

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4600

03/07/2024 Authored by Huot, Backer and Zeleznikar The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; modifying ambulance staffing requirements and emergency
1.3 medical responder registration; extending authority to reinstate ambulance service
1.4 personnel certifications; modifying requirements for approval and reapproval of
1.5 education programs; modifying an appropriation; amending Minnesota Statutes
1.6 2022, sections 144E.001, subdivision 3a; 144E.101, by adding a subdivision;
1.7 144E.27, subdivisions 3, 5, 6; 144E.28, subdivisions 3, 8; 144E.285, subdivisions
1.8 1, 2, 4, by adding subdivisions; Minnesota Statutes 2023 Supplement, section
1.9 144E.101, subdivisions 6, 7; repealing Minnesota Statutes 2022, section 144E.27,
1.10 subdivisions 1, 1a.

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

1.12 Section 1. Minnesota Statutes 2022, section 144E.001, subdivision 3a, is amended to read:

1.13 Subd. 3a. Ambulance service personnel. "Ambulance service personnel" means
1.14 individuals who are authorized by a licensed ambulance service to provide emergency care
1.15 for the ambulance service and are:

1.16 (1) EMTs, AEMTs, or paramedics;

1.17 (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and
1.18 have passed a paramedic practical skills test, as approved by the board and administered by
1.19 an educational program approved by the board been approved by the ambulance service
1.20 medical director; (ii) on the roster of an ambulance service on or before January 1, 2000;
1.21 or (iii) after petitioning the board, deemed by the board to have training and skills equivalent
1.22 to an EMT, as determined on a case-by-case basis; or

1.23 (3) Minnesota licensed physician assistants who are: (i) EMTs, are currently practicing
1.24 as physician assistants, and have passed a paramedic practical skills test, as approved by
1.25 the board and administered by an educational program approved by the board been approved

2.1 by the ambulance service medical director; (ii) on the roster of an ambulance service on or
 2.2 before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have
 2.3 training and skills equivalent to an EMT, as determined on a case-by-case basis.

2.4 Sec. 2. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 6, is amended
 2.5 to read:

2.6 Subd. 6. **Basic life support.** (a) Except as provided in paragraph (f) or subdivision 6a,
 2.7 a basic life-support ambulance shall be staffed by at least two ~~EMTs, one of whom~~ individuals
 2.8 who meet one of the following requirements: (1) are certified as an EMT; (2) are a Minnesota
 2.9 registered nurse who meets the qualification requirements in section 144E.001, subdivision
 2.10 3a, clause (2); or (3) are a Minnesota licensed physician assistant who meets the qualification
 2.11 requirements in section 144E.001, subdivision 3a, clause (3). One of the individuals staffing
 2.12 a basic life-support ambulance must accompany the patient and provide a level of care so
 2.13 as to ensure that:

2.14 ~~(1)~~ (i) life-threatening situations and potentially serious injuries are recognized;

2.15 ~~(2)~~ (ii) patients are protected from additional hazards;

2.16 ~~(3)~~ (iii) basic treatment to reduce the seriousness of emergency situations is administered;
 2.17 and

2.18 ~~(4)~~ (iv) patients are transported to an appropriate medical facility for treatment.

2.19 (b) A basic life-support service shall provide basic airway management.

2.20 (c) A basic life-support service shall provide automatic defibrillation.

2.21 (d) A basic life-support service shall administer opiate antagonists consistent with
 2.22 protocols established by the service's medical director.

2.23 (e) A basic life-support service licensee's medical director may authorize ambulance
 2.24 service personnel to perform intravenous infusion and use equipment that is within the
 2.25 licensure level of the ambulance service. Ambulance service personnel must be properly
 2.26 trained. Documentation of authorization for use, guidelines for use, continuing education,
 2.27 and skill verification must be maintained in the licensee's files.

2.28 (f) For emergency ambulance calls and interfacility transfers, an ambulance service may
 2.29 staff its basic life-support ambulances with one ~~EMT~~ individual who meets the qualification
 2.30 requirements in paragraph (a), who must accompany the patient, and one registered
 2.31 emergency medical responder driver. For purposes of this paragraph, "ambulance service"
 2.32 means either an ambulance service whose primary service area is mainly located outside

3.1 the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of
3.2 Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in
3.3 a community with a population of less than 2,500.

