



Office of Emergency Medical Services Annual Report

For Activities Ending December 31, 2025

02/15/2026

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A Message from the Director



*Dylan Ferguson, OEMS
Director*

Minnesota’s Emergency Medical Services (EMS) system remains a critical component of the state’s healthcare and public safety infrastructure. Every day, EMS professionals deliver high-quality, patient-centered care in homes, workplaces, roadways, and communities across Minnesota. The clinical strength of our EMS system is evident in the skill, training, and professionalism of our workforce, as well as in the outcomes achieved for patients experiencing medical emergencies and traumatic injury.

In recent years, the Minnesota Legislature has made meaningful investments in EMS. These investments reflect a shared recognition that EMS is an essential public service and a vital link in the broader healthcare continuum. Legislative support has strengthened workforce initiatives, supported system infrastructure, and improved access to care in both urban and rural communities. These commitments have helped stabilize services and position the system for continued clinical excellence.

At the same time, it is important to acknowledge the significant financial challenges facing ambulance services in Minnesota and across the nation. Rising operational costs, workforce shortages, and reimbursement models that do not fully reflect the cost of readiness and response continue to strain EMS agencies of all sizes. While recent investments have provided critical support, long-term sustainability will require ongoing attention, data-driven policy decisions, and continued collaboration among state leaders, EMS providers, and healthcare partners.

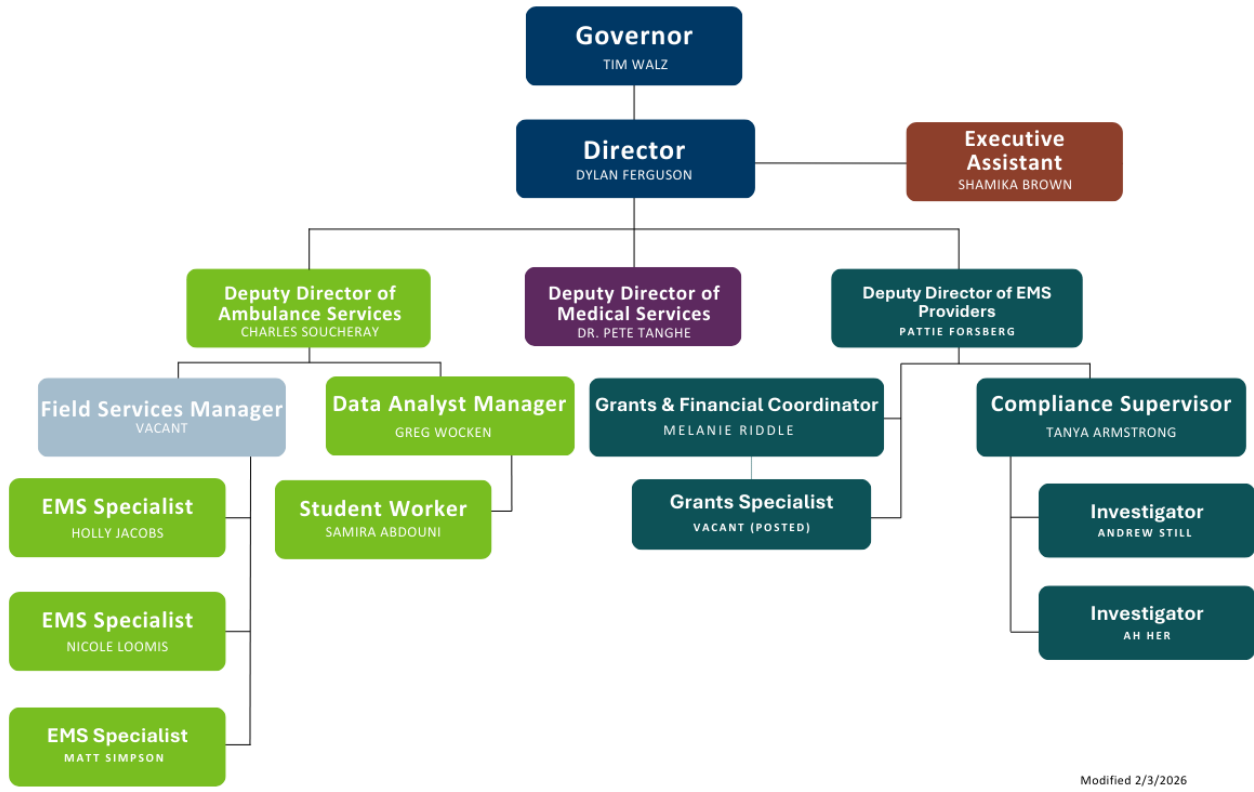
Partnerships remain central to strengthening Minnesota’s EMS system. The Office of Emergency Medical Services works closely with the Minnesota Department of Health to support and integrate EMS within the statewide trauma system, ensuring timely and appropriate care for injured patients. Collaboration with the Office of Drug Addiction and Recovery advances coordinated overdose response efforts, helping EMS clinicians save lives and connect patients to recovery-oriented resources. In partnership with the Office of Traffic Safety, EMS plays a vital role in post-crash care as Minnesota works toward the shared goal of zero deaths on our roadways.

As Minnesota looks ahead, EMS will continue to evolve as a clinically advanced, community-focused system that responds to both everyday emergencies and extraordinary events. The Office of Emergency Medical Services remains committed to working with the Legislature, state agency partners, and local EMS providers to strengthen system performance, support the workforce, and ensure that all Minnesotans have access to high-quality emergency medical care now and into the future.

Director's Office

Office Structure and Leadership

OEMS began operation on January 1, 2025, taking responsibilities from the former Emergency Medical Services Regulatory Board (EMSRB). [Minnesota 2024 Session Law Chapter 122](#), prescribed the organizational structure for the Office and for the advisory council structure. OEMS worked diligently to swiftly and efficiently implement that organizational structure. The current organizational chart for OEMS is displayed below.



The Director and the various divisions of OEMS are advised by different advisory councils made up of different EMS related constituencies. Activities of each advisory council are included throughout this report.

EMS Strategic Planning

Minnesota Statute 144E.011 Subdivision 5 requires the creation of a work plan to guide the work of the office and the statewide EMS system. OEMS spent 2025 gaining feedback from various constituencies within the EMS community and the three advisory councils.

At the time of publishing a draft workplan has been created incorporating all the feedback. The draft plan was presented to the Labor and EMS Provider Advisory Council on November 10, 2025, where it was endorsed by that council. The workplan will be presented to the two remaining advisory councils for feedback in 2026 prior to final adoption by the Director.

The current draft of the plan focuses on five strategic goals:

EMS Workforce	EMS Finance	System Infrastructure	Culture & Public Education	Laws & Rules
Support, expand, and retain an engaged, qualified, and sustainable EMS workforce across Minnesota.	Support efforts to provide stable and sustainable funding to maintain and modernize emergency medical services in Minnesota.	Strengthen state and regional EMS system infrastructure to better meet the needs of patients, communities, and EMS organizations.	Understand and respond to the public's needs and expectations of emergency medical services.	Provide meaningful, supportive, and accountable oversight of the EMS system through reasonable law and regulation.

OEMS expects the inaugural workplan to be finalized sometime in calendar year 2026.

Administrative Rule Update

At the request and with the recommendation of the EMS Physician Advisory Council, OEMS updated [Minnesota Rules Chapter 4690.8300](#) to allow for BLS ambulance services to administer Intranasal Glucagon and to allow for the administration of pre-measured intranasal epinephrine.

OEMS intends to update Chapter 4690.1500 to update ground ambulance vehicle standards which are currently tied to the original federal government standard for ambulances that was created in 1983. Additional planned projects include adopting rules to codify current EMS data submission requirements and revising 4690.0200 that pertains to contents of licensure applications.

EMS Financial Support Programs

The Office of Emergency Medical Services administered multiple EMS funding programs that were designed to provide direct support to ambulance services across the state. Two programs, the 2024 Emergency Ambulance

Aid Program, which provided \$24 million dollars in aid payments during SFY2025 and the Ambulance Operating Deficit Grant Program which provides \$8.2 million in grant awards for SFY2026 and an additional \$8.2 million in grant awards for SFY2027 have separate reports. The spending summary for the Emergency Ambulance Aid program can be found [here](#). The 2025 progress report on the Ambulance Operating Deficit Grant program can be found [here](#).

Preliminary Ambulance Cost Report Data

In 2025 OEMS conducted a refresh of cost collection data for ambulance services as required under Minnesota Statute 62J.49. 95.80% of the state’s ambulance services submitted data for this assessment, which is a nearly 10% increase from the 2023 reporting cycle. While a comprehensive report will be published in 2026, preliminary data of top line findings are included below

- Collectively the operating deficit of all Minnesota ambulance services for the 2025 reporting cycle (based on 2024 data) was **(\$57,309,858.45)**
- 144 of operating units reporting or 64%, reported a level of operating deficit for the reporting cycle. Losses per service ranged from just under \$500 to more than \$10 million. This is a percentage decrease from the 2023 reporting cycle where 72% of operating units reported a financial loss.
 - **The cumulative losses of all services posting an operating deficit totaled nearly \$114 million.**
- Volunteer staff provided a **\$64.03 million dollar labor subsidy** statewide, contributing 1.6 million hours of time.
- Operational expenses for all ambulance services statewide exceeded \$510 million. This is approximately a 12% increase from the 2023 reporting cycle.

Expense Category	Amount of Operational Expense	% of Total Operational Expenses
Personnel	\$359,120,676.29	70%
Other	\$112,386,754.50	22%
Vehicle Fuel/Maintenance	18,753,183.65	4%
Supplies and Equipment	\$18,150,705.71	4%
Education	\$1,763,479.54	<1%
Travel	\$612,433.51	<1%
Fundraising Expenses	\$110,276.38	<1%

Table 1: Ambulance service operational expenses by category

- There are a variety of different factors that impact the cost of operating an ambulance. The number one predictor of cost is the level of service provided.

License Level	Cost per Annum
Advanced Life Support (ALS)	\$1,256,343
Basic Life Support (BLS)	\$223,866

Table 2: Ambulance yearly operation cost by license level

Alternate EMS Response Pilot Grant (Sprint Medic)

Program Purpose



The Alternative Emergency Medical Services Response Model Pilot Program was implemented to explore alternative approaches to delivering advanced life support services in areas experiencing staffing constraints, variable call volumes, and geographic challenges. The pilot is intended to expand advanced life support intercept capability, improve response reliability, and maintain patient safety while allowing flexibility in how ambulance services coordinate staffing and resources. The program is designed to operate within existing service areas while supporting continued compliance with state ambulance service requirements.

Program Design

Under the pilot program, a primary ambulance service partners with a supporting ambulance service to jointly respond to emergency ambulance calls. The primary ambulance service is a basic life support or part-time advanced life support service, while the supporting ambulance service is a full-time advanced life support service. The model allows a supporting ambulance service to provide advanced life support intercept and staffing support, including response with either an ambulance or a fully equipped non-transporting vehicle. Joint responses may occur anywhere within the partnering ambulance services' primary service areas, including locations outside the counties in which the pilot sites are located.



