

Sec. 4. DEFENSIVE DOCUMENTATION.

The commissioner of health, in consultation with the nursing home industry, consumers, unions representing nursing home employees, and advocates, shall develop and report to the legislature by January 15, 2001, with a proposal to resolve the issue of defensive documentation in nursing homes.

Sec. 5. FEDERAL WAIVER REQUEST.

The commissioner of health shall seek a waiver from the federal government to decrease the amount of paperwork nursing homes must complete when a stay in a nursing home is less than 30 days.

Sec. 6. REGULATIONS THAT IMPEDE DIRECT CARE OF RESIDENTS.

The commissioners of health and human services, in consultation with trade groups, consumers, advocates, unions representing nursing home employees, and families, shall develop and report to the legislature by January 15, 2001, with a proposal to decrease regulations that impede direct care of residents in nursing homes.

Sec. 7. REPEALER.

Minnesota Statutes 1998, section 144A.103, is repealed. Minnesota Rules, part 4658.0515, is repealed.

Sec. 8. EFFECTIVE DATE.

Sections 1 and 2 are effective the day following final enactment.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:08 p.m.

CHAPTER 313—S.F.No. 2748

An act relating to health; modifying ambulance service and EMT requirements; amending Minnesota Statutes 1999 Supplement, sections 144E.101, subdivision 9; 144E.28, subdivisions 5 and 7; 144E.285, subdivisions 1 and 4; 144E.29; 144E.305, subdivisions 1 and 2; and 144E.50, subdivision 6; repealing Minnesota Rules, parts 4690.0100, subpart 28; 4690.3500; 4690.7900, subpart 2; and 4735.5100.

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

Section 1. Minnesota Statutes 1999 Supplement, section 144E.101, subdivision 9, is amended to read:

Subd. 9. **SPECIALIZED LIFE SUPPORT.** A specialized ground life support service providing advanced life support shall be staffed by at least one EMT and one EMT-P, registered nurse, or physician assistant. A specialized life support service shall provide basic or advanced life support as designated by the board, and shall be restricted by the board to:

New language is indicated by underline, deletions by strikeout.

- (1) operation less than 24 hours of every day;
- (2) designated segments of the population;
- (3) certain types of medical conditions; or
- (4) air ambulance service that includes fixed-wing and or rotor-wing.

Sec. 2. Minnesota Statutes 1999 Supplement, section 144E.28, subdivision 5, is amended to read:

Subd. 5. **DENIAL, SUSPENSION, REVOCATION.** (a) The board may deny certification or take any action authorized in subdivision 4 against an individual who the board determines:

(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections;

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

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

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

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

(6) maltreats or abandons a patient.

(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14 and no disciplinary action shall be taken at that time.

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

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

Sec. 3. Minnesota Statