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**Emergency Medical Services Regulatory Board**

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<https://mn.gov/boards/emsrb/>

### AT A GLANCE

- 13% of Minnesota’s population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 267 licensed ambulance services operating 804 ground and 34 air ambulances across the state
- 341 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 172 approved emergency medical services education programs
- 29,877 certified and registered emergency medical services personnel
- Nearly 400 applicant disclosures reviewed annually
- 71 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency’s jurisdiction
- 65% of the 267 licensed ambulance services have either a volunteer or paid / volunteer staffing model
- 71% of the EMS Regulatory Board’s total budget is disbursed to the emergency medical services community

### PURPOSE

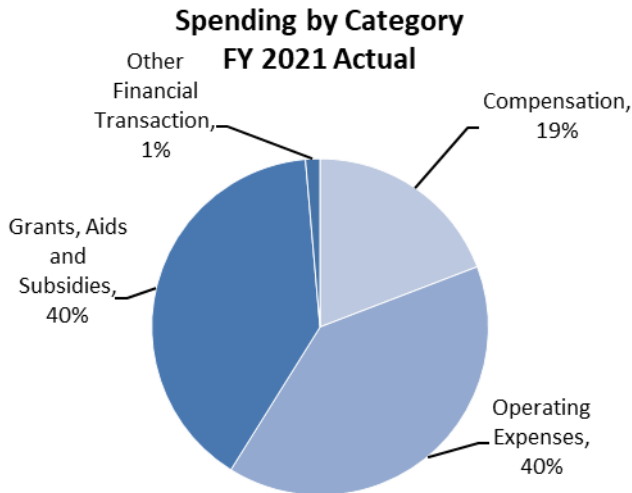
The mission of the Minnesota Emergency Medical Services (EMS) Regulatory Board (Board) is to protect the public’s health and safety through regulation and support of the EMS system. We are the lead agency in Minnesota responsible for certifying EMS personnel, licensing, and inspecting ambulance services, registering medical response units, and approving and auditing education programs. We 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.

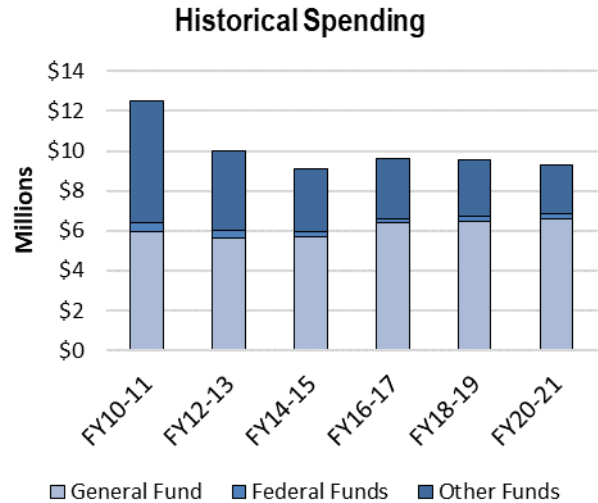
The Board has formed committees and workgroups to aid in the execution of its mission. One such committee is the Medical Direction Standing Advisory Committee, comprised of physicians experienced in emergency medicine and emergency medical services and led by a Board member/emergency physician who serves 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 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	30,259	29,877	FY 2020 & FY 2022
Quality	Average time from receipt of completed EMS personnel application to issuance of credentials	1 day	1 day	FY 2020 & FY 2022
Quantity	Requests for ambulance services statewide	649,697	738,167	FY 2020 & FY 2022
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	67%	75%	FY 2020 & FY 2022
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	72%	71%	FY 2020 & FY 2022
Quality	Prompt Payments to Grantees (within 30 days)	96%	92%	FY 2020 & FY 2022

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/>).

