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State of Minnesota  
**HOUSE OF REPRESENTATIVES**  
***First Division Engrossment***

NINETY-FIRST SESSION

**H. F. No. 1520**

02/21/2019 Authored by Sandstede, Mann, Zerwas, Lesch, Johnson and others  
The bill was read for the first time and referred to the Committee on Ways and Means

**Division Action**

03/13/2019 *Referred by Chair to the Public Safety and Criminal Justice Reform Finance and Policy Division*  
03/15/2019 *Division action, to adopt as amended and return to the Committee on Ways and Means*  
*Referred by Chair to the Judiciary Finance and Civil Law Division*

1.1 A bill for an act

1.2 relating to public safety; requiring 911 telecommunicators 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, sections 403.02, by adding a subdivision; 403.03.

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

1.7 Section 1. Minnesota Statutes 2018, section 403.02, is amended by adding a subdivision

1.8 to read:

1.9 Subd. 17c. **911 telecommunicator.** "911 telecommunicator" means a person employed

1.10 by a public safety answering point, an emergency medical dispatch service provider, or

1.11 both, who is qualified to answer incoming emergency telephone calls or provide for the

1.12 appropriate emergency response either directly or through communication with the

1.13 appropriate public safety answering point.

1.14 Sec. 2. Minnesota Statutes 2018, section 403.03, is amended to read:

1.15 **403.03 911 SERVICES TO BE PROVIDED.**

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

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

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

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

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

Subd. 2. Telephone cardiopulmonary resuscitation program. (a) On or before July 1, 2021, every public safety answering point must maintain a telephone cardiopulmonary resuscitation program by either:

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

(2) transferring callers to another public safety answering point with 911 telecommunicators that have received training in cardiopulmonary resuscitation.

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

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

(2) appropriate continuing education, as determined by the evidence-based protocol for providing cardiopulmonary resuscitation instruction and, if the public safety answering point has a medical director, approved by that medical director.

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

(1) use an evidence-based protocol for the identification of a person in need of cardiopulmonary resuscitation;

(2) provide each 911 telecommunicator with appropriate training and continuing education to identify a person in need of cardiopulmonary resuscitation through the use of an evidence-based protocol; and

(3) ensure that any public safety answering point to which calls are transferred uses 911 telecommunicators who meet the training requirements under paragraph (b).

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

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

Subd. 4. Liability exemption. (a) A public safety answering point or 911 telecommunicator who provides telephone assistance on administering cardiopulmonary resuscitation is immune from civil liability for any damages resulting from the administration

of cardiopulmonary resuscitation or failure to administer cardiopulmonary resuscitation if the 911 telecommunicator who provides the assistance has been trained pursuant to subdivision 2 and either:

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

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

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

(c) If a caller refuses or is otherwise unwilling or unable to provide cardiopulmonary resuscitation or receive telephone cardiopulmonary resuscitation instruction, the 911 telecommunicator is not required to provide cardiopulmonary resuscitation instruction and is immune from civil liability for any damages resulting from the fact that such instruction was not provided.

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

**Sec. 3. TELEPHONE CARDIOPULMONARY RESUSCITATION PROGRAM GRANTS; APPROPRIATION.**

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