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Emergency Medical Services Regulatory Board

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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
- 270 licensed ambulance services operating 851 vehicles across the state
- 339 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 166 approved emergency medical services education programs
- 29,026 certified and registered emergency medical services personnel
- Nearly 400 applicant disclosures reviewed annually
- 46 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency’s jurisdiction
- 65% of the 270 licensed ambulance services have either a volunteer or combination paid / volunteer staffing model.
- 71% of the EMS Regulatory Board’s total budget is disbursed to the emergency medical services community

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, registering medical response units, 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 senior population, generally requiring more frequent and complex care, is increasing. We work with EMS agencies and communities to implement realistic solutions to these issues thereby improving the timely delivery of quality patient care.

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

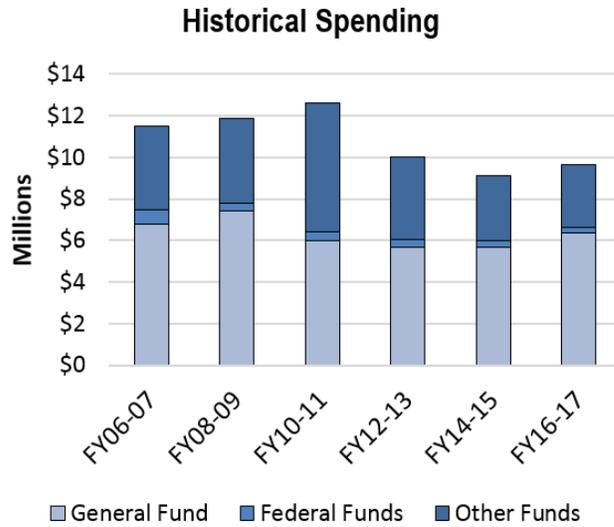
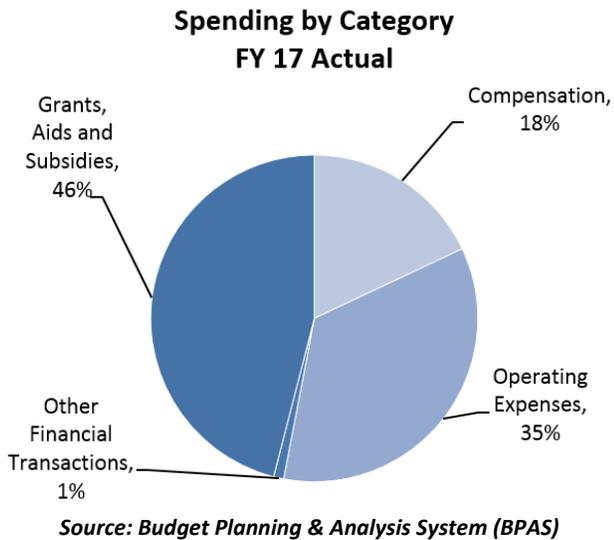
The Board has formed committees and workgroups to aid in the execution of its mission. One such committee is the Medical Direction Standing Advisory Committee, which is comprised of physicians experienced in emergency medicine and emergency medical services and is led by a Board member/emergency physician 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 in both a disciplinary and non-disciplinary 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



The board budget is from a variety of sources: general fund, federal funds, and other funding sources such as revenue from citations issued 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 EMS personnel certification or medical response unit registration. A majority of the agency’s budget is dedicated to grant programs that support emergency medical services statewide.

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, registered medical response units, 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 non-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 and education programs.
 - 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 EMS providers experiencing mental health or substance abuse issues.
- 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 a 24/7 online application and renewal process, no-cost license and certification look-up, and no-cost 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	29,378	27,488	FY 2016 & FY 2018
Quality	Average time from receipt of completed EMS personnel application to issuance of credentials	3 days	1 days	FY 2016 & FY 2018
Quantity	Requests for ambulance services statewide	596,536	607,608	FY 2016 & FY 2018
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Examination	80%	75%	FY 2016 & FY 2018
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Examination	72%	70%	FY 2016 & FY 2018
Quality	Prompt Payments to Grantees (within 45 days)	96%	97%	FY 2016 & FY 2018

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of investigations completed in response to allegations of misconduct	54	46	FY 2016 & FY 2018
Quality	Resolution Cycle: Percentage of investigations resolved within 12 months	100%	100%	FY 2016 & FY 2018

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>).