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base		Governor's Recommendation	
					FY24	FY25	FY24	FY25
<b><u>Expenditures by Fund</u></b>								
1000 - General	3,012	3,594	4,459	5,142	3,776	3,776	4,317	4,376
2000 - Restrict Misc Special Revenue	703	372	419	540	407	407	407	407
2001 - Other Misc Special Revenue			9					
3000 - Federal	116	122	126	147	205	205	205	205
4900 - 911 Emergency	683	683	683					
<b>Total</b>	<b>4,514</b>	<b>4,771</b>	<b>5,697</b>	<b>5,829</b>	<b>4,388</b>	<b>4,388</b>	<b>4,929</b>	<b>4,988</b>
Biennial Change				2,241		(2,750)		(1,609)
Biennial % Change				24		(24)		(14)
Governor's Change from Base								1,141
Governor's % Change from Base								13

**Expenditures by Program**

Emergency Medical Services Bd	4,514	4,771	5,697	5,829	4,388	4,388	4,929	4,988
<b>Total</b>	<b>4,514</b>	<b>4,771</b>	<b>5,697</b>	<b>5,829</b>	<b>4,388</b>	<b>4,388</b>	<b>4,929</b>	<b>4,988</b>

**Expenditures by Category**

Compensation	684	914	1,043	1,352	1,308	1,328	1,604	1,677
Operating Expenses	1,285	1,895	1,576	1,095	707	687	952	938
Grants, Aids and Subsidies	2,549	1,895	3,067	3,377	2,368	2,368	2,368	2,368
Other Financial Transaction	(4)	66	10	5	5	5	5	5
<b>Total</b>	<b>4,514</b>	<b>4,771</b>	<b>5,697</b>	<b>5,829</b>	<b>4,388</b>	<b>4,388</b>	<b>4,929</b>	<b>4,988</b>

**Full-Time Equivalent**

	6.07	7.74	9.08	11.38	11.00	11.00	13.00	13.00
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(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25		Governor's Recommendation FY24 FY25	
<b>1000 - General</b>								
Balance Forward In	102	1,077	248	566				
Direct Appropriation	3,747	3,605	4,780	4,576	3,776	3,776	4,317	4,376
Transfers Out		25						
Cancellations	0	815	3					
Balance Forward Out	837	248	566					
<b>Expenditures</b>	<b>3,012</b>	<b>3,594</b>	<b>4,459</b>	<b>5,142</b>	<b>3,776</b>	<b>3,776</b>	<b>4,317</b>	<b>4,376</b>
Biennial Change in Expenditures				2,995		(2,049)		(908)
Biennial % Change in Expenditures				45		(21)		(9)
Governor's Change from Base								1,141
Governor's % Change from Base								15
Full-Time Equivalents	6.07	7.74	8.85	11.01	10.88	10.88	12.88	12.88

**2000 - Restrict Misc Special Revenue**

Balance Forward In	417	232	250	133				
Receipts	11	8	0	2	2	2	2	2
Transfers In	490	359	302	405	405	405	405	405
Balance Forward Out	215	227	133					
<b>Expenditures</b>	<b>703</b>	<b>372</b>	<b>419</b>	<b>540</b>	<b>407</b>	<b>407</b>	<b>407</b>	<b>407</b>
Biennial Change in Expenditures				(116)		(145)		(145)
Biennial % Change in Expenditures				(11)		(15)		(15)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			0.11	0.25				

**2001 - Other Misc Special Revenue**

Receipts			9					
<b>Expenditures</b>			<b>9</b>					
Biennial Change in Expenditures				9		(9)		(9)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.05					

**Emergency Medical Services Regulatory Board**

**Agency Financing by Fund**

*(Dollars in Thousands)*

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25		Governor's Recommendation FY24 FY25	
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**2403 - Gift**

Balance Forward In	10	10	10	10	10	10	10	10
Receipts	0	0	0					
Balance Forward Out	10	10	10	10	10	10	10	10

**3000 - Federal**

Receipts	116	122	126	147	205	205	205	205
<b>Expenditures</b>	<b>116</b>	<b>122</b>	<b>126</b>	<b>147</b>	<b>205</b>	<b>205</b>	<b>205</b>	<b>205</b>
Biennial Change in Expenditures				36		137		137
Biennial % Change in Expenditures				15		50		50
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			0.07	0.12	0.12	0.12	0.12	0.12

**4900 - 911 Emergency**

Transfers In	683	683	683					
<b>Expenditures</b>	<b>683</b>	<b>683</b>	<b>683</b>					
Biennial Change in Expenditures				(683)		(683)		(683)
Biennial % Change in Expenditures				(50)				
Governor's Change from Base								0
Governor's % Change from Base								

