughout Greater Minnesota.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of initial education reimbursement payments	102	149	FY15 – FY16
Quantity	Number of renewal education reimbursement payments	799	1253	FY15 – FY16
Quantity	Total amount of initial education reimbursement payments	\$61,200	\$90,000	FY15 – FY16
Quantity	Total amount of renewal education reimbursement payments	\$217,804	\$344,575	FY15 – FY16

**Statutory Change(s):**

This initiative requires a statutory change to M.S. 144E.35.

# FY 2018-19 Federal Funds Summary

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2016 Actuals	FY2017 Budget	FY2018 Base	FY2019 Base	Required State Match or MOE?	FTEs
US Dept. of Health & Human Services - 93.127	Emergency Medical Services for Children: partner with Children's Hospital to improve children pediatric emergency care		\$120	\$130	\$130	\$130		.30
	Federal Fund – Agency Total		\$120	\$130	\$130	\$130		.30

## Narrative:

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) receives \$130,000.00 per year in federal funding. The Emergency Medical Services for Children project is fully funded at the federal level and there have not been any matching state or local funds. There is no required State Match or Maintenance of Effort levels (MOE) for this grant project. The EMSRB receives no other federal grant funds.

Current federal appropriation levels and continuing resolutions as well as guidance from federal agencies were taken into consideration to determine the EMSRB's level of funding for the fiscal years 2018 and 2019. The level of funding has remained consistent and we anticipate the same base level of funding through the end of the current grant award ending February 28, 2018. The basis for awarding the grant is a continuation of past grants and planned budgets of future grants.

The primary goal of this grant project is to partner with Children's Hospital to improve the operational capacity of Minnesota to provide pediatric emergency care. There are three objectives in the current work plan. Objective 1: Improve care by utilizing the ambulance inspection process to obtain data related to pediatric equipment as well as online and offline medical direction for providers. Objective 2: Establish an Advisory Committee that holds four meetings each year. Objective 3: Provide pediatric simulation training to pre-hospital and hospital-based providers in Greater Minnesota.

EMS providers in Greater Minnesota received four hours of pediatric preparedness simulation training. Pediatric resource materials were distributed to the participants. Materials were also distributed by publications, website postings, and directly to providers at conferences. 94% of all Advance Life Saving (ALS) and Basic Life Saving Ambulances (BLS) in the state carry 94% or more of the essential pediatric equipment as outlined in the national guidelines.