Participating Ambulance Services

Otter Tail/Grant County (BLS)	Otter Tail/Grant County (ALS)	St. Louis County (BLS)	St. Louis County (ALS)
Ashby Ambulance	Perham Area EMS	Boise Forte Ambulance	Virginia Fire Department Ambulance
Henning Ambulance	Ringdahl Ambulance	Cook Area Ambulance Service	
Hoffman Ambulance	Lake Region Healthcare Ambulance	Orr Ambulance Service	
Parkers Prairie Ambulance		Tower Ambulance Service	

Table 3: Participating ambulance services by county and type

Program Implementation Timeline

Otter Tail County



St. Louis County



Preliminary Evaluation Data

Observations to Date

Otter Tail and Grant County Site

- Otter Tail County’s reporting highlights the challenges and opportunities that the pilot program offers.
 - *The Sprint Paramedic model continued to demonstrate strong value by providing early ALS intervention for conditions such as seizures, chest pain, overdose, and traumatic injuries. These situations reaffirmed that rapid ALS arrival meaningfully improves patient assessment, scene coordination, and communication with families – benefits that remain consistent regardless of call frequency.*

- *A strength has been the continued stabilization of BLS agency staffing. With fewer gaps requiring Sprint Medics to serve in a staffing capacity, the program was able to stay focused on its core mission of supporting high-acuity patient care. At the same time, newer EMTs reported that the presence of Sprint Medics contributed to their learning and confidence. This reinforces that the program supports not only patients, but also the development of the rural EMS workforce by providing real-time mentorship during calls.*
- *Operationally, Sprint Medics continued to add value far beyond 911 response. During slower periods, they made measurable contributions to community safety, including mapping AEDs, assisting the Elbow Lake Emergency Department, teaching youth emergency skills, providing CPR training, and supporting law enforcement and fire agencies. These activities highlight the adaptability of the program and its ability to meet community needs outside traditional EMS responses which is an important insight as rural regions look for innovative ways to strengthen public safety infrastructure. There remain many opportunities to grow this area of the program, but we have struggled to identify sufficient downtime activities to engage paramedic skills, particularly in Otter Tail County where paramedics are stationed far from hospital emergency departments.*
- *Feedback from community engagement, particularly in the Henning service area, showed the ongoing need for transparent communication and collaboration as local leaders evaluate how the Sprint Paramedic model can best serve their communities. Overall, there was strong support from community members to continue making the most out of the pilot program opportunity. However, some responders still express hesitation and don't feel the program is necessary. These conversations underscore that program success will be dependent on how well the program integrates with existing emergency response structures and builds trust between emergency responders.*

OEMS Staff visited Otter Tail County and connected with the supporting ambulance services, reviewed the three sprint medic vehicles and discussed the program progress. The biggest challenge for Otter Tail and Grant County has been to ensure the sprint medic program operations meet the primary ambulance services' needs and that operations align with expectations. Change is hard in EMS, and they are continuing to navigate communications with the partnering ambulance services. The supporting ambulance services have wrestled with how to strengthen staffing within the program (some paramedics are hesitant to sign onto the program due to its limited duration and end date) and to coordinate adequate down time tasks that can be left once a call comes in. The biggest program accomplishment to date has been sustaining operations and to work through the primary ambulance service requests on how to best utilize the Sprint Medic.

Regarding the financial side of the program, to date, Otter Tail County has expended less than anticipated and there is a trend of spending being less than budgeted.

Preliminary Data

Grantee	Otter Tail/Grant County Program Performance to Date
Sprint Paramedic Responses	202
Transports with Sprint Medic onboard Ambulance	120 (59%)
Average Sprint Medic Response Time	9 Minutes
Satisfaction- Patient was Treated Respectfully	100%
Satisfaction- Care Provided was Appropriate	100%

Table 4: Otter Tail County Sprint Medic Data 02/2025 – 12/2025

St. Louis County Site



OEMS Staff visited the Virginia Fire Department Ambulance and the staff of St. Louis County to review the program, status, and the in-service vehicle. The biggest challenge to date was dealing with equipment delays and being patient at the start of the grant to ensure that all the primary ambulance services were informed and in agreement. The biggest program accomplishment to date has been working through the challenges and that the City of Virginia and St. Louis County have been working extremely well together for the shared goal of a successful Sprint Medic program to benefit Minnesotans. The response and survey data will be tracked, and the start of the busier tourist season should provide enough information to fully evaluate the efficacy of this pilot project.

Regarding the financial side of the program, to date, St. Louis County has expended less than previously budgeted, although this should change with the program becoming operational and beginning to incur personnel costs to operate the Sprint Medic program. The two in-service Sprint Medic vehicles start the day by traveling to their respective station locations: Medic 51 is assigned to Cook, MN, and Medic 52 is assigned to Tower, MN.

A local policy challenge that arose with the creation of the Sprint Medic program is a way to release care from a paramedic to a lower level of care (BLS service). Since Sprint Medics do not transport patients, but are first on scene, they might assess and stabilize the patient, who is then transported by a BLS service, collaboration amongst local medical directors has been helpful in addressing that challenge.

Ambulance Service Training and Staffing Grants (Earn While you Learn)

The Ambulance Service Training and Staffing Grant Program was established to support Minnesota ambulance services in developing or expanding existing “Earn While You Learn” recruitment programs. The Office of Emergency Medical Services (OEMS) implemented the program through an open and competitive request for proposals (RFP), consistent with the [Minnesota Legislature Laws 2025, Special Session, Chapter 3, Article 5, Section 3](#). The application period opened on September 3, 2025, and closed on October 17, 2025, with an applicant information session held on October 6, 2025, to provide technical assistance and clarify eligibility, application requirements, and program expectations. The grant period was established as January 1, 2026, through December 31, 2026, with \$2 million dollars available statewide and no maximum or minimum award amounts specified.

Four applications were received by the deadline from the Jackson Ambulance Service, Mayo Clinic Ambulance Service, Regions Hospital dba HealthPartners Medical Transportation, and Sanford Health Network. In accordance with [Minnesota Statutes § 16B.981](#) and [OGM Policy 08-06](#), OEMS conducted pre-award risk assessments for all applicants, reviewing financial, operational, and past performance information. Applications were evaluated by a review team, including community and external reviewers, using criteria that included service need, sustainability, approach, organizational capacity, and community and geographic impact. Based on application scores, financial review, and feasibility of proposed work plans, the director approved grant awards totaling \$475,554. Grants were awarded to Health Partners Medical Transportation (\$214,560), Jackson Ambulance Service (\$63,855), Mayo Clinic Ambulance Service (\$83,256), and Sanford Health Network (\$113,883). Grantees will submit monthly reports and invoices to support oversight and ensure alignment with statutory intent, and a subsequent funding round is planned for state fiscal years 2026-2027.

Grantee	Grant Award Amount	Projected Number of EMTs Funded
Health Partners	\$214,560	12
Jackson Ambulance Service	\$63,855	7
Mayo Clinic Ambulance Service	\$83,256	8
Sanford Health Network	\$113,883	9
Program Total to Date	\$475,554	36

Table 5: Ambulance Service Training and Staffing Grant awards

Division of Ambulance Services



Charles Soucheray, Deputy Director of Ambulance Services

Established on January 1, 2025, as a core pillar of the newly formed Minnesota Office of Emergency Medical Services (OEMS), the Ambulance Services Division is responsible for the licensing, oversight, and coordination of the state's emergency medical response infrastructure. Throughout 2025, the Division managed the transition of 341 ambulance service licenses and oversight of nearly 31,000 certified personnel. Under the leadership of a Deputy Director, the Division's primary mandate remains the enforcement of high standards for safety and reliability through rigorous on-site inspections, financial data collection, and the management of Primary Service Areas (PSAs). By centralizing these regulatory functions within the OEMS, the Division has enhanced its ability to monitor compliance and ensure that every Minnesotan—from the Twin Cities to the most remote rural regions—has access to timely and effective emergency care.

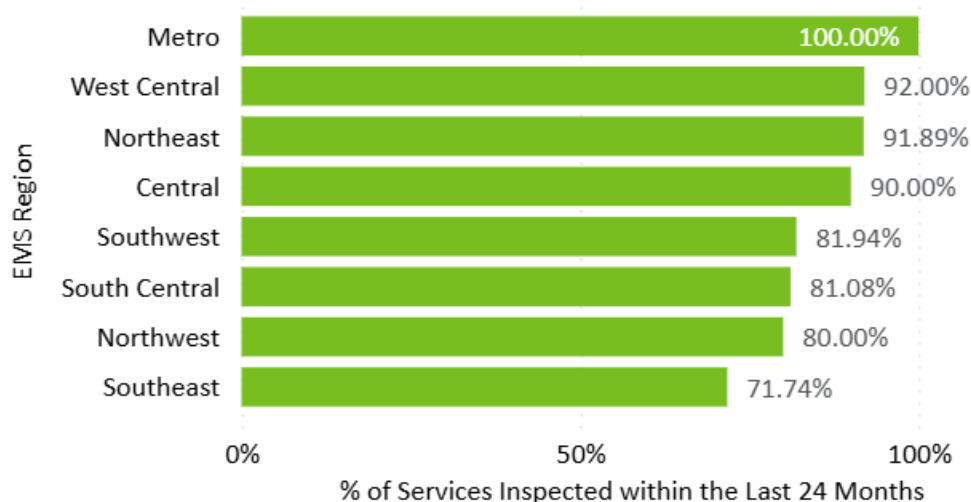
In addition to its regulatory duties, the Ambulance Services Division played a critical role in 2025 in addressing the financial and operational sustainability of the state's EMS system. A primary focus of the year was the administration of the \$24 million Emergency Ambulance Service Aid package, ensuring that one-time funds were properly encumbered for vital capital and operational expenses by the December 31 deadline. The Division also launched the "Earn While You Learn" grant initiative, awarding nearly \$500,000 to support workforce development and EMT training. By integrating data-driven performance metrics with expanded grant administration, the Division is moving toward a more proactive support model, helping local services navigate staffing hardships while maintaining the integrity of Minnesota's 24/7 emergency medical safety net.

Inspections

The OEMS Ambulance Services Division utilizes regular inspections to ensure a high standard of care across Minnesota. During these reviews, EMS Specialists verify that ambulances are mission-ready and equipped with life-saving technology, while also auditing operational policies for compliance with state requirements. More than just a regulatory check, these inspections provide an essential platform for staff to offer ongoing support to local providers.

In 2025, the OEMS conducted 157 in-person inspections; as a result, 86% of the state's ambulance services have undergone a formal review within the last 24 months (as of year-end 2025).

Percentage of Ambulance Services Inspected within the Last 24 Months by Region



Emergency Medical Services Advisory Council Activities

Overview and Mandate

The 2025 calendar year marked the inaugural year of the Emergency Medical Services Advisory Council (EMSAC), established on January 1, 2025, following the legislative transition from the Emergency Medical Services Regulatory Board (EMSRB) to the Office of Emergency Medical Services (OEMS). The Council is tasked with providing expert insight and making formal recommendations to the OEMS Director and the Deputy Director of Ambulance Services regarding the administration of state statutes, the regulation of ambulance services and medical response units, and the general operation of Minnesota’s EMS system. As a representative body, the Council includes diverse stakeholders, including EMTs, paramedics, medical directors, fire-based EMS representatives, hospital administrators, and public members.

2025 Meeting Schedule

The Council successfully met four times during its first year to establish its leadership and address critical regulatory updates:

- **January 31, 2025:** Inaugural meeting focused on the election of officers and the formal transition to the OEMS.
- **April 17, 2025:** Quarterly meeting to discuss rule-making and strategic planning.
- **July 17, 2025:** Quarterly meeting focused on legislative updates and system performance metrics.
- **October 16, 2025:** Final meeting of the year to synthesize annual recommendations and set the 2026 schedule.

Key Discussion Items and Recommendations

Throughout 2025, the Council deliberated several high-priority issues essential to the stability of the state’s emergency services:

- **Leadership and Governance:** The Council elected Paul Drucker as Chair and Lisa Rogers as Vice Chair to two-year terms and updated the Council’s charter to reflect these leadership structures.
- **Rulemaking and Standards:** A primary focus was the "Intent to Adopt Rules" regarding Ground Ambulance Vehicle Standards. Members discussed updating these standards, noting that the current version dated back to 1983, to better reflect modern medical technology and safety requirements.
- **EMS Strategic Plan:** The Council provided foundational input for the State EMS Strategic Plan, identifying goals such as quantifying the overall cost of the statewide system and improving workforce recruitment.
- **Operational Efficiency:** Members recommend analyzing medical priority dispatch data and pre-arrival instructions to better understand call acuity and ensure the state’s resources are deployed efficiently based on patient need.
- **Workforce Support:** Discussions focused on protecting the EMS workforce through data collection regarding ambulance crashes and provider-facing violence to inform future policy protections.

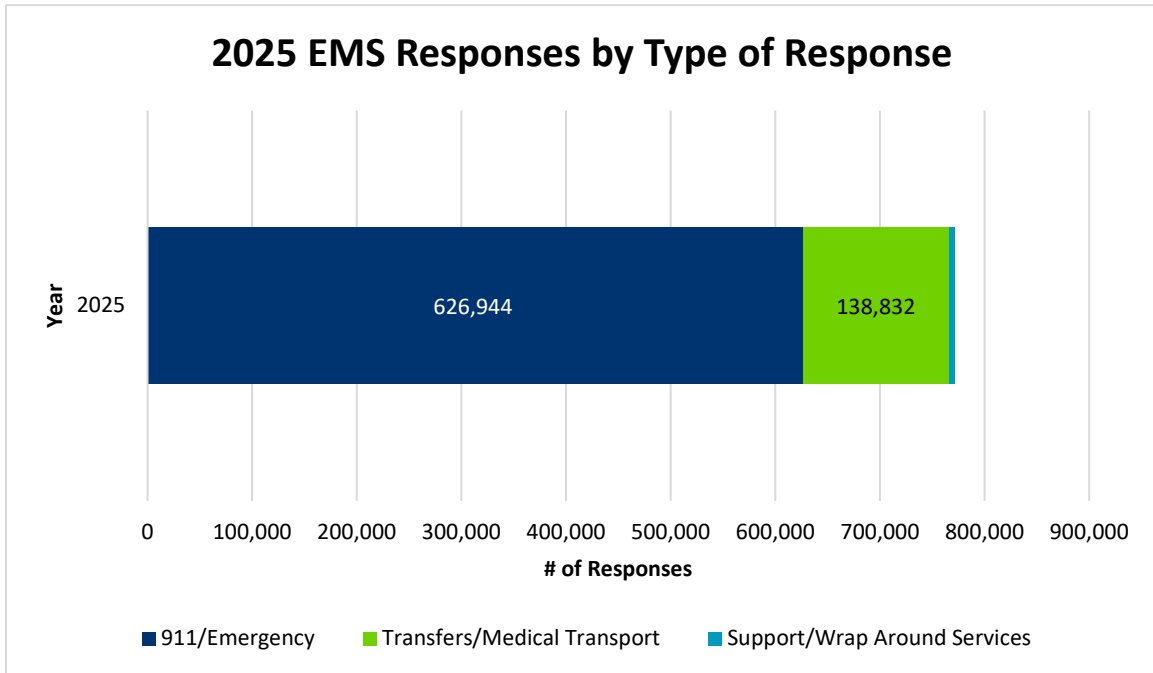
Summary of EMSAC Recommendations

Recommendation	Status of Recommendation	Notes
For OEMS to adopt proposed changes to ground ambulance vehicle standards	The Director intends for these proposed rules to be finalized through the administrative rulemaking process by the end of 2026.	Update ambulance standards that have not been addressed since 1983.

Commonly Requested EMS Summary Statistics

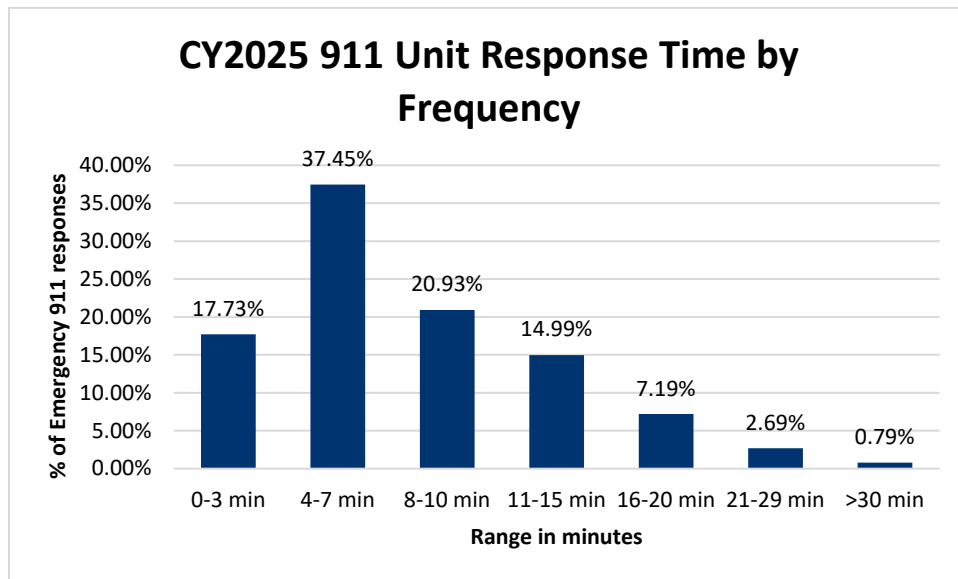
OEMS frequently receives interest in a variety of EMS data points. While OEMS publishes a comprehensive EMS System Data Report each year, some high-level summary statistics are included here for 2025. A more detailed and comprehensive report will be available in the second quarter of 2026.

Responses by Type of Service Requested

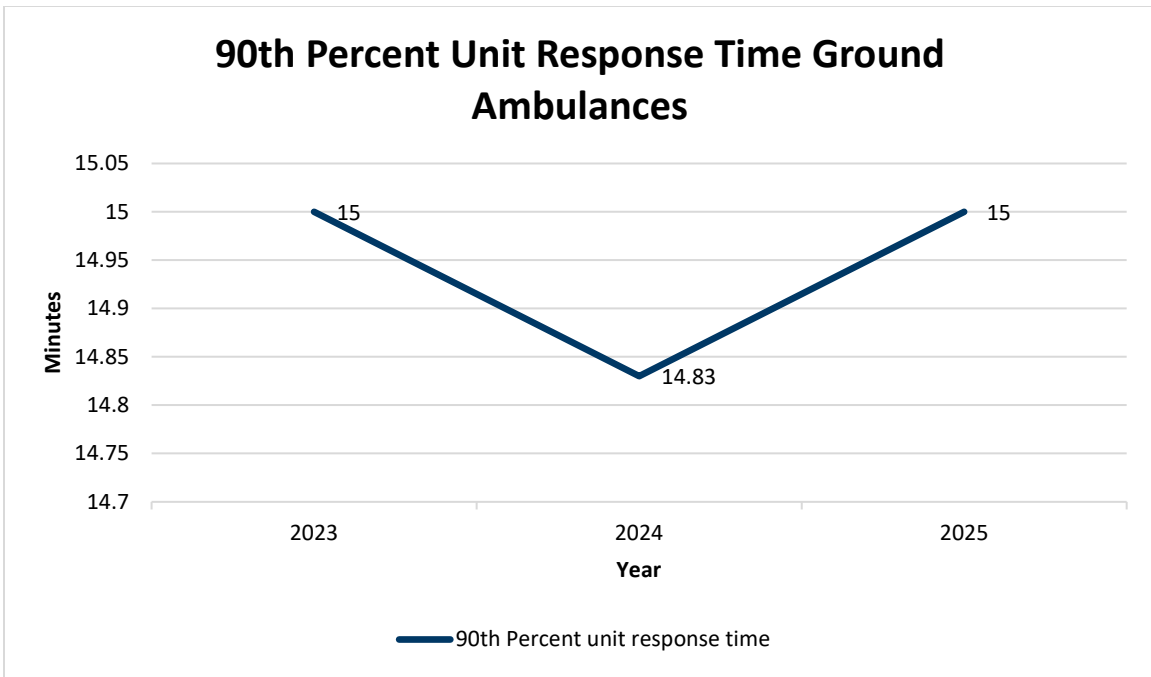


In 2025 Minnesota ambulance services collectively responded to 771,359 calls for service 81% of which were 911/emergency in nature. This total represents a 2.6% increase in call volume from 2024.

911/Emergency Response Time



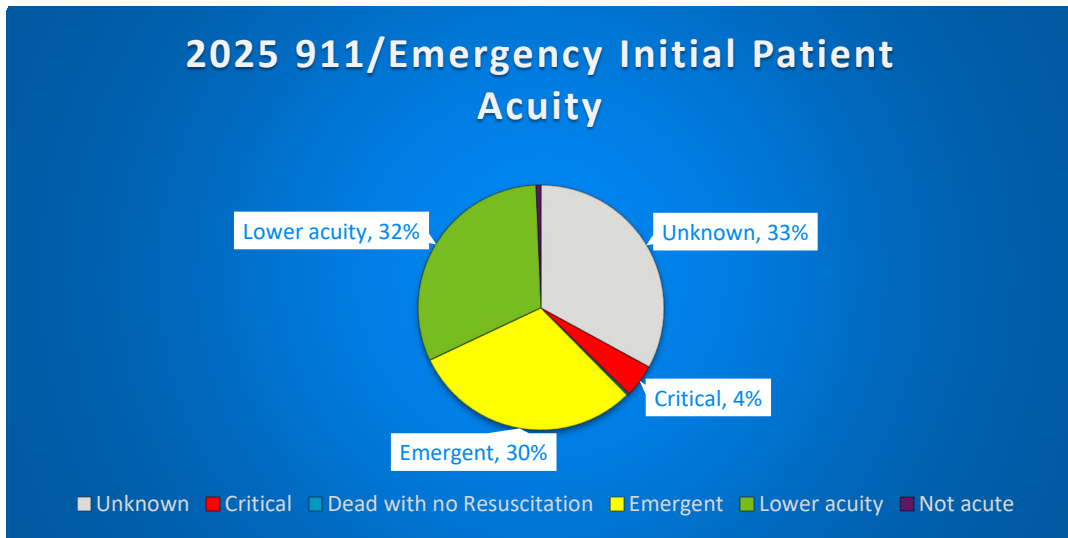
76.11% of emergency responses had unit response times of 10 minutes or less. <1% of emergency responses had unit response times of greater than or equal to 30 minutes. Unit response time is measured from the time that the unit was notified by dispatch to the time that the unit arrived on scene.



The 90th percent unit response time by ground ambulances to 911 emergency responses was 15 minutes for 2025. This means that 90% of those responses occurred within 15 minutes or less. The three-year comparison shows that this metric is consistent.

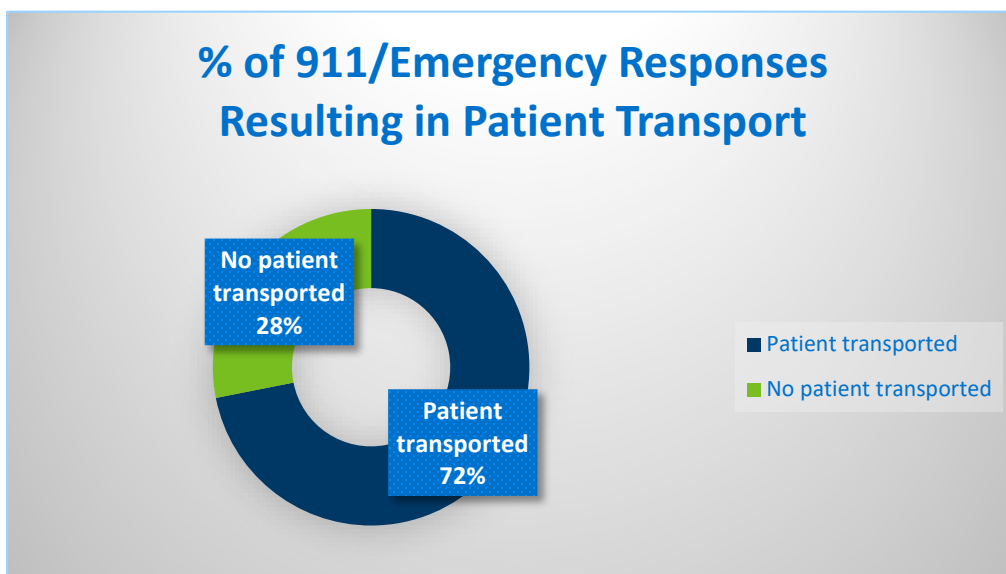
Patient Acuity

32% of ambulance responses that result in patient contact are categorized as lower acuity by EMS practitioners. 30% are categorized as emergent, and 4% as critical. OEMS is working to improve data quality to be able to assess the 33% of unknown values. With nearly a third and possibly more EMS patient contacts being categorized as low acuity, there are opportunities to more appropriately triage patients to more beneficial models of care than a hospital emergency department. This is something that OEMS intends to study as part of the upcoming Rural Health Transformation Project in 2026 and beyond.