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
<b>Direct</b>				
<b>Fund: 1000 - General</b>				
FY2023 Appropriations	4,576	4,576	4,576	9,152
<b>Base Adjustments</b>				
Current Law Base Change		(800)	(800)	(1,600)
<b>Forecast Base</b>	<b>4,576</b>	<b>3,776</b>	<b>3,776</b>	<b>7,552</b>
<b>Change Items</b>				
Maintain Current Service Levels		187	236	423
Enhancement of Existing Agency Services and Implementation of OLA Audit Recommendations		354	364	718
<b>Total Governor's Recommendations</b>	<b>4,576</b>	<b>4,317</b>	<b>4,376</b>	<b>8,693</b>
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	540	407	407	814
Forecast Base	540	407	407	814
<b>Total Governor's Recommendations</b>	<b>540</b>	<b>407</b>	<b>407</b>	<b>814</b>
<b>Fund: 3000 - Federal</b>				
Planned Spending	147	205	205	410
Forecast Base	147	205	205	410
<b>Total Governor's Recommendations</b>	<b>147</b>	<b>205</b>	<b>205</b>	<b>410</b>
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	2	2	2	4
<b>Total Governor's Recommendations</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>Fund: 3000 - Federal</b>				
Forecast Revenues	147	205	205	410
<b>Total Governor's Recommendations</b>	<b>147</b>	<b>205</b>	<b>205</b>	<b>410</b>
<b>Non-Dedicated</b>				
<b>Fund: 1000 - General</b>				
Forecast Revenues	78	78	78	156
<b>Total Governor's Recommendations</b>	<b>78</b>	<b>78</b>	<b>78</b>	<b>156</b>



# Emergency Medical Services Regulatory Board

## FY 2024-25 Biennial Budget Change Item

### Change Item Title: Maintain Current Service Levels

Fiscal Impact (\$000s)	FY 2024	FY 2025	FY 2026	FY 2027
General Fund				
Expenditures	187	236	236	236
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	187	236	236	236
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Recommendation:

The Governor recommends additional funding of \$187,000 in FY 2024 and \$236,000 in each subsequent year from the general fund to maintain the current level of service delivery at the Board of Emergency Medical Services (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.

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 EMSRB, operating cost pressures exist in multiple categories—increases in compensation and insurance costs at the agency, increasing costs to maintain our current staff complement in a challenging labor market, and increasing IT costs. If an operational increase is not provided, EMSRB will be unable to implement recommendations from the Office of the Legislative Auditor (OLA) and will experience a degradation of services.

### Proposal:

The Governor recommends increasing agency operating budgets to support maintaining the delivery of current services. For EMSRB, this funding will support expected and anticipated employee compensation growth and known cost increases in lease rates, IT services, and other operating costs.

### Results:

This proposal is intended to allow the Board of Emergency Medical Services to continue to provide current levels of service and information to the public.

# Emergency Medical Services Regulatory Board

## FY 2024-25 Biennial Budget Change Item

### Change Item Title: Enhancement of Existing Agency Services and Implementation of OLA Audit

#### Recommendations

Fiscal Impact (\$000s)	FY 2024	FY 2025	FY 2026	FY 2027
General Fund				
Expenditures	354	364	364	364
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	354	364	364	364
FTEs	2	2	2	2

#### Recommendation:

The Governor recommends the addition of two FTEs for the Emergency Medical Services Regulatory Board. One FTE would be dedicated to our field operations section to provide for additional inspection and technical assistance support functions to the states approximately 250 licensed EMS services. \$354,000 is being requested from the general fund for FY 24 and \$364,000 for FY25.

#### Rationale/Background:

There are multiple issues that the EMSRB is working to address with this change item request. Several of those issues were highlighted in a recent performance audit of the state’s emergency medical services system by the Office of the Legislative Auditor, which was released in February of 2022. The problems and the corresponding recommendation from the OLA are outlined below.

The OLA recommended to the EMSRB that it ensure that the organization fulfills its responsibilities and maintains adequate staff to do so. The report highlighted that there were some vacancies that had been filled, but that other openings remain. Adoption of this change item funding two additional state program administrators within the EMSRB would assist the agency in fulfilling the recommendation and providing additional services and support to EMS agencies in greater Minnesota and our regional EMS systems where the need is currently the greatest. Additionally, the OLA also recommended that there should be more stringent requirements for ambulance services as part of this recommendation it was highlighted that agency inspections should occur more frequently. Addition of these FTE’s will allow for more inspections to be conducted each year. To conclude, at its height the EMSRB was staffed at a level of 17 FTE compared to its present day 10 FTE. This request accounts for \$254,000 in FY24 and \$264,000 in FY25.