3.4 Sec. 3. Minnesota Statutes 2022, section 144E.101, is amended by adding a subdivision
3.5 to read:

3.6 Subd. 6a. **Variance; staffing of basic life-support ambulance.** (a) Upon application
3.7 from an ambulance service that includes evidence demonstrating hardship, the board may
3.8 grant a variance from the staff requirements in subdivision 6, paragraph (a), and may
3.9 authorize a basic life-support ambulance to be staffed, for all emergency calls and interfacility
3.10 transfers, with one individual who meets the qualification requirements in paragraph (b) to
3.11 drive the ambulance and one individual who meets the qualification requirements in
3.12 subdivision 6, paragraph (a), and who must accompany the patient. The variance shall apply
3.13 to basic life-support ambulances until the ambulance service renews its license. When the
3.14 variance expires, the ambulance service may apply for a new variance under this subdivision.
3.15 This subdivision applies only to an ambulance service whose primary service area is mainly
3.16 located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside
3.17 the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance service
3.18 based in a community with a population of less than 1,000 persons.

3.19 (b) In order to drive an ambulance under a variance granted under this subdivision, an
3.20 individual must:

3.21 (1) hold a valid driver's license from any state;

3.22 (2) have attended an emergency vehicle driving course approved by the ambulance
3.23 service;

3.24 (3) have completed a course on cardiopulmonary resuscitation approved by the ambulance
3.25 service; and

3.26 (4) register with the board according to a process established by the board.

3.27 (c) If an individual serving as a driver under this subdivision commits or has a record
3.28 of committing an act listed in section 144E.27, subdivision 5, paragraph (a), the board may
3.29 temporarily suspend or prohibit the individual from driving an ambulance or place conditions
3.30 on the individual's ability to drive an ambulance using the procedures and authority in
3.31 section 144E.27, subdivisions 5 and 6.

4.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 7, is amended
4.2 to read:

4.3 Subd. 7. **Advanced life support.** (a) Except as provided in paragraphs (f) and (g), an
4.4 advanced life-support ambulance shall be staffed by at least:

4.5 (1) one EMT or one AEMT and one paramedic;

4.6 (2) one EMT or one AEMT and one registered nurse who is an EMT or an AEMT, is
4.7 currently practicing nursing, and ~~has passed a paramedic practical skills test approved by~~
4.8 ~~the board and administered by an education program~~ has been approved by the ambulance
4.9 service medical director; or

4.10 (3) one EMT or one AEMT and one physician assistant who is an EMT or an AEMT,
4.11 is currently practicing as a physician assistant, and ~~has passed a paramedic practical skills~~
4.12 ~~test approved by the board and administered by an education program~~ has been approved
4.13 by the ambulance service medical director.

4.14 (b) An advanced life-support service shall provide basic life support, as specified under
4.15 subdivision 6, paragraph (a), advanced airway management, manual defibrillation,
4.16 administration of intravenous fluids and pharmaceuticals, and administration of opiate
4.17 antagonists.

4.18 (c) In addition to providing advanced life support, an advanced life-support service may
4.19 staff additional ambulances to provide basic life support according to subdivision 6 and
4.20 section 144E.103, subdivision 1.

4.21 (d) An ambulance service providing advanced life support shall have a written agreement
4.22 with its medical director to ensure medical control for patient care 24 hours a day, seven
4.23 days a week. The terms of the agreement shall include a written policy on the administration
4.24 of medical control for the service. The policy shall address the following issues:

4.25 (1) two-way communication for physician direction of ambulance service personnel;

4.26 (2) patient triage, treatment, and transport;

4.27 (3) use of standing orders; and

4.28 (4) the means by which medical control will be provided 24 hours a day.

4.29 The agreement shall be signed by the licensee's medical director and the licensee or the
4.30 licensee's designee and maintained in the files of the licensee.

4.31 (e) When an ambulance service provides advanced life support, the authority of a
4.32 paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician

5.1 assistant-EMT to determine the delivery of patient care prevails over the authority of an
5.2 EMT.

