

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 1638

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DATE	D-PG	OFFICIAL STATUS
02/25/2019	518	Introduction and first reading Referred to Judiciary and Public Safety Finance and Policy
03/07/2019	715	Author added Simonson
04/04/2019	2159	Author added Abeler See First Special Session 2019, SF8, Art. 2, Sec. 11

1.1 A bill for an act

1.2 relating to public safety; requiring 911 dispatchers to be trained to provide

1.3 cardiopulmonary resuscitation instruction; providing for monitoring and

1.4 enforcement; establishing civil immunity; appropriating money; amending

1.5 Minnesota Statutes 2018, section 403.03.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2018, section 403.03, is amended to read:

1.8 **403.03 911 SERVICES TO BE PROVIDED.**

1.9 Subdivision 1. Emergency response services. Services available through a 911 system

1.10 must include police, firefighting, and emergency medical and ambulance services. Other

1.11 emergency and civil defense services may be incorporated into the 911 system at the

1.12 discretion of the public agency operating the public safety answering point. The 911 system

1.13 may include a referral to mental health crisis teams, where available.

1.14 Subd. 2. Telephone cardiopulmonary resuscitation program. (a) On or before July

1.15 1, 2021, every public safety answering point must provide telephone assistance on

1.16 administering cardiopulmonary resuscitation, when appropriate, by either:

1.17 (1) providing each 911 dispatcher with training in cardiopulmonary resuscitation; or

1.18 (2) transferring callers to another public safety answering point with 911 dispatchers

1.19 that have received training in cardiopulmonary resuscitation.

1.20 (b) Training in cardiopulmonary resuscitation must, at a minimum, include:

1.21 (1) certification in cardiopulmonary resuscitation;

2.1 (2) use of an evidence-based protocol or script for providing cardiopulmonary
2.2 resuscitation instruction that has been recommended by an academic institution or a nationally
2.3 recognized organization specializing in medical dispatch and approved by the public safety
2.4 answering point's medical director; and

2.5 (3) appropriate continuing education, as determined by the evidence-based protocol for
2.6 providing cardiopulmonary resuscitation instruction and approved by the public safety
2.7 answering point's medical director.

2.8 (c) A public safety answering point that transfers callers to another public safety
2.9 answering point must, at a minimum:

2.10 (1) use an evidence-based protocol approved by the public safety answering point's
2.11 medical director for the identification of a person in need of cardiopulmonary resuscitation;

2.12 (2) provide 911 dispatchers with appropriate training and continuing education to identify
2.13 a person in need of cardiopulmonary resuscitation through the use of an evidence-based
2.14 protocol that is approved by the public safety answering point's medical director; and

2.15 (3) ensure that 911 dispatchers at any public safety answering point that receives
2.16 transferred calls meet the training requirements under paragraph (b).

2.17 (d) Each public safety answering point shall conduct ongoing quality assurance of its
2.18 telephone cardiopulmonary resuscitation program.

2.19 Subd. 3. **Monitoring and enforcing training requirements.** The Statewide Emergency
2.20 Communications Board shall adopt and implement protocols to ensure that operators of
2.21 every public safety answering point comply with subdivision 2.

2.22 Subd. 4. **Liability exemption.** (a) A public safety answering point or 911 dispatcher
2.23 who provides telephone assistance on administering cardiopulmonary resuscitation is immune
2.24 from civil liability for any damages resulting from the administration of cardiopulmonary
2.25 resuscitation or failure to administer cardiopulmonary resuscitation if the 911 dispatcher
2.26 who provides the assistance has been trained pursuant to subdivision 2 and either:

2.27 (1) uses an approved, evidence-based protocol or script for providing cardiopulmonary
2.28 resuscitation instruction; or

2.29 (2) transfers the caller to another public safety answering point with 911 dispatchers
2.30 that have received training in cardiopulmonary resuscitation.

2.31 (b) The exemption in paragraph (a) does not apply to acts that constitute gross negligence
2.32 or willful and wanton misconduct.

3.1 **EFFECTIVE DATE.** This section is effective July 1, 2019.

3.2 Sec. 2. **TELEPHONE CARDIOPULMONARY RESUSCITATION PROGRAM**
3.3 **GRANTS; APPROPRIATION.**

3.4 \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the general
3.5 fund to the commissioner of public safety for grants to reimburse counties for the costs of
3.6 911 dispatcher cardiopulmonary resuscitation training. The annual base budget for the
3.7 program for fiscal year 2022 and later is \$.....