Emergency Medical Services Regulatory Board

Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
<u>Expenditures by Fund</u>								
1000 - General	2,992	3,383	3,253	4,293	3,603	3,603	3,747	3,809
2000 - Restrict Misc Special Revenue	871	661	923	640	647	647	647	647
2001 - Other Misc Special Revenue	819	673	659	767	683	683	683	683
3000 - Federal	120	118	129	130	130	130	130	130
Total	4,801	4,834	4,963	5,830	5,063	5,063	5,207	5,269
Biennial Change				1,158		(667)		(317)
Biennial % Change				12		(6)		(3)
Governor's Change from Base								350
Governor's % Change from Base								3

Expenditures by Program

Emergency Medical Services Bd	4,801	4,834	4,963	5,830	5,063	5,063	5,207	5,269
Total	4,801	4,834	4,963	5,830	5,063	5,063	5,207	5,269

Expenditures by Category

Compensation	850	866	714	1,146	1,175	1,206	1,305	1,399
Operating Expenses	1,268	1,708	1,582	2,268	1,563	1,532	1,577	1,545
Grants, Aids and Subsidies	2,666	2,236	2,664	2,399	2,308	2,308	2,308	2,308
Other Financial Transaction	17	25	3	17	17	17	17	17
Total	4,801	4,834	4,963	5,830	5,063	5,063	5,207	5,269

Full-Time Equivalent

	9.75	9.11	7.78	4.75	10.40	10.40	11.40	11.40
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Emergency Medical Services Regulatory Board

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
1000 - General								
Balance Forward In	0	212	78	695				
Direct Appropriation	2,904	3,037	3,667	3,598	3,603	3,603	3,747	3,809
Receipts	300	247	203					
Cancellations		36						
Balance Forward Out	212	78	695					
Expenditures	2,992	3,383	3,253	4,293	3,603	3,603	3,747	3,809
Biennial Change in Expenditures				1,171		(340)		10
Biennial % Change in Expenditures				18		(5)		0
Governor's Change from Base								350
Governor's % Change from Base								5
Full-Time Equivalents	8.71	8.32	7.20	4.35	9.90	9.90	10.90	10.90

2000 - Restrict Misc Special Revenue

Balance Forward In	513	423	487	205	204	174	204	174
Receipts	18	7	25	23				
Transfers In	753	718	615	616	617	617	617	617
Balance Forward Out	414	487	205	204	174	144	174	144
Expenditures	871	661	923	640	647	647	647	647
Biennial Change in Expenditures				31		(269)		(269)
Biennial % Change in Expenditures				2		(17)		(17)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents					0.10	0.10	0.10	0.10

2001 - Other Misc Special Revenue

Balance Forward In	17	30	40	64				
Receipts	148			20				
Transfers In	683	683	683	683	683	683	683	683
Balance Forward Out	30	40	64					
Expenditures	819	673	659	767	683	683	683	683
Biennial Change in Expenditures				(66)		(60)		(60)
Biennial % Change in Expenditures				(4)		(4)		(4)
Governor's Change from Base								0

Emergency Medical Services Regulatory Board

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY16	FY17	FY18	FY19	FY20	FY21	FY20	FY21
Governor's % Change from Base								0
Full-Time Equivalents	0.71	0.66	0.45	0.40	0.40	0.40	0.40	0.40

2403 - Gift

Balance Forward In	9	9	9	9	9	9	9	9
Receipts	0	0	0					
Balance Forward Out	9	9	9	9	9	9	9	9

3000 - Federal

Receipts	120	118	129	130	130	130	130	130
Expenditures	120	118	129	130	130	130	130	130
Biennial Change in Expenditures				21		1		1
Biennial % Change in Expenditures				9		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.33	0.13	0.13					

Emergency Medical Services Regulatory Board

Agency Change Summary

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Direct				
Fund: 1000 - General				
FY2019 Appropriations	3,598	3,598	3,598	7,196
Base Adjustments				
Current Law Base Change		2	2	4
Pension Allocation		3	3	6
Forecast Base	3,598	3,603	3,603	7,206
Change Items				
Operating Adjustment		44	101	145
New Staff Position - Education Specialist		100	105	205
Total Governor's Recommendations	3,598	3,747	3,809	7,556
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	640	647	647	1,294
Forecast Base	640	647	647	1,294
Total Governor's Recommendations	640	647	647	1,294
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	767	683	683	1,366
Forecast Base	767	683	683	1,366
Total Governor's Recommendations	767	683	683	1,366
Fund: 3000 - Federal				
Planned Spending	130	130	130	260
Forecast Base	130	130	130	260
Total Governor's Recommendations	130	130	130	260
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	23			
Total Governor's Recommendations	23			
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	20			
Total Governor's Recommendations	20			

Emergency Medical Services Regulatory Board

Agency Change Summary

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Fund: 3000 - Federal				
Forecast Revenues	130	130	130	260
Total Governor's Recommendations	130	130	130	260
 <i>Non-Dedicated</i>				
Fund: 1000 - General				
Forecast Revenues	92	92	92	184
Total Governor's Recommendations	92	92	92	184

Emergency Medical Services Regulatory Board

FY 2020-21 Biennial Budget Change Item

Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	44	101	68	68
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	44	101	68	68
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding of \$145,000 in the FY 2020-2021 biennium to maintain the current level of service delivery at the Emergency Medical Services Regulatory Board (EMSRB).