5.3 (f) Upon application from an ambulance service that includes evidence demonstrating
5.4 hardship, the board may grant a variance from the staff requirements in paragraph (a), clause
5.5 (1), and may authorize an advanced life-support ambulance to be staffed by a registered
5.6 emergency medical responder driver with a paramedic for all emergency calls and interfacility
5.7 transfers. The variance shall apply to advanced life-support ambulance services until the
5.8 ambulance service renews its license. When the variance expires, an ambulance service
5.9 may apply for a new variance under this paragraph. This paragraph applies only to an
5.10 ambulance service whose primary service area is mainly located outside the metropolitan
5.11 counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato,
5.12 Moorhead, Rochester, and St. Cloud, or an ambulance service based in a community with
5.13 a population of less than 1,000 persons.

5.14 (g) After an initial emergency ambulance call, each subsequent emergency ambulance
5.15 response, until the initial ambulance is again available, and interfacility transfers, may be
5.16 staffed by one registered emergency medical responder driver and an EMT or paramedic.
5.17 This paragraph applies only to an ambulance service whose primary service area is mainly
5.18 located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside
5.19 the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance service
5.20 based in a community with a population of less than 1,000 persons.

5.21 Sec. 5. Minnesota Statutes 2022, section 144E.27, subdivision 3, is amended to read:

5.22 Subd. 3. **Renewal.** (a) The board may renew the registration of an emergency medical
5.23 responder who:

5.24 (1) successfully completes a board-approved refresher course; ~~and~~

5.25 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
5.26 board or by the licensee's medical director. This course may be a component of a
5.27 board-approved refresher course; and

5.28 ~~(2)~~ (3) submits a completed renewal application to the board before the registration
5.29 expiration date.

5.30 (b) The board may renew the lapsed registration of an emergency medical responder
5.31 who:

5.32 (1) successfully completes a board-approved refresher course; ~~and~~

6.1 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
6.2 board or by the licensee's medical director. This course may be a component of a
6.3 board-approved refresher course; and

6.4 ~~(2)~~ (3) submits a completed renewal application to the board within ~~12~~ 48 months after
6.5 the registration expiration date.

6.6 Sec. 6. Minnesota Statutes 2022, section 144E.27, subdivision 5, is amended to read:

6.7 Subd. 5. **Denial, suspension, revocation; emergency medical responders and**
6.8 **drivers.** (a) This subdivision applies to individuals seeking registration or registered as an
6.9 emergency medical responder and to individuals seeking registration or registered as a driver
6.10 of a basic life-support ambulance under section 144E.101, subdivision 6a. The board may
6.11 deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual
6.12 who the board determines:

6.13 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an
6.14 agreement for corrective action, or an order that the board issued or is otherwise empowered
6.15 to enforce;

6.16 (2) misrepresents or falsifies information on an application form for registration;

6.17 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
6.18 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
6.19 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
6.20 alcohol;

6.21 (4) is actually or potentially unable to provide emergency medical services or drive an
6.22 ambulance with reasonable skill and safety to patients by reason of illness, use of alcohol,
6.23 drugs, chemicals, or any other material, or as a result of any mental or physical condition;

6.24 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
6.25 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
6.26 welfare, or safety of the public;

6.27 (6) maltreats or abandons a patient;

6.28 (7) violates any state or federal controlled substance law;

6.29 (8) engages in unprofessional conduct or any other conduct which has the potential for
6.30 causing harm to the public, including any departure from or failure to conform to the
6.31 minimum standards of acceptable and prevailing practice without actual injury having to
6.32 be established;

7.1 (9) for emergency medical responders, provides emergency medical services under
7.2 lapsed or nonrenewed credentials;

7.3 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
7.4 jurisdiction or by another regulatory authority;

7.5 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
7.6 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
7.7 to a patient; or

7.8 (12) makes a false statement or knowingly provides false information to the board, or
7.9 fails to cooperate with an investigation of the board as required by section 144E.30.

7.10 (b) Before taking action under paragraph (a), the board shall give notice to an individual
7.11 of the right to a contested case hearing under chapter 14. If an individual requests a contested
7.12 case hearing within 30 days after receiving notice, the board shall initiate a contested case
7.13 hearing according to chapter 14.