911/Emergency Patient Transports

72% of 911 responses by Minnesota ambulance services result in a patient being transported, 28% result in no patient being transported by the ambulance service.



Naloxone Utilization

EMS Region	2024 Naloxone Patient Contacts	2025 Naloxone Patient Contacts	Year over Year Change
Central	206	173 ↓	(16%)
Metro	3,224	3,035 ↓	(5.8%)
Northeast	262	185 ↓	(29%)
Northwest	78	85 ↑	8.9%
South Central	62	77 ↑	24%
Southeast	192	207 ↑	7.8%
Southwest	63	79 ↑	25%
West Central	75	90 ↑	20%

Table 6: Ambulance service naloxone administration

2024 saw marked reductions in EMS needing to administer naloxone to patients in the prehospital environment, when naloxone patient contacts fell by 30% from 2023 reports¹. While statewide usage fell again in 2025 by nearly 6%, there are several EMS regions that saw increased usage from their 2024 benchmark.

While naloxone administration itself does not automatically mean an opioid overdose has occurred, it is a timely and reliable indicator that should be monitored.

¹ [Analysis and Trends in Naloxone Administration, OEMS April 2025](#)

Division of EMS Providers



Pattie Forsberg, Deputy Director of EMS Providers

EMS Provider Division Update

The EMS Provider Division continues to ensure a safe, competent, and accountable EMS workforce across Minnesota through licensing, compliance, and enforcement activities grounded in statute, transparency, and due process.

Over the past year, the division strengthened core functions related to certification and registration oversight, complaint intake and investigation, enforcement actions, coordination with partner agencies, and the prevention of fraud, waste, and abuse. Dedicated staff were added to enhance oversight of grant funding and other public resources provided to EMS agencies, reinforcing responsible stewardship and public trust.

In addition to day-to-day regulatory responsibilities, the division prioritized improvements to internal processes and public-facing resources, including refined investigation workflows, stronger documentation standards, improved data tracking and reporting, and expanded access to clear, understandable information about OEMS processes and requirements. While regulatory oversight remains central to the division's mission, this work is not limited to accountability when things go wrong. A key focus has been ensuring that regulation reflects the full reality of EMS practice and that EMS professionals feel heard, supported, and respected in their interactions with OEMS.

As part of this broader approach, the EMS Provider Division has embraced recognition as an essential complement to regulation—highlighting service, resilience, and sacrifice alongside compliance. Building on recognition initiatives established in 2025, the division looks ahead to continued modernization through improved consistency, transparency, and data-informed decision-making, as well as deeper engagement with the EMS community. In 2026, the division hopes to implement a streamlined years-of-service recognition program to provide timely acknowledgment and a formal, personal expression of thanks to EMS professionals for their commitment to Minnesota communities.

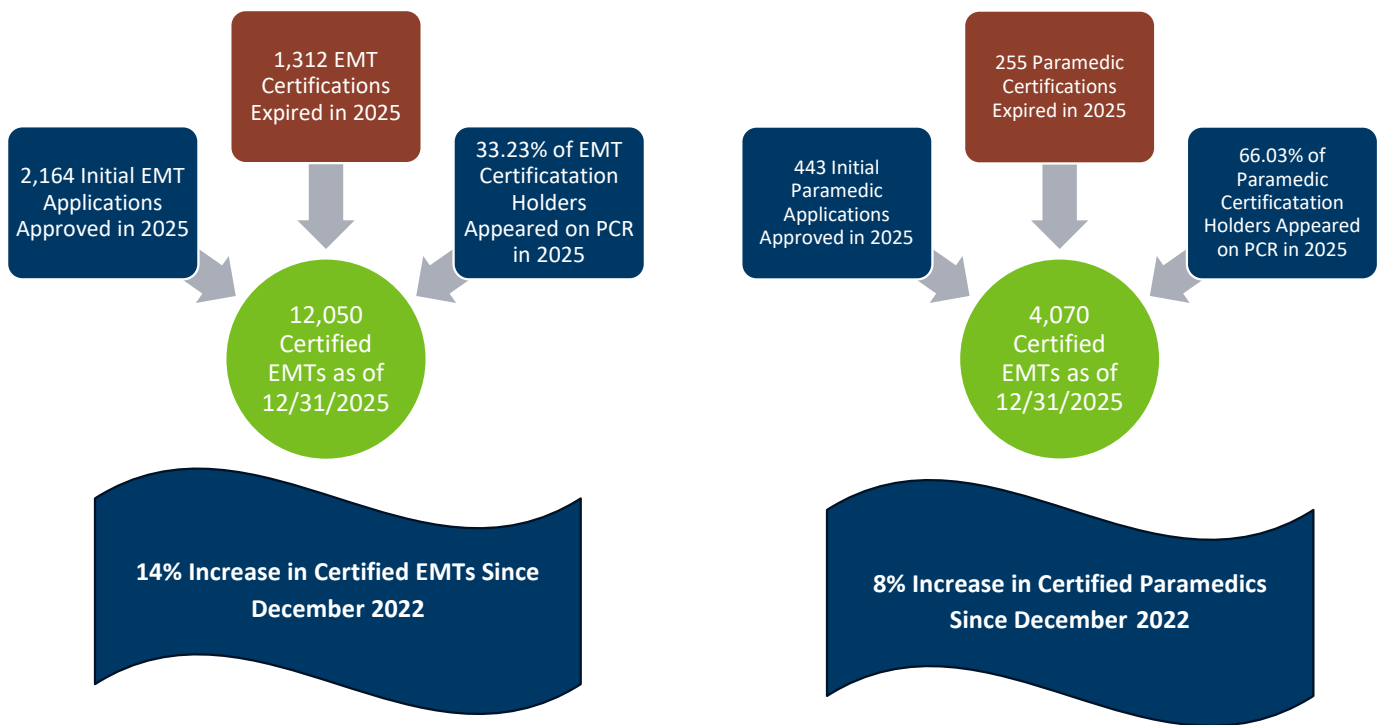
The work of the EMS Provider Division is guided by a commitment to balance public protection, workforce sustainability, and trust. By strengthening regulatory systems, improving fiscal oversight, recognizing service, and engaging meaningfully with EMS professionals, the division continues to evolve toward a more transparent, consistent, and responsive regulatory model. This approach reflects the Office of EMS's broader mission to support a resilient EMS system—one that protects patients, values its professionals, and serves communities across Minnesota with integrity and care.

EMS Workforce Statistics

Through a variety of legislative initiatives Minnesota has prioritized strengthening the EMS system and the state EMS workforce. The number of EMS practitioners has steadily been climbing since 2022. Minnesota has seen a 14% increase in the number of certified emergency medical technicians since December of 2022 and an 8% increase in the number of paramedics. OEMS expects the number of paramedics to climb as more individuals complete their programs as part of the paramedic scholarship program administered by the Office of Higher Education.

Table 7: Certified EMS personnel by level

Certification Level	Number Certified as of 12/31/2025
Emergency Medical Responder	15,404
Emergency Medical Technician	12,050
Advanced Emergency Medical Technician	104
Paramedic	4,070
Community Paramedic	200
EMS Driver	29



Expanded Reinstatement Program

During the 2024 legislative session Minnesota Statute created a temporary expanded window whereby EMS providers, whose certifications had expired in the last ten years, could reinstate their certification with completion of certain types of education and having the support of a Minnesota ambulance service medical director. The program operated from July 1, 2024, to December 31, 2025, resulted in the recertification of 59 EMS practitioners. Of these 59, 49 were EMTs, 2 AEMTs, and 8 paramedics. It is too soon to identify if these reinstated individuals are actively serving in the Minnesota EMS System or if they are using their credential for other purposes.

Table 8: Expanded reinstatement applications approved by level

Certification Level	Providers Brought Back
EMT	49
AEMT	2
Paramedic	8

NREMT Examination Report

Table 9: NREMT examination pass rates²

Certification Level	2023	2024	2025
MN First Time EMT Pass Rate	72%	72%	78%
MN Cumulative EMT Pass Rate (Within 3 Attempts)	83%	84%	86%
MN First Time Paramedic Pass Rate	67%	78%	82%
MN Cumulative Paramedic Pass Rate (Within 3 Attempts)	82%	89%	91%

² [National Registry of Emergency Medical Technicians Maps and Data](#)

EMS Provider Recognition Award Winners

During 2025, OEMS created an EMS provider recognition program to award individuals whose service to the state’s EMS system went above and beyond the call of duty. Additional information of the awards program can be found [here](#). The following table shows the awards and recognition granted by OEMS in 2025.

Award	Name	Agency	Description
Prestigious Retirement Recognition	Matt Fisch	Gold Cross Ambulance/Mayo Clinic	Recognized for over 45 years of EMS service and commitment to patient care and community response.
EMS Lifetime Achievement-Emeritus	Monte More	Jackson Ambulance Service	Recognized for demonstrating exceptional dedication, professionalism, and mentorship throughout his service to the Jackson community and the State of Minnesota.
EMS Lifetime Achievement-Emeritus	Tim Mack	Zumbrota Ambulance Association	Recognized for 40 years of exceptional service, leadership, and mentorship in Minnesota EMS, continuing to support the profession even after retirement.
Honorary EMS Recognition	Kayden Bollman	Public	Honored for her extraordinary courage, composure, and compassion in providing lifesaving assistance to her grandfather during a medical emergency.
Service in Memory Recognition	Arly Hamman	St. Charles Ambulance & Fire	Recognized for more than four decades of steadfast EMS, fire, and civic service to St. Charles, leaving a legacy of dedication, integrity, and community leadership.
Service in Memory Recognition	Scott Monsrud	Mazeppa Fire Department	Recognized for his deep commitment to community service through fire, EMS, and city leadership. His legacy continues through the work of his son, a paramedic in Minnesota.
Service in Memory Recognition	Richard “Pat” Collins	Karlstad Rescue Squad	Honored for pioneering EMS in northwest Minnesota through the state’s early rural ambulance services and for a lifetime of training, response, and public service.

Award	Name	Agency	Description
Director's Award for EMS Excellence	Amy Brown	South Central College	Amy Brown has dedicated nearly 25 years to EMS, serving both in the field and as one of Minnesota's first Community Paramedics. In recent years, she has turned her focus to education, shaping the next generation of providers at South Central College. Recognized as Faculty of the Year and a Minnesota State Outstanding Educator, Amy continues to set a standard of excellence in EMS through her teaching, leadership, and commitment to her students.
Director's Award for EMS Excellence	Donovan Hauge	Southeast EMS System	With an extraordinary 43-year career in emergency medical services, Donovan Hauge has been the embodiment of compassion, courage, and professionalism. From his early years as an EMT and paramedic to his leadership as Executive Director of the Southeastern Minnesota EMS Regional Program, Don's impact is immeasurable. His legacy lives on in the countless patients he served and the many EMS providers he mentored throughout his career.
Director's Award for EMS Excellence	Chief Ryan Quinn	Edina Fire Department	Chief Ryan Quinn has been a driving force in advancing EMS innovation in Minnesota. In partnership with the University of Minnesota, he helped develop the world's first mobile intensive care vehicle with ECMO capabilities, revolutionizing cardiac arrest care and improving survival rates. He also played a key role in strengthening homeland security readiness through multi-jurisdictional mass casualty response planning. His leadership, vision, and dedication embody the excellence this award represents.