Secondly the OLA recommended to the EMSRB that it update its administrative rules, a process that has not occurred since pre-2012. The EMSRB has begun to take what steps it can with its present budget by focusing on the exempt rule, and the repeal of obsolete rule process. However, additional rulemaking process will require additional hearings and funding to afford the rulemaking process. Funding of this proposal would allow for a comprehensive update to the EMSRBS administrative rules and can address numerous other findings contained within the OLA report. This request accounts for \$100,000 in FY24 and \$100,000 in FY25.

#### Proposal:

Both proposals as outlined in the Rationale section above will provide additional administrative and programmatic capacity for the EMSRB, while also addressing concerns and recommendation of the OLA. The additional 2 FTE’s

will further result in expansion of existing programs, which will allow for more timely response times to inquiries and concerns, a larger number of EMS agencies supported, and a higher number of ambulance inspections completed within targeted timelines. Additionally, providing funding for the rulemaking process will allow the agency to promulgate rules with a focus on holding licensed services accountable to providing high level quality care in a manner that we simply are unable to today with outdated and antiquated rules.

The EMSRB is a general fund agency and keeps no revenue that it generates from its programmatic activities. Additionally, our fees are set forth in statute and there are no opportunities to increase revenues to offset these costs, as all fees collected are tied to a multiyear license.

For FTE expenses the EMSRB worked with the Small Agency Resource Team within the Department of Administration and utilized the available position calculator. Projections for rulemaking costs were based on the most current published version of the Minnesota Administrative Rulemaking Manual.

Success for this change item will be evaluated based on the completion and timeliness of completion of different recommendations of the OLA. Specifically, 15% a year over year increase in the number of EMS agency inspections conducted and the adoption of administrative rules related to ambulance safety standards and EMS education would be viewed as successful by the EMSRB.

**Impact on Children and Families:**

This budget proposal ensures that the Emergency Medical Services Regulatory Board will be able to continue its core mission of protecting families and ensuring that emergency medical services is available to be able to respond to emergency calls for service from Minnesota families across the state.

**Equity and Inclusion:** There are no equity or inclusion programs created or impacted by this change item

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes

No

**Results:**

Part A: Performance measures

As it related to EMS agency inspections, the EMSRB has inspected 60% of licensed ambulance services since June 1, 2019. The agencies' goal is to complete an inspection of the remaining 40% of licensed agencies by March 13, 2023. This would essentially be a four-year cycle of inspections. Optimally the EMSRB would like to get to having all ambulance services inspected no longer than every 2 years. COVID-19 played some level of impact into limiting the number of inspections previously. However, due to staffing shortages and positions remaining unfilled there were lapses in inspections even prior to COVID.

As it relates to administrative rulemaking the last revisions to Chapter 4690 occurred in 2012. Those revisions appear to be largely restricted to repeals and editorial changes. The agency is currently in the process of repealing an additional obsolete rule, but it is readily apparent that large sections of Chapter 4690 require significant revisions.

**Statutory Change(s):**

No statutory changes required

## Emergency Medical Services Regulatory Board

## Federal Funds Summary

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	FY 2022 Actual	FY 2023 Budget	FY 2024 Base	FY 2025 Base	Required State Match or MOE?	FTEs
US Dept. of Health & Human Services CFDA 93.127	<b>Emergency Medical Services for Children:</b> partner with Children’s Minnesota to improve children pediatric emergency care.	\$ 126	\$ 147	\$ 205	\$ 205	No	0.12
	<b>Federal Fund – Agency Total</b>	<b>\$ 126</b>	<b>\$ 147</b>	<b>\$ 205</b>	<b>\$ 205</b>		<b>0.12</b>

### Narrative

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) previously received \$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. For the grant application cycle beginning in FY 2024 the federal government requested application in the amount of \$205,000 per fiscal year.

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 2022 and 2023. The level of funding has remained consistent and we anticipate increases in base level of funding through the end of the current five-year grant cycle ending February 28, 2027 to the amount of \$205,000. The basis for awarding the grant is a continuation of past grants and planned budgets of future grants.

The overall mission 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 with in the EMS system.