7.14 (c) The administrative law judge shall issue a report and recommendation within 30
7.15 days after closing the contested case hearing record. The board shall issue a final order
7.16 within 30 days after receipt of the administrative law judge's report.

7.17 (d) After six months from the board's decision to deny, revoke, place conditions on, or
7.18 refuse renewal of an individual's registration for disciplinary action, the individual shall
7.19 have the opportunity to apply to the board for reinstatement.

7.20 Sec. 7. Minnesota Statutes 2022, section 144E.27, subdivision 6, is amended to read:

7.21 Subd. 6. **Temporary suspension; emergency medical responders and drivers.** (a)
7.22 This subdivision applies to emergency medical responders registered under this section and
7.23 to individuals registered as drivers of basic life-support ambulances under section 144E.101,
7.24 subdivision 6a. In addition to any other remedy provided by law, the board may temporarily
7.25 suspend the registration of an individual after conducting a preliminary inquiry to determine
7.26 whether the board believes that the individual has violated a statute or rule that the board
7.27 is empowered to enforce and determining that the continued provision of service by the
7.28 individual would create an imminent risk to public health or harm to others.

7.29 (b) A temporary suspension order prohibiting an individual from providing emergency
7.30 medical care or from driving a basic life-support ambulance shall give notice of the right
7.31 to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry
7.32 of the temporary suspension order.

8.1 (c) Service of a temporary suspension order is effective when the order is served on the
8.2 individual personally or by certified mail, which is complete upon receipt, refusal, or return
8.3 for nondelivery to the most recent address provided to the board for the individual.

8.4 (d) At the time the board issues a temporary suspension order, the board shall schedule
8.5 a hearing, to be held before a group of its members designated by the board, that shall begin
8.6 within 60 days after issuance of the temporary suspension order or within 15 working days
8.7 of the date of the board's receipt of a request for a hearing from the individual, whichever
8.8 is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to
8.9 continue, modify, or lift the temporary suspension. A hearing under this paragraph is not
8.10 subject to chapter 14.

8.11 (e) Evidence presented by the board or the individual may be in the form of an affidavit.
8.12 The individual or the individual's designee may appear for oral argument.

8.13 (f) Within five working days of the hearing, the board shall issue its order and, if the
8.14 suspension is continued, notify the individual of the right to a contested case hearing under
8.15 chapter 14.

8.16 (g) If an individual requests a contested case hearing within 30 days after receiving
8.17 notice under paragraph (f), the board shall initiate a contested case hearing according to
8.18 chapter 14. The administrative law judge shall issue a report and recommendation within
8.19 30 days after the closing of the contested case hearing record. The board shall issue a final
8.20 order within 30 days after receipt of the administrative law judge's report.

8.21 Sec. 8. Minnesota Statutes 2022, section 144E.28, subdivision 3, is amended to read:

8.22 Subd. 3. **Reciprocity.** The board may certify an individual who possesses a current
8.23 National Registry of Emergency Medical Technicians ~~registration~~ certification from another
8.24 jurisdiction if the individual submits a board-approved application form. The board
8.25 certification classification shall be the same as the National Registry's classification.
8.26 Certification shall be for the duration of the applicant's ~~registration~~ certification period in
8.27 another jurisdiction, not to exceed two years.

8.28 Sec. 9. Minnesota Statutes 2022, section 144E.28, subdivision 8, is amended to read:

8.29 Subd. 8. **Reinstatement.** (a) Within four years of a certification expiration date, a person
8.30 whose certification has expired under subdivision 7, paragraph (d), may have the certification
8.31 reinstated upon submission of:

9.1 (1) evidence to the board of training equivalent to the continuing education requirements
 9.2 of subdivision 7 or, for community paramedics, evidence to the board of training equivalent
 9.3 to the continuing education requirements of subdivision 9, paragraph (c); and

9.4 (2) a board-approved application form.

9.5 (b) If more than four years have passed since a certificate expiration date, an applicant
 9.6 must complete the initial certification process required under subdivision 1.