Table 10: 2025 Recipients of OEMS Recognition Awards

Based on advice from the Labor and EMS Provider Advisory Council, OEMS established two recognitions for individuals who either lost their lives in the line of duty (Minnesota EMS Star of Life - Line of Duty Honor) or died as the result of cumulative mental health trauma associated with EMS practice (Silent Sacrifice Award).

Once the program was started, OEMS received numerous nominations and notifications for events that occurred in years past. 2025 was the award year, but not necessarily their end of watch year.

Name	Agency	End of Watch
Andrew Thomas Karels	Amboy Fire Department	06/02/2025
Tim Stewart	NORTH Memorial Health	09/07/2024
Tim Linder		06/05/2024
Adam Loren Finseth	Burnsville Fire Department	02/18/2024
Michael Erickson		01/19/2024
Jesse Borris		07/30/2023
Brian Jon Alnes	Swanville First Responders	01/04/2022
Troy Edward Boettcher	Meds-1 Grand Rapids	06/08/2021
Toby Lee Rowan	Mille Lacs Health System	01/07/2021
Karl Meek	Hennepin EMS	04/20/2020
Timothy McDonald	NORTH Memorial Air Care	06/27/2019
Debra K. Schott	NORTH Memorial Air Care	06/27/2019
Nicole Van Heel	Gold Cross Ambulance	11/25/2018
Marina Challeen	HealthEast EMS	10/09/2017
Shane Michael Clifton	St Paul Fire Department	08/31/2015
Ryan M. Sorek	Hennepin EMS	03/09/2007
Terry Lee Pearson	Roseau Area Hospital Ambulance	01/04/2005
James K. Blanchard	Hennepin EMS	12/11/2002
Brenda G. Hage	Hinkley Ambulance	01/14/1999
Mark W. Peters	Lake City Ambulance	11/09/1995
Carol Kay Wolf	Granada First Responders	11/13/1992
Nelson Schaefer	Hennepin EMS	01/14/1985
Dale Eidsvig	Hennepin EMS	10/29/1972

OEMS Regulatory Oversight – At a Glance

Performance

In 2025, the Office of Emergency Medical Services (OEMS) Providers Division conducted regulatory oversight through a structured, risk-based approach focused on public safety, fairness, and proportional response. Most matters reviewed during the year were resolved administratively, without denial or enforcement action.

OEMS reviewed 399 disclosures and applications and received 233 complaints and reports. Following intake screening, 60 matters required further staff action. This included consolidating complaints into investigations, or, in some cases involving higher-risk events or serious concerns, enforcement actions were taken without conducting investigations. During the year, OEMS opened 51 investigations involving 91 subjects. Many investigations were resolved through closure, advisement, or referral, while others advanced to enforcement or remained in progress at year-end.

Matters presenting significant failures in compliance with statute or public safety concerns resulted in 38 enforcement actions. Enforcement outcomes were tailored to the risk, severity, and compliance history of each case and included corrective orders, stipulations, suspensions, and revocations. At year-end, OEMS continued monitoring 13 professionals under enforcement agreements, while 15 individuals successfully completed requirements for corrective action.

Transition & Improvement

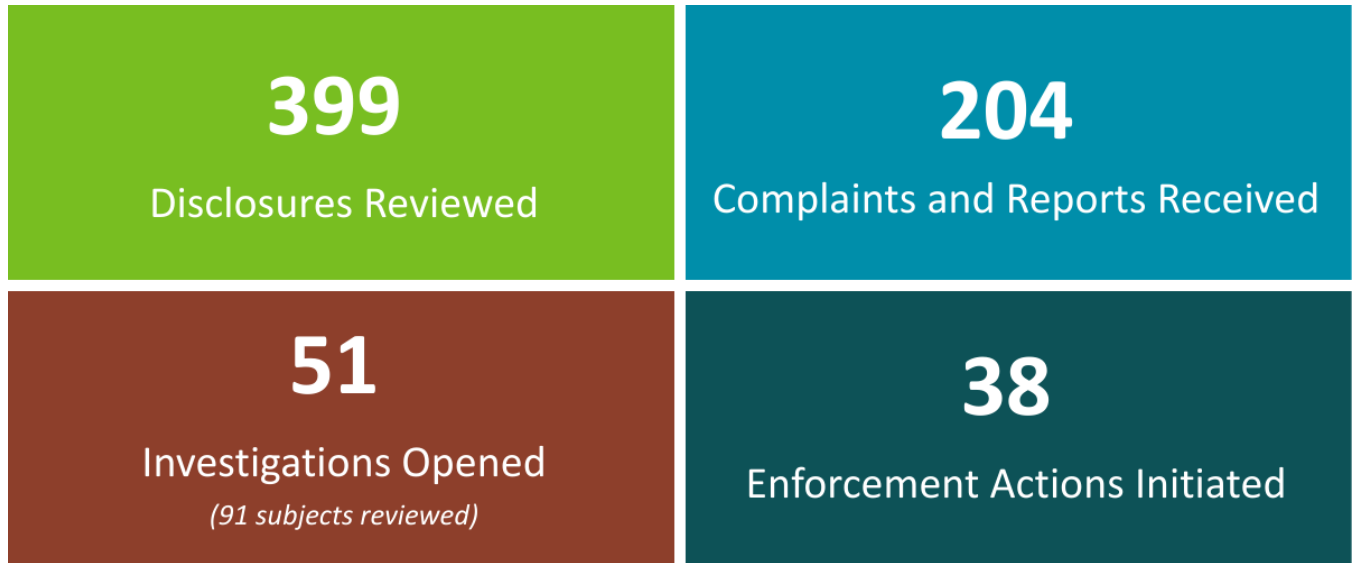
The year 2025 represents the first full year of regulatory oversight conducted by OEMS following the transition of responsibilities from the former Emergency Medical Services Regulatory Board (EMSRB). While the Office continues to manage investigations and enforcement actions initiated prior to the transition, its statutory authority and regulatory framework remain consistent.

Key Message: In 2025, most matters were resolved without enforcement, reflecting OEMS’s emphasis on proportional, risk-based regulation and early resolution.

During this period, OEMS streamlined disclosure review, complaint intake, investigation, enforcement, and compliance monitoring processes to improve clarity, efficiency, and consistency. As part of this maturation, OEMS adopted the use of Director-issued determinations, consistent with practices used by other Minnesota state agencies, including the Minnesota Department of Health (MDH) and Department of Human Services (DHS). These tools are used alongside stipulation and consent orders to support timely, proportionate, and well-documented regulatory outcomes while preserving due process.

Collectively, these activities and refinements reflect OEMS’s commitment to balanced regulation, transparency, and sustained protection of public health and safety.

2025 At a Glance



Please note, counts reflect cases, not individuals. Counts reflect distinct regulatory workflows and are not mutually exclusive across the reporting period. Some investigations involve multiple subjects, and related complaints may be consolidated into a single case.

Regulatory Activity Funnel



Disclosure & Compliance Review

OEMS regularly reviews applications for individual EMS registrations and certifications. Applications that require review include those with documented criminal histories that reach a specified threshold, those that have action taken by other states or state agencies, and referral from the Health Professional Services Program (HPSP). In 2025 OEMS reviewed 399 applications and disclosures. Most disclosure reviews (90.7%) are completed with no adverse action taken.

Complaint Outcome Summary

Action	Count	% of Total Disclosures
Closed after review (no adverse action)	362	90.7%
Additional information requested	9	2.3%
Incomplete/Expired application (applicant abandoned)	18	4.5%
Denied application	10	2.5%

Table 11: Disclosure and Application Review Outcomes in 2025

Key Message: Most disclosures are resolved administratively without denial or enforcement. Denials reflect cases where statutory or rule requirements were not met after full review, including reconsideration when requested.

Intake of Complaints & Reports

Complaints and data requests are submitted through a single intake portal and are initially routed based on request type. Data requests are assigned to the agency's Data Manager, and complaints are assigned to the Compliance Supervisor.

When the Data Manager identifies that a data request involves background check inquiries, investigative records, complaint-related information, or requires case-specific analysis, the request is reassigned to the Compliance Supervisor for review and response. These requests require subject-matter expertise and compliance with applicable data practices laws.

Because these requests require substantive review and handling by EMS Provider Division staff, they are included in the division's overall intake counts, along with formal complaints.

Common reasons for being closed after intake review include: no agency jurisdiction, informal resolution, duplicate report or consolidated with another matter.

Intake Activity

Report Type	Count
Complaints received	110
Mandatory reports	71
Voluntary reports	23
Data requests	29
Total Requests:	233

Table 12: Intake Activity in 2025

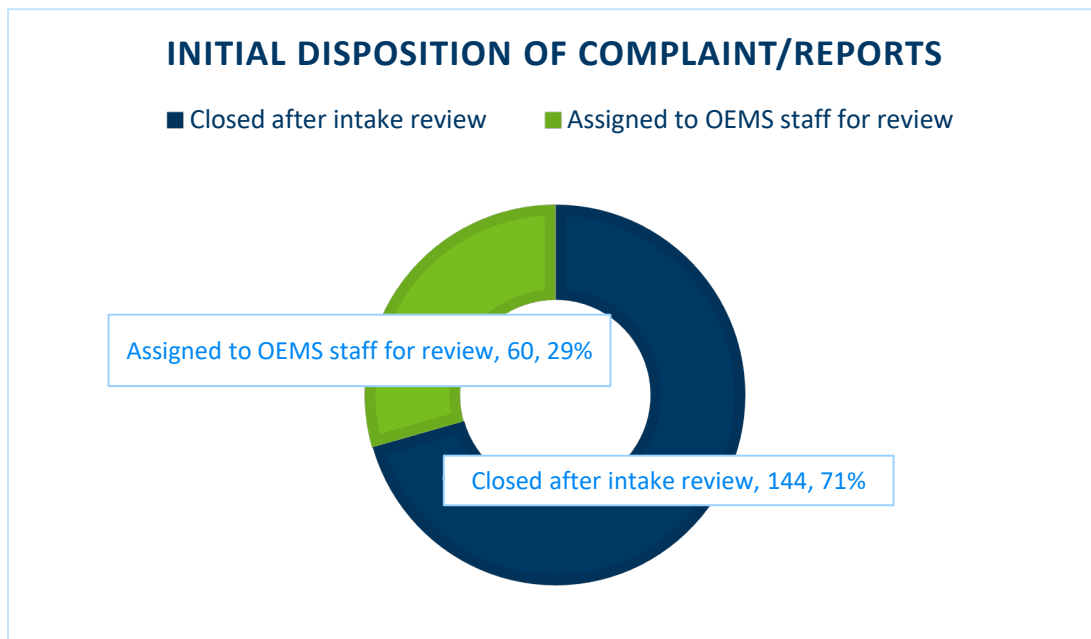
Definitions

Complaint: A concern submitted by an individual alleging potential noncompliance with EMS statutes, rules, or professional standards.

Mandatory report: A report required by law from an employer, medical director, or other entity regarding certain events or conduct.

Voluntary report: A report submitted by an individual or organization that is not legally required but provided to OEMS to notify the Office of a concern or incident.

Data request: A request for access to records or information maintained by OEMS, submitted under applicable data practices laws.