Rationale/Background:

Each year, the cost of doing business rises—employer-paid health care 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. The EMSRB is a general revenue funded agency and is not supported by fees.

Proposal:

The Governor recommends increasing agency operating budgets to maintain the delivery of current services. For the EMSRB, this funding will cover known employee compensation growth, rent increases, fuel and utilities, vendor costs, and in-state and out-of-state travel.

Base Budget Funding Increase:	FY 2020	FY 2021	FY 2022	FY 2023
Salary and Benefits Increases	\$30,000	\$50,000	\$50,000	\$50,000
Retirement Payouts (one time request)		\$33,000		
Board Travel	\$3,000	\$4,000	\$4,000	\$4,000
Vehicle Cost Increases	\$5,000	\$6,000	\$6,000	\$6,000
Miscellaneous Operational Costs	\$6,000	\$8,000	\$8,000	\$8,000
Total	\$44,000	\$101,000	\$68,000	\$68,000

Equity and Inclusion:

There are no potential positive or negative impacts on the identified groups.

Results:

This proposal is intended to allow EMSRB to continue to provide current levels of service and information to the public.

Statutory Change(s):

This initiative will not require a statutory change.

Emergency Medical Services Regulatory Board

FY 2020-21 Biennial Budget Change Item

Change Item Title: New Staff Position – Education Specialist

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	100	105	105	105
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	100	105	105	105
FTEs	1	1	1	1

Recommendation:

The Governor recommends funding for an emergency medical services (EMS) education specialist at the Emergency Medical Services Regulatory Board (EMSRB).

Rationale/Background:

Since the EMSRB’s inception in 1996 it has largely covered operational cost increases through staffing attrition: from 20 FTEs down to 12 FTEs. Throughout the years, operations have been streamlined and technology and procedural improvements have been utilized, however today there is a need to hire an Education Specialist that was lost through attrition.

The past 36 months have seen an evolution in the nature of EMS education in Minnesota and across the nation. This advancement has created developmental opportunities for education programs who often seek guidance from the EMSRB as to content and delivery. EMS education will continue to evolve, particularly in the area of community paramedicine. The new evidence-based paradigms require demonstration of practical skills competency integrated with critical-thinking skills. There is an ongoing trend in the complexity of the changing emergency medical services environment, particularly in the area of EMS education. Today, nearly 30% of Board disciplinary action is related to education deficiencies.

The EMSRB licenses and regulates over 300 ambulance service providers and over 160 EMS education programs responsible for providing initial and renewal EMS education to nearly 30,000 EMS personnel.

Proposal:

The Education Specialist will oversee the agency’s requirements over EMS education programs by working with the 160+ EMSRB-approved education programs and ensuring alignment with state and national requirements and standards.

Positions:	FY 2020	FY 2021	FY 2022	FY 2023
Education Specialist	\$100,00	\$105,000	\$105,000	\$105,000
Total	\$100,000	\$105,000	\$105,000	\$105,000

Equity and Inclusion:

There are no potential positive or negative impacts on the identified groups.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of EMS education programs approved by the EMSRB	158	169	FY 2016 & FY 2018
Quantity	Number of EMS education programs audited by the EMSRB	0	0	FY 2016 & FY 2018

Statutory Change(s):

This initiative will not require a statutory change.

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
US Dept. of Health & Human Services 93.127	Emergency Medical Services for Children: partner with Children’s Minnesota to improve children pediatric emergency care	No	130	130	130	130	None	0
	Budget Activity Total		130	130	130	130		0
	Program Total		130	130	130	130		0
	Federal Fund – Agency Total		130	130	130	130		0

Narrative

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) receives \$130,000 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 2020 and 2021. The level of funding has remained consistent and we anticipate the same base level of funding through the end of the current five-year grant cycle ending February 28, 2022. The basis for awarding the grant is a continuation of past grants and planned budgets of future grants.

The overall mission of this grant project is to reduce the prevalence of pediatric morbidity and mortality that may occur as a result of acute illness or severe injury. To accomplish this mission, the EMSRB partners with Children’s Minnesota (a/k/a Children’s Hospitals and Clinics) to integrate pediatric-centered health care training, access, and delivery into the emergency medical services (EMS) system. The goal is for the EMS system to respond to pediatric emergencies with well-trained personnel, to provide appropriate intervention with equipment and technology tailored to the unique needs of pediatrics, and to transport pediatric emergencies to the most appropriate healthcare facility in the safest manner possible. Simply put, through this funding the EMSRB seeks to solidify the integration of a pediatric focus within the EMS system.