9.7 (c) Beginning July 1, 2024, through December 31, 2025, and notwithstanding paragraph
 9.8 (b), a person whose certification as an EMT, AEMT, paramedic, or community paramedic
 9.9 expired more than four years ago but less than ten years ago may have the certification
 9.10 reinstated upon submission of:

9.11 (1) evidence to the board of the training required under paragraph (a), clause (1). This
 9.12 training must have been completed within the 24 months prior to the date of the application
 9.13 for reinstatement;

9.14 (2) a board-approved application form; and

9.15 (3) a recommendation from an ambulance service medical director.

9.16 This paragraph expires December 31, 2025.

9.17 Sec. 10. Minnesota Statutes 2022, section 144E.285, subdivision 1, is amended to read:

9.18 Subdivision 1. **Approval required.** (a) All education programs for an EMR, EMT,
 9.19 AEMT, or paramedic must be approved by the board.

9.20 (b) To be approved by the board, an education program must:

9.21 (1) submit an application prescribed by the board that includes:

9.22 (i) ~~type and length~~ of course to be offered;

9.23 (ii) names, addresses, and qualifications of the program medical director, program
 9.24 education coordinator, and instructors;

9.25 ~~(iii) names and addresses of clinical sites, including a contact person and telephone~~
 9.26 ~~number;~~

9.27 ~~(iv)~~ (iii) admission criteria for students; and

9.28 ~~(v)~~ (iv) materials and equipment to be used;

10.1 (2) for each course, implement the most current version of the United States Department
 10.2 of Transportation EMS Education Standards, or its equivalent as determined by the board
 10.3 applicable to EMR, EMT, AEMT, or paramedic education;

10.4 (3) have a program medical director and a program coordinator;

10.5 (4) utilize instructors who meet the requirements of section 144E.283 for teaching at
 10.6 least 50 percent of the course content. The remaining 50 percent of the course may be taught
 10.7 by guest lecturers approved by the education program coordinator or medical director;

10.8 ~~(5) have at least one instructor for every ten students at the practical skill stations;~~

10.9 ~~(6) maintain a written agreement with a licensed hospital or licensed ambulance service~~
 10.10 ~~designating a clinical training site;~~

10.11 ~~(7)~~ (5) retain documentation of program approval by the board, course outline, and
 10.12 student information;

10.13 ~~(8)~~ (6) notify the board of the starting date of a course prior to the beginning of a course;
 10.14 and

10.15 ~~(9)~~ (7) submit the appropriate fee as required under section 144E.29; and.

10.16 ~~(10) maintain a minimum average yearly pass rate as set by the board on an annual basis.~~
 10.17 ~~The pass rate will be determined by the percent of candidates who pass the exam on the~~
 10.18 ~~first attempt. An education program not meeting this yearly standard shall be placed on~~
 10.19 ~~probation and shall be on a performance improvement plan approved by the board until~~
 10.20 ~~meeting the pass rate standard. While on probation, the education program may continue~~
 10.21 ~~providing classes if meeting the terms of the performance improvement plan as determined~~
 10.22 ~~by the board. If an education program having probation status fails to meet the pass rate~~
 10.23 ~~standard after two years in which an EMT initial course has been taught, the board may~~
 10.24 ~~take disciplinary action under subdivision 5.~~

10.25 Sec. 11. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision
 10.26 to read:

10.27 Subd. 1a. **EMR education program requirements.** The National EMS Education
 10.28 Standards established by the National Highway Traffic Safety Administration of the United
 10.29 States Department of Transportation specify the minimum requirements for knowledge and
 10.30 skills for emergency medical responders. An education program applying for approval to
 10.31 teach EMRs must comply with the requirements under subdivision 1, paragraph (b). A

11.1 medical director of an emergency medical responder group may establish additional
11.2 knowledge and skill requirements for EMRs.

11.3 Sec. 12. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision
11.4 to read:

11.5 Subd. 1b. **EMT education program requirements.** In addition to the requirements
11.6 under subdivision 1, paragraph (b), an education program applying for approval to teach
11.7 EMTs must:

11.8 (1) include in the application prescribed by the board, names and addresses of clinical
11.9 sites, including a contact person and telephone number;

11.10 (2) maintain a written agreement with at least one clinical training site that is of a type
11.11 recognized by the National EMS Education Standards established by the National Highway
11.12 Traffic Safety Administration; and

11.13 (3) maintain a minimum average yearly pass rate as set by the board. An education
11.14 program not meeting this standard shall be placed on probation and shall comply with a
11.15 performance improvement plan approved by the board until the program meets the pass
11.16 rate standard. While on probation, the education program may continue to provide classes
11.17 if the program meets the terms of the performance improvement plan, as determined by the
11.18 board. If an education program that is on probation status fails to meet the pass rate standard
11.19 after two years in which an EMT initial course has been taught, the board may take
11.20 disciplinary action under subdivision 5.

