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Emergency Medical Services Regulatory Board

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mn.gov/emsrb/

AT A GLANCE

- 12% of Minnesota’s population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 264 licensed ambulance services operating 823 ground and 21 air ambulances across the state
- 317 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 191 approved emergency medical services education programs
- 30,259 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.

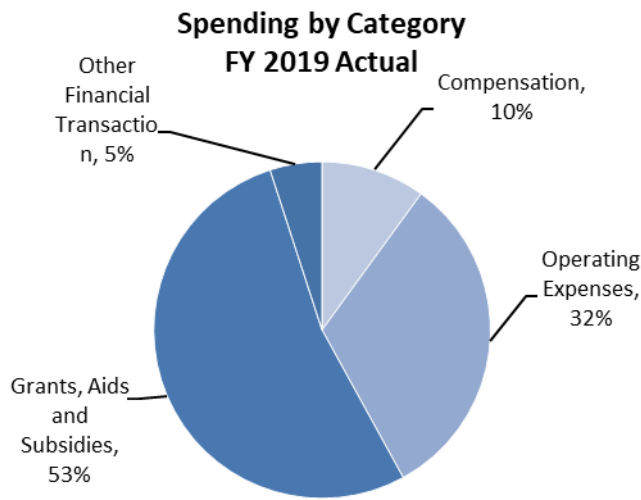
We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

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.

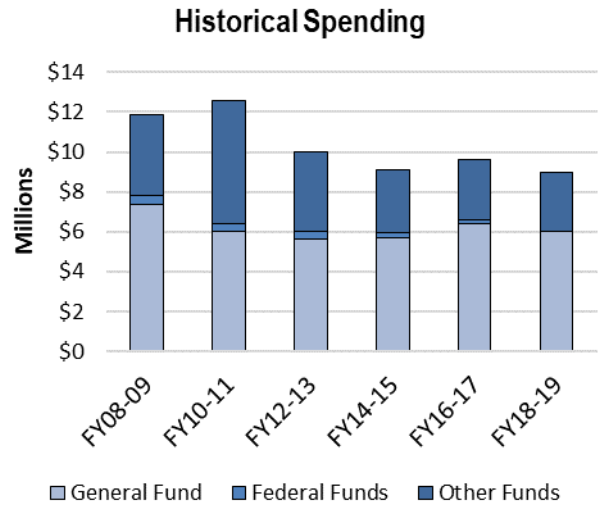
Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery 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.

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

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	27,488	30,259	FY 2018 & FY 2020
Quality	Average time from receipt of completed EMS personnel application to issuance of credentials	1 day	1 day	FY 2018 & FY 2020
Quantity	Requests for ambulance services statewide	607,608	649,697	FY 2018 & FY 2020
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	75%	67%	FY 2018 & FY 2020
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	70%	72%	FY 2018 & FY 2020
Quality	Prompt Payments to Grantees (within 45 days)	97%	96%	FY 2018 & FY 2020

The Emergency Medical Services Regulatory Board’s legal authority comes from Minnesota Statute 144E and Minnesota Rules 4690 (<https://www.revisor.mn.gov/statutes/cite/144E> and <https://www.revisor.mn.gov/rules/4690/>).

Emergency Medical Services Regulatory Board

Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<u>Expenditures by Fund</u>						
1000 - General	3,253	3,224	3,012	4,646	3,776	3,776
2000 - Restrict Misc Special Revenue	923	632	703	657	655	655
2001 - Other Misc Special Revenue	659	632				
3000 - Federal	129	120	116	130	130	130
4900 - 911 Emergency			683	683	683	683
Total	4,963	4,608	4,514	6,116	5,244	5,244
Biennial Change				1,058		(142)
Biennial % Change				11		(1)

Expenditures by Program

Emergency Medical Services Bd	4,963	4,608	4,514	6,116	5,244	5,244
Total	4,963	4,608	4,514	6,116	5,244	5,244

Expenditures by Category

Compensation	714	459	684	1,081	1,397	1,399
Operating Expenses	1,582	1,471	1,285	2,653	1,467	1,465
Grants, Aids and Subsidies	2,664	2,458	2,549	2,379	2,377	2,377
Capital Outlay-Real Property		1				
Other Financial Transaction	3	219	(4)	3	3	3
Total	4,963	4,608	4,514	6,116	5,244	5,244

Full-Time Equivalent

	7.78	4.04	6.07	9.43	12.35	12.35
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Emergency Medical Services Regulatory Board

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
1000 - General						
Balance Forward In	78	936	102	837		
Direct Appropriation	3,667	3,598	3,747	3,809	3,776	3,776
Receipts	203					
Cancellations		1,310	0			
Balance Forward Out	695		837			
Expenditures	3,253	3,224	3,012	4,646	3,776	3,776
Biennial Change in Expenditures				1,181		(106)
Biennial % Change in Expenditures				18		(1)
Full-Time Equivalents	7.20	3.87	6.07	9.33	12.25	12.25

2000 - Restrict Misc Special Revenue

Balance Forward In	487	206	417	215	184	155
Receipts	25	14	11	8	8	8
Transfers In	615	618	490	618	618	618
Balance Forward Out	205	206	215	184	155	126
Expenditures	923	632	703	657	655	655
Biennial Change in Expenditures				(195)		(50)
Biennial % Change in Expenditures				(13)		(4)
Full-Time Equivalents				0.10	0.10	0.10

2001 - Other Misc Special Revenue

Balance Forward In	40	64				
Receipts		17				
Transfers In	683	683				
Transfers Out		133				
Balance Forward Out	64					
Expenditures	659	632				
Biennial Change in Expenditures				(1,291)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents	0.45	0.17				

2403 - Gift

Balance Forward In	9	9	10	10	10	10
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Emergency Medical Services Regulatory Board

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Receipts	0	0	0			
Balance Forward Out	9	10	10	10	10	10

3000 - Federal

Receipts	129	120	116	130	130	130
Expenditures	129	120	116	130	130	130
Biennial Change in Expenditures				(3)		14
Biennial % Change in Expenditures				(1)		6
Full-Time Equivalents	0.13					

4900 - 911 Emergency

Transfers In			683	683	683	683
Expenditures			683	683	683	683
Biennial Change in Expenditures				1,366		0
Biennial % Change in Expenditures						0

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Direct				
Fund: 1000 - General				
FY2021 Appropriations	3,809	3,809	3,809	7,618
Base Adjustments				
Current Law Base Change		(33)	(33)	(66)
Forecast Base	3,809	3,776	3,776	7,552
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	657	655	655	1,310
Forecast Base	657	655	655	1,310
Fund: 3000 - Federal				
Planned Spending	130	130	130	260
Forecast Base	130	130	130	260
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	8	8	8	16
Fund: 3000 - Federal				
Forecast Revenues	130	130	130	260
Non-Dedicated				
Fund: 1000 - General				
Forecast Revenues	73	73	73	146