Clarification on Case Assignment: Assignment reflects matters requiring further review by OEMS staff. Some assigned matters were consolidated into existing investigations. In limited cases, matters were referred directly

for enforcement consideration without opening a separate investigation, based on the nature and severity of the information received.³

Investigation Outcomes

Closure Type	Count
Closed – No action	19
Closed – Advisement/referral	6
Closed – Enforcement opened	11
In Progress	15
Total Investigations:	51

Table 13: 2025 Investigation Outcomes

Key Point:

Investigations are care based; subject counts may exceed case counts when multiple individuals are involved.

³ Counts at intake reflect submissions received. Multiple complaints or reports may relate to the same underlying incident and may be consolidated for review.

Review Panel Decisions

In 2025, the Compliance Section reviewed 124 subjects through Review Panel proceedings and related processes. Of those, 38 subjects advanced to enforcement consideration. The remaining matters were resolved through advisement, corrective action, disclosure clearance, or closure with no further action, reflecting a screening process that prioritizes seriousness, proportionality, and appropriate regulatory response.

Key Message: While OEMS takes compliance and public safety seriously, only a small portion of matters reviewed each year rise to the level of formal enforcement action.

Most concerns are resolved through education, advisement, corrective action, or voluntary compliance.

This reflects the Office’s commitment to fairness, proportionality, and responsible regulation, with enforcement used when necessary to protect the public and not as the default response.

Of the 69 credentialing applications reviewed by the Review Panel, 13 resulted in an initial denial. Three applicants subsequently requested reconsideration and, following additional review, were cleared to obtain their credential.

Enforcement Actions

Enforcement is reserved for matters presenting elevated risk to public safety, significant noncompliance, or repeated violations. Most concerns are resolved through education, advisement, and corrective action. The following table summarizes how cases that reached enforcement were reported.

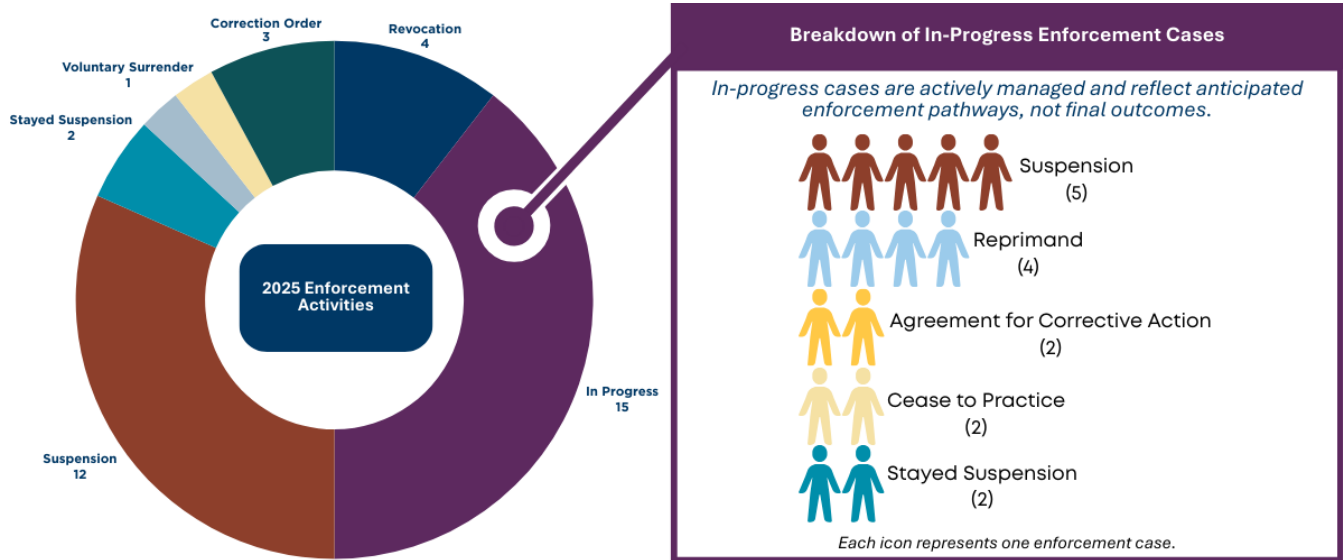
Source	Count
Investigations	15
Voluntary Report	7
HPSP	7
Mandatory Report	5
Application Review	4
Total Enforcement Actions:	38

Table 14: How Cases Reached Enforcement in 2025

Enforcement Outcomes

Outcome	Count
Suspension / Revocation	16
Cease to Practice / Voluntary Surrender	2
Correction Orders	3
Stayed Suspension	2
In Progress	15
Total Enforcement Outcomes:	38

Table 15: Enforcement outcomes in 2025, including pending actions. Counts reflect status as of December 31, 2025. Most in-progress matters may result in final action in 2026.



Enforcement outcomes vary and are tailored to risk, severity, and compliance history. Detailed information about OEMS enforcement actions is available on the Public Actions page at <https://mn.gov/oems/for-public/public-actions.jsp>.

Ongoing Compliance Monitoring

Category	Count
Active Monitoring Cases	13
Cases Completed / Cleared	15

As of year-end 2025, the Compliance Section was actively monitoring 13 EMS professionals pursuant to enforcement agreements, including stayed suspensions and corrective action orders. Monitoring activities are tailored to each case and may include monthly self-reports, employer or probation officer reports, verification of education, and review of related applications or compliance documentation.

Key Message: Compliance monitoring ensures that enforcement actions result in sustained improvement and continued public protection.

Additionally, 15 individuals successfully completed enforcement agreement requirements or were cleared to proceed in the credentialing process following compliance review, reflecting continued oversight beyond initial case resolution. This ongoing monitoring reflects OEMS's commitment to sustained compliance and public safety beyond initial enforcement actions.

Labor and EMS Provider Advisory Council (LEMSPAC) Activities

In 2025, the OEMS Labor & EMS Advisory Council served as a critical advisory body focused on workforce sustainability, EMS education quality, leadership development, and long-term system planning. Throughout the year, the Council provided thoughtful, balanced recommendations to the Office of EMS, grounded in operational realities, statutory authority, and statewide equity considerations.

The Council devoted significant attention to EMS education and training quality, recommending best-practice guidance for instructor-to-student ratios in hands-on education settings across EMR, EMT, and paramedic programs. These recommendations emphasized patient safety and instructional integrity while recognizing fiscal and staffing constraints faced by education programs.

Workforce recruitment and retention were central themes across meetings. The Council explored early pipeline development, including youth engagement and high school-based exposure to EMS careers, and supported legislative and programmatic efforts such as Earn While You Learn grants, paramedic scholarships, and expansion of education reimbursement programs. Members consistently highlighted disparities between rural and metropolitan regions and the need for flexible, regionally informed solutions.

The Council also addressed EMS leadership development, particularly the need for accessible, standardized leadership education for ambulance service leaders. After extensive discussion, the Council recommended pursuing leadership development opportunities through optional, flexible models rather than mandatory requirements, acknowledging enforcement and sustainability limitations.

In addition, the Council actively contributed to the State EMS Strategic Plan, endorsing its direction and supporting data-driven approaches to workforce planning, clinical education access, and system resilience. Discussions also addressed provider safety, wellness, and compliance, including violence against EMS personnel, background-check limitations, and the importance of centralized mental health and support resources.

Overall, the Council's work in 2025 reflected a mature, collaborative advisory process focused on practical recommendations, system stability, and long-term sustainability of Minnesota's EMS system.

Summary of LEMSPAC Recommendations

Table 16: Summary of 2025 LEMSPAC Recommendations

Recommendation	Status of Recommendation	Notes
For OEMS to adopt a best practice recommendation that there should be 1 instructor per 10 students when teaching practical skills	This recommendation was adopted in full by the Director	Best Practice
For OEMS to adopt the proposed EMS Strategic Plan.	The strategic plan is currently being reviewed by other advisory councils	N/A
For OEMS to develop, or contract for, the creation of open-source EMS leadership training to support MN Ambulance Services.	OEMS is exploring options including the potential drafting of an RFP with existing appropriations to support implementation of this recommendation	N/A
For OEMS to implement the EMS provider recognition program.	This recommendation was adopted in full by the Director	Provider Recognition Program

Division of Medical Services



*Dr. Pete Tanghe MD, Deputy
Director of Medical Services*

The Medical Services division advises the Director of the Office of EMS regarding current medical practices and issues that impact clinical care. Dr. Andrew Stevens and Dr. Aaron Burnett provided guidance in the first part of the year. Mid-year Dr Pete Tanghe was hired as the Deputy Director. Assuring that Minnesota’s EMS clinical practices meet a standard of care across all parts of the state, the Medical Service division also supports the autonomy of system Medical Directors. The goal is to allow for regional variation and evidence-based innovation to best meet local community needs while meeting basic standards of care. The work is done with the help of EMS Physician Advisory Council. An example of this work is seen in the recommendation not to have a single statewide set of clinical guidelines but rather promote a variety of guidelines that are used in the state that meet or exceed basic standards of care.

Collaboration is key to the other functions of the Medical Services Division. This includes internal work with the EMS Providers division and Ambulance Service Division to review clinical concerns and questions that affect individual clinicians or services. Externally the Medical Services Division interactions include the Minnesota State Trauma system, Department of Health, Emergency Medicine groups, National Association of Emergency Medical Service Physicians (NAEMSP), the National Association of State EMS Officials (NASEMSO), and the EMS Physician Advisory Council (EMSPAC)

The EMS Physician Advisory Council is an evolution of the former Medical Directors Standing Advisory Group (MDSAC). The council is comprised of the 8 regional EMS Medical Directors in addition to a Medical Director from Fire-based EMS, Pediatric EMS and a representative from the National Association of EMS Physicians. (NAEMSP). As the advisory council’s membership has taken shape, we are committed to looking at our 12 clinical advisory performance measures (CAPM) to make sure that they remain relevant and are the correct measures to assure quality of care in the state. We anticipate changes in the metrics as EMS continues to mature. In addition, the council is working with other EMS resources, including NAEMSP, the University of Minnesota and regional councils to identify clinical needs and best practices. As an advisory group then we are looking at current regulations and variances and assessing how to best support excellent emergency care. This helps to navigate issues that include equipment, medication and supplies as well as education and skills that impact our state’s first responders, EMTs and Paramedics.

The council met twice in 2025, including Jan 31, 2025, and Dec 4, 2025. Dr Andrew Stevens was elected chair of the council and Dr Aaron Klassen was elected vice-chair. They are serving 2-year terms.

EMSPAC Recommendations

Table 17: Summary of 2025 EMSPAC Recommendations

Recommendation	Status of Recommendation	Notes
For OEMS to adopt proposed changes to BLS medication variances to allow for intranasal glucagon and epinephrine administration	This recommendation was adopted in full by the director and the proposed rules adopted	Adopted Rule
For OEMS NOT to adopt statewide model clinical guidelines as a resource for local medical directors	This recommendation was adopted in full by the director and EMSPAC will not write statewide model guidelines. OEMS will continue to maintain a limited virtual library of guidelines used by different ambulance services throughout the state.	Resource Library

Clinical Advisory Performance Measures

Minnesota’s EMS system has a long history of being seen as a nationwide leader in the clinical care that our EMS practitioners provide every day. This is made possible in part to dedicated EMS physician leadership. In 2023 the former Emergency Medical Services Regulatory Board adopted several Clinical Advisory Performance Measures. These nationally recognized clinical measures allow benchmarking and monitoring of the clinical care provided by Minnesota Ambulance Services. Below is the calendar year 2025 statewide performance for each adopted measure, benchmarked against the nation.

Measure	Minnesota Performance	National Performance
% of stroke encounters with a scene time of 20 minutes or less	71%	73%
% of STEMI encounters with a scene time of 20 minutes or less	59%	68%
% of stroke encounters with documented blood glucose	85%	91%
% of stroke encounters with a documented stroke assessment	89%	84%
% of chest pain patients older than 35 years old with a 12 lead EKG performed	81%	82%
% of pediatric patients that had a documented weight for medication administration	87%	86%
% of respiratory encounters with a complete assessment performed	97%	96%
% of trauma patients with a documented pain assessment	83%	73%

Table 18: Minnesota's EMS clinical measure performance in 2025

Clinical Excellence Awards

To showcase extraordinary pre-hospital care, OEMS awards qualifying ambulance services with an Award of Clinical Excellence based on performance compared to the Clinical Advisory Performance Measures. To qualify an ambulance service must score 80% or higher on five or more of the clinical measures in the previous year. OEMS made 159 awards in 2025 based on submitted 2024 data. Ambulance services that qualified for this special recognition are listed on the following table.

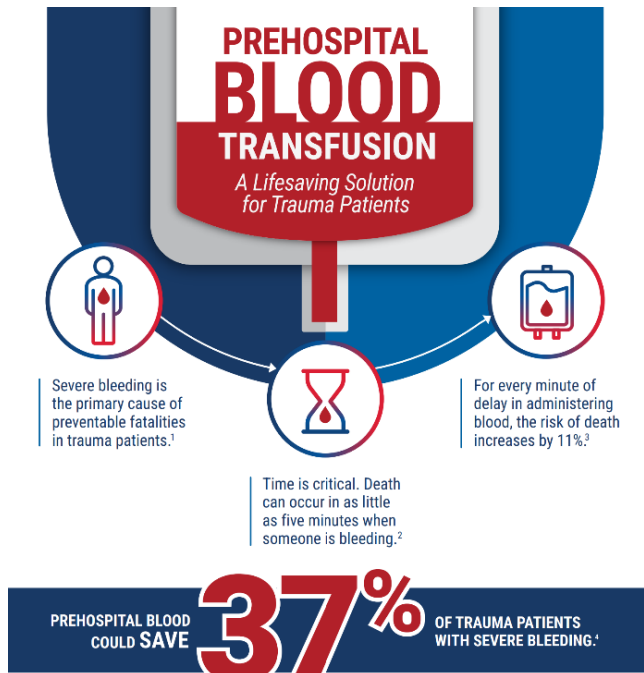
Adams Area Ambulance	Allina Health Emergency Medical Services - ALF	Allina Health Emergency Medical Services - Cambridge	Allina Health Emergency Medical Services - Elk River Fire
Allina Health Emergency Medical Services - Glencoe	Allina Health Emergency Medical Services - Hutchinson	Allina Health Emergency Medical Services - New Ulm	Allina Health Emergency Medical Services - North Metro
Allina Health Emergency Medical Services - River's Edge	Allina Health Emergency Medical Services - South Metro	Allina Health Emergency Medical Services - St. Paul (Inter-Facility)	Allina Health Emergency Medical Services - Wright County
Altru Health System Ambulance	Ashby Fire Dept. Ambulance	Astera Health	Babbitt Ambulance Service
Balaton Ambulance Service	Bemidji Ambulance Service	Bertha Ambulance Service	Bigfork Ambulance Service Assn
Blackduck Ambulance Association, Inc.	Blooming Prairie Ambulance	Bricelyn Fire & Ambulance	Browerville Ambulance
Burnsville Fire Department	Caledonia Ambulance Service	Cannon Falls Ambulance Service	Carlton Fire and Ambulance Service
CentraCare Health - Benson	CentraCare Health - Long Prairie	CentraCare Health - Monticello	CentraCare Health - Paynesville
CentraCare Health - Redwood Falls	CentraCare Health - Willmar	Cokato Volunteer Ambulance	Cottage Grove Fire Department
Cottonwood Ambulance Service	Crookston Area Ambulance	Cuyuna Regional Medical Center Ambulance	Dodge Center Ambulance Service
Elgin Volunteer Ambulance	Ellendale Ambulance Service	Essentia Health EMS – Ada	Essentia Health EMS - Buhl
Essentia Health EMS - Deer River	Essentia Health EMS - Fosston	Essentia Health EMS - Moose Lake	Essentia Health EMS - Sandstone

Essentia Health St. Mary's EMS - DL	Eveleth Ambulance Service	Eyota Volunteer Ambulance Service	Glacial Ridge Ambulance - Glenwood
Grand Meadow Area Ambulance	Granite Falls Area Health Services Amb	Harmony Volunteer Ambulance	Hastings Fire Department Emergency Medical Services
Hayfield Community Ambulance	Hector Ambulance Service	Hennepin County Medical Center	Henning Ambulance Service
Hoffman Volunteer Ambulance Service	Hoyt Lakes Fire Department Ambulance	International Falls Ambulance	Jasper Community Ambulance Service
Kerkhoven Ambulance	Kiester Ambulance	Lake City Ambulance Service	Lake Crystal Ambulance Service
Lakes Region EMS Inc.	Lakeview EMS	Lamberton Ambulance	Le Center Volunteer Ambulance
Leech Lake Ambulance Service	LeRoy Area Ambulance Service	Lewiston Volunteer Ambulance	Lower St. Croix Valley Fire Dept
M Health Fairview (0234)	M Health Fairview EMS (0084)	M Health Fairview EMS (0219)	Mabel Ambulance Service
Madelia Community Ambulance Service	Mahnomen Health Center Ambulance	Maple Lake Fire Department	Maplewood EMS
Mayo Clinic Ambulance - Albert Lea	Mayo Clinic Ambulance - Austin	Mayo Clinic Ambulance - Fairmont	Mayo Clinic Ambulance - Litchfield
Mayo Clinic Ambulance - Little Falls	Mayo Clinic Ambulance - Mankato	Mayo Clinic Ambulance - Owatonna	Mayo Clinic Ambulance - Plainview
Mayo Clinic Ambulance - Rochester	Mayo Clinic Ambulance - St. Cloud	McGregor Area Ambulance	Mdewakanton Public Safety
Melrose Area Ambulance	Mille Lacs Health System Ambulance Service	Minnesota Lake Ambulance	Mountain Lake Ambulance Service
Murray County Ambulance	New London Ambulance Service	New Richland Community Ambulance	North Ambulance - Aitkin
North Ambulance - Brainerd	North Ambulance - Douglas County, Inc.	North Ambulance - Faribault - 0081	North Ambulance - Grand Rapids

North Ambulance - Marshall	North Ambulance - Metro	North Ambulance - New Prague Ambulance	North Ambulance - Princeton
North Ambulance - Waseca	North Shore Ambulance	Northfield Hospital EMS	Oakdale Fire Ambulance
Oklee Emergency Squad	Olivia Ambulance Service, Inc.	Orr Ambulance Service	Pipestone County Ambulance
Prairie Ridge Hosp. & Hlth. Services Ambulance Ser	Preston Emergency Service	Red Lake Comprehensive Health Services	Remer Area Ambulance Service
Ridgeview Medical Center - Belle Plaine	Ridgeview Medical Center - Chaska	Rock County Ambulance	Sanford - Thief River Falls
Sanford Ambulance (Fargo-Moorhead)	Sanford Bagley Ambulance Service	Sanford Canby Ambulance	Sauk Centre Ambulance
Silver Lake Ambulance Service	Spring Grove Ambulance Service	Spring Valley Area Ambulance Service	Springfield Ambulance Service
St Charles Ambulance	St Paul Fire Department	St. Croix Valley EMS, Inc.	STEVENS COUNTY AMBULANCE SERVICE
Tower Area Volunteer Ambulance Service	Tri-State Ambulance, Inc.	Truman Ambulance Service	Wabasha Ambulance Service
Wabasso Ambulance Association	Walnut Grove Ambulance Service	Warroad Area Rescue Unit	Watkins Ambulance Service
Welia Health	Wells Community Ambulance Service	West Concord Fire & Ambulance Service	Westbrook Ambulance Service
White Bear Lake Fire Department	White Earth Reservation Ambulance Service	Windom Ambulance Service	Winnebago Area Ambulance
Winona Area Ambulance Service, Inc.	Woodbury Ambulance	Zumbrota Area Ambulance Association	

Pre-Hospital Blood Administration

Severe hemorrhage remains the **leading cause of preventable death in trauma patients**, particularly those involved in motor vehicle crashes. Evidence demonstrates that a substantial proportion of crash victims are still



alive when EMS arrives but later die from uncontrolled bleeding before reaching definitive care. National data show that *an estimated 40 % of people who ultimately die in motor vehicle crashes were alive at the scene when EMS first responders arrived⁴*, underscoring a critical window where advanced pre-hospital care could change outcomes.

Pre-hospital blood transfusion—the administration of whole blood or blood components by EMS clinicians at the scene or en route to the hospital—directly addresses hemorrhagic shock, the physiological insult most closely tied to early trauma mortality. Research indicates that trauma patients who receive whole blood in the field are approximately four times more likely to survive than those who do not, and early blood administration is associated with an estimated 37% reduction in mortality among severely bleeding patients⁵. Additionally, every minute’s delay in blood administration increases the risk of death, a fact mirrored across multiple studies showing that timely resuscitation is essential to survival.

Minnesota Ground Ambulance Pre-Hospital Blood Administration

Multiple Minnesota air ambulance services have carried and administered pre-hospital blood for several years. Historically, ground ambulance services have administered blood products primarily in the interfacility setting when transferring patients between hospitals. However, in 2025, several ground ambulance services began carrying blood for pre-hospital administration during 911 responses.

According to data reported in 2025 to OEMS, five ground ambulance services administered pre-hospital blood at least once during the year. A total of 44 pre-hospital blood administrations (PHBAs) by ground ambulances were reported, with 40 (91%) occurring within the Metropolitan EMS Region.

The most common dispatch complaints associated with ground ambulance blood administration were penetrating trauma, hemorrhage, and traffic or transportation incidents.

⁴ [Post Crash Care Infographic, NHTSA, 2025](#)

⁵ [Pre Hospital Blood Transfusion Infographic, NHTSA 2025](#)

Table 19: Summary of 2025 dispatch complaints resulting in prehospital blood administration by a ground ambulance

Dispatch Complaint	Number of PHBAs
Stab/Gunshot Wound/Penetrating Trauma	12 (27%)
Hemorrhage/Laceration	10 (23%)
Traffic/Transportation Incident	6 (14%)

Note: Due to small sample size, only the top 3 dispatch complaints are included. As a result, percentages do not total 100%

In 64% of cases, patients experienced an increase in systolic blood pressure prior to arrival at a hospital emergency department. Additionally, 26% of patients met the definition of hemodynamic stability defined as a systolic blood pressure of ≥ 90 mmHg and a pulse rate of < 100 beats per minute prior to hospital arrival. In future years, OEMS intends to identify additional data sources to more comprehensively track patient outcomes beyond those currently reported.

In cases of major trauma, the timeliness of intervention is a key indicator of patient outcomes. In 2025, ground ambulances administering pre-hospital blood had a median dispatch-to-administration time of 23.5 minutes.

Table 20: Summary statistics of 2025 ground ambulance pre-hospital blood administrations

Metric	Result
Total Patient Administrations	44
Median Patient Age	37 years old
Patient Sex	80% male
Median Unit Response Time	6 minutes
Median Dispatch to Administration	23.5 minutes
Median Scene Time	17.50 minutes
Median Transport Time	8.50 minutes
Penetrating Trauma Indicated	41%
Blunt Trauma Indicated	30%
Hemodynamically Stable at End of EMS Care	26%
Patients with Improved Systolic Blood Pressure at End of EMS Care	64%

Pre-Hospital Buprenorphine Administration

OEMS and the former EMSRB have worked with multiple state agency partners including the Minnesota Department of Health, the Minnesota Board of Pharmacy, and the Office of Addiction and Recovery to support Minnesota ambulance services that wish to participate in the administration of substance use disorder medications including Buprenorphine.

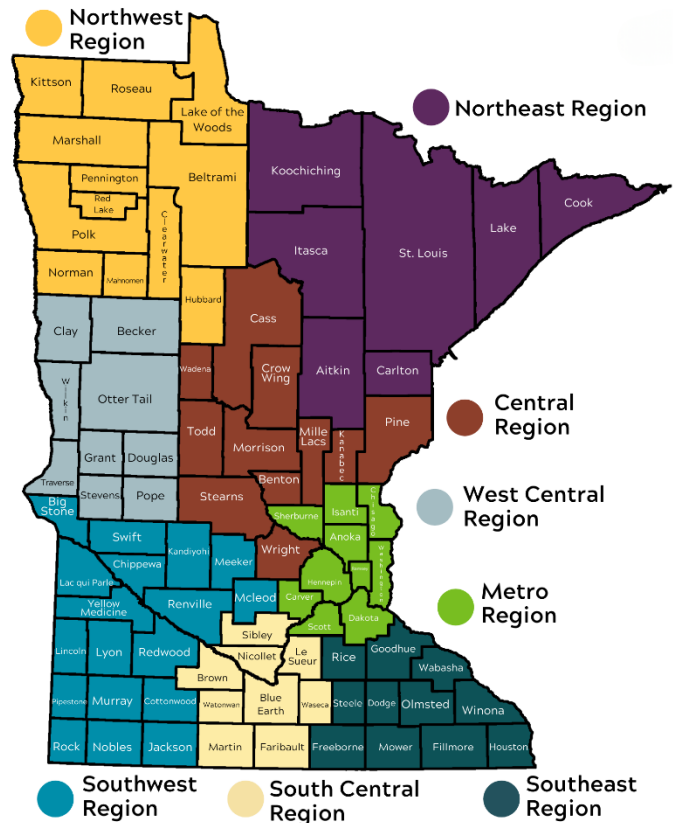
In 2025, patient care report data provided to OEMS identified that there were three separate ambulance services participating in Buprenorphine administration and provided this medication 107 times. 100 patients were transported by EMS to obtain additional follow up treatment and connection to treatment.

Regional EMS Systems

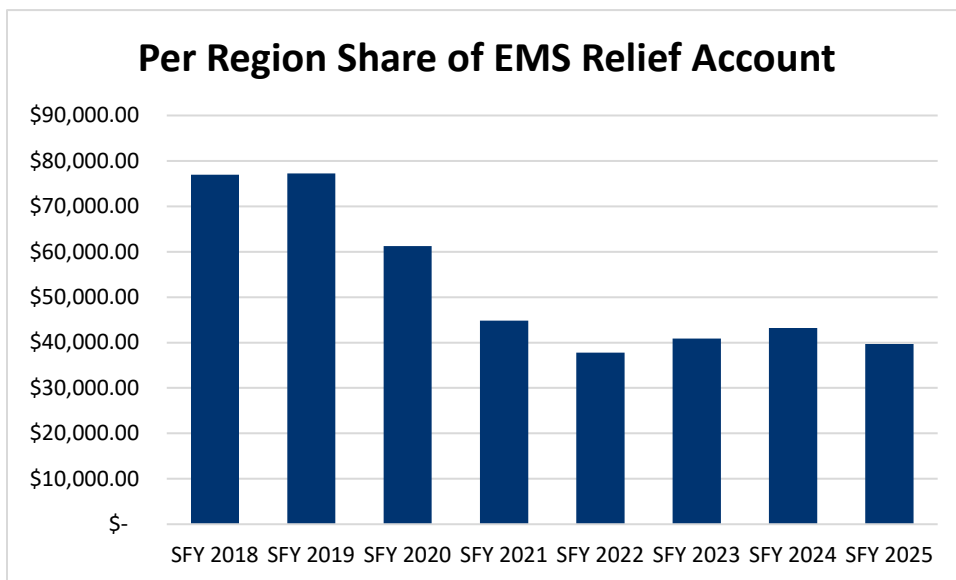
The Minnesota statewide EMS system is made up of eight separate EMS regions. These geographically defined regions are in place to support local ambulance services and other public safety partnerships. Through collaboration and partnerships each region provides its system locally tailored resources, equipment, education, and support. Each region receives legislatively directed grants referred to as the **EMS Fund** through OEMS totaling **\$328,937.50** each legislative biennium.

At the beginning of each grant cycle, each region submits a detailed workplan and budget. Throughout the grant cycle each region undergoes extensive monitoring of their grant funds in accordance with policies set by OEMS and the Office of Grants Management. Finally, regions submit audited financial statements at the close of the grant cycle.

Additionally, each region receives an additional \$35,000 per year via a relief account that is funded by surcharges on seatbelt citations. This funding is used to purchase equipment, supplies, and to provide training to first responders provided by the regional program. The amount available for this grant program **has fallen sharply through the years by nearly half**. In State Fiscal Year 2019 deposits to the relief account totaled \$77,000 per region before falling to \$39,000 in SFY 2025.



Map produced by the MN Dept. of Agriculture. Graphic added by OEMS 2026



Despite the financial limitations that these non-profit or governmental organizations face, they provide significant support and value to the statewide EMS system with the projects that they undertake to improve EMS in Minnesota.



Arrowhead EMS Association Under One Tent Event

In Minnesota, where geography and distance significantly influence emergency response, regional EMS systems are essential to ensuring access to timely, effective care. In August 2025, regional EMS providers gathered near Ely, Minnesota, for Under One

Tent: Wilderness EMS Training, an immersive field exercise hosted by the Arrowhead EMS Association with support from Essentia Health, LifeLink III, and Minnesota North College. The program moved beyond traditional classroom instruction and placed providers into realistic, scenario-based environments where roads, hospitals, reliable communications, and rapid transport were limited or nonexistent. Participants applied clinical skills, extended patient care planning, evacuation decision-making, and improvised transport techniques under conditions that closely mirror real-world response challenges in remote areas of the state.

This training reflects the unique demands of wilderness EMS in Minnesota, where patient care may extend for hours or days before definitive care is reached. Emphasizing workforce readiness and resilience, the program focused on survival skills, navigation, risk assessment, multidisciplinary coordination, and sustained medical management without conventional support infrastructure. By embedding education directly into the operational environment, Under One Tent demonstrated an innovative, regionally driven approach to strengthening Minnesota’s EMS workforce and enhancing system preparedness and response across urban, rural, and remote wilderness settings.



Metro EMS Region Incident Response Plan

In 2025, the Metro Region EMS partners leveraged grant funding to complete several critical planning initiatives that directly enhanced regional emergency capabilities. A primary achievement was the development and implementation of the Metro Region Incident Response Plan. This framework is vital for unifying diverse EMS and Public Safety agencies during mass-casualty events. The effectiveness of this planning was demonstrated during the response to the Annunciation shooting on August 27, 2025; a Unified Command

structure ensured that patients were triaged, treated, and transported to area hospitals with maximum efficiency.



Metro Trauma Partnerships

The Minnesota Metropolitan Trauma Advisory Committee (MMRTAC)—a coalition of trauma physicians, nurses, and coordinators—has significantly advanced regional healthcare through clinical procedure enhancements. Beyond the hospital walls, MMRTAC continues to prioritize community resilience. During the Governor’s Fire Prevention Day at the Minnesota State Fair, members provided hands-on life-saving training to the public. Over the last two years, this initiative has resulted in more than 700 citizens being trained and equipped with tourniquets, directly strengthening the capabilities within the Metro Region.

Central EMS Region—Training, Equipment, and Partnerships



Throughout 2025, CMEMS significantly bolstered regional preparedness through its equipment library, which served over 1,900 individuals. This reach spanned a diverse demographic, including professional first responders, local youth, and engaged community members. By providing access to specialized equipment, CMEMS facilitated critical training in

life-saving techniques such as hemorrhage control ("Stop the Bleed"), brain injury awareness, and advanced airway management

Our commitment to operational readiness was further demonstrated through participation in five coordinated exercises designed to sharpen responder skill sets under pressure. These simulations were complemented by the successful support of two real-world incidents, which served as a testament to the robust response capabilities of our local EMS agencies and CMEMS's ability to provide critical information sharing.

Central to our educational mission was our strategic partnership with CENTRAC (Central Minnesota Regional Trauma Advisory Council); together, we delivered five "Trauma Threads" sessions across the region. This collaborative initiative provided over 100 responders with high-quality, free professional education, ensuring that our workforce remains at the forefront of emergency medical care.



Southeastern EMS Region—Mayo Clinic Heart and Anatomy Lab

This educational event served as a basic introduction to anatomy and physiology for providers throughout the region involved in pre-hospital care. Delivered as an interactive, hands-on learning experience, participants worked directly with fresh frozen cadavers in a human anatomy teaching lab.

Participants were guided through real human anatomy, with the opportunity to observe and explore the relationship between anatomical structures, illness, injury, and pre-hospital interventions. Emphasis was placed on airway anatomy, airway management, and the physiological effects of airway emergency procedures.

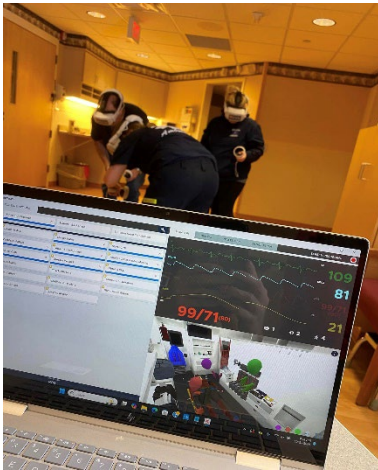
By examining true anatomical variation, participants gained a deeper appreciation for the significant internal variability of the human body, reinforcing the importance of approaching each patient as an individual. This experience supports improved clinical decision-making and promotes high-quality, patient-centered care in the pre-hospital environment.

Southeastern EMS Region—Recruitment and Retention Activities

- Participated in two regional career fairs, supporting both external recruitment and staffed with internal staff efforts, with outreach to 3,000–4,000+ students annually. (PICTURE)



- Coordinated and presented CPR Save Awards (four presentations in 2025) recognizing life-saving actions by providers and focus on Rural Health accessibility.
- Coordinated and presented Stork Awards (one presentation in 2025) honoring excellence in obstetric and neonatal care during pre-hospital deliveries.
- Supported multiple Emergency Medical Responder (EMR) courses resulting in 20 new EMS providers for the southeast region and the re-establishment of a previously closed first responder service.
- Maintained active County Board representation, including ongoing advocacy engagements to support EMS and first responder initiatives.



South Central EMS Region—Virtual Reality Training

One of the cornerstones of education in the south-central region (SCEMS) in 2025 was the use of Virtual Reality training. Utilizing funding provided through the MN Office of EMS, SCEMS was able to conduct trainings at Springfield Ambulance, St. James Ambulance, Vernon Center Fire Department, and Frost Ambulance. Additionally, our VR was the centerpiece of the first “5-G Workshop”, a blend of VR and real-world high-fidelity simulators, providing for student-driven scenarios and training. We also utilized this training for the Southern Minnesota Regional Trauma Advisory Council (SMRTAC) to provide mass casualty and time critical scenarios to supplement training emergency department Staff at Winona Health.

Southwest EMS Region—Telemedicine Expansion

In 2025 Southwest EMS coordinated and led a successful telemedicine pilot with Murray County and Wabasso Ambulance. Seeing early interest and successes with the program, Southwest EMS had a desire to implement telemedicine capabilities in all ambulances throughout the region. Southwest EMS in partnership and with the support of multiple organizations applied for and was awarded a \$9.9 million dollar grant from the National Highway Traffic Safety Administration to help bring that desire to reality.