11.21 Sec. 13. Minnesota Statutes 2022, section 144E.285, subdivision 2, is amended to read:

11.22 Subd. 2. **AEMT and paramedic education program requirements.** (a) In addition to
11.23 the requirements under subdivision 1, paragraph (b), an education program applying for
11.24 approval to teach AEMTs and paramedics must:

11.25 (1) be administered by an educational institution accredited by the Commission of
11.26 Accreditation of Allied Health Education Programs (CAAHEP);

11.27 (2) include in the application prescribed by the board, names and addresses of clinical
11.28 sites, including a contact person and telephone number; and

11.29 (3) maintain a written agreement with a licensed hospital or licensed ambulance service
11.30 designating a clinical training site.

12.1 (b) An AEMT and paramedic education program that is administered by an educational
 12.2 institution not accredited by CAAHEP, but that is in the process of completing the
 12.3 accreditation process, may be granted provisional approval by the board upon verification
 12.4 of submission of its self-study report and the appropriate review fee to CAAHEP.

12.5 (c) An educational institution that discontinues its participation in the accreditation
 12.6 process must notify the board immediately and provisional approval shall be withdrawn.

12.7 ~~(d) This subdivision does not apply to a paramedic education program when the program
 12.8 is operated by an advanced life support ambulance service licensed by the Emergency
 12.9 Medical Services Regulatory Board under this chapter, and the ambulance service meets
 12.10 the following criteria:~~

12.11 ~~(1) covers a rural primary service area that does not contain a hospital within the primary
 12.12 service area or contains a hospital within the primary service area that has been designated
 12.13 as a critical access hospital under section 144.1483, clause (9);~~

12.14 ~~(2) has tax-exempt status in accordance with the Internal Revenue Code, section
 12.15 501(c)(3);~~

12.16 ~~(3) received approval before 1991 from the commissioner of health to operate a paramedic
 12.17 education program;~~

12.18 ~~(4) operates an AEMT and paramedic education program exclusively to train paramedics
 12.19 for the local ambulance service; and~~

12.20 ~~(5) limits enrollment in the AEMT and paramedic program to five candidates per
 12.21 biennium.~~

12.22 Sec. 14. Minnesota Statutes 2022, section 144E.285, subdivision 4, is amended to read:

12.23 Subd. 4. **Reapproval.** An education program shall apply to the board for reapproval at
 12.24 least ~~three months~~ 30 days prior to the expiration date of its approval and must:

12.25 (1) submit an application prescribed by the board specifying any changes from the
 12.26 information provided for prior approval and any other information requested by the board
 12.27 to clarify incomplete or ambiguous information presented in the application; ~~and~~

12.28 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(10)~~.
 12.29 (7);

12.30 (3) be subject to a site visit by the board;

- 13.1 (4) for education programs that teach EMRs, comply with the requirements in subdivision
13.2 1a;
- 13.3 (5) for education programs that teach EMTs, comply with the requirements in subdivision
13.4 1b; and
- 13.5 (6) for education programs that teach AEMTs and paramedics, comply with the
13.6 requirements in subdivision 2 and maintain accreditation with CAAHEP.
- 13.7 Sec. 15. **REPEALER.**
- 13.8 Minnesota Statutes 2022, section 144E.27, subdivisions 1 and 1a, are repealed.

144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.

Subdivision 1. **Education program instructor.** An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Subd. 1a. **Approval required.** (a) All education programs for an emergency medical responder must be approved by the board.

(b) To be approved by the board, an education program must:

(1) submit an application prescribed by the board that includes:

(i) type and length of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;

(3) have a program medical director and a program coordinator;

(4) have at least one instructor for every ten students at the practical skill stations;

(5) retain documentation of program approval by the board, course outline, and student information; and

(6) submit the appropriate fee as required under section 144E.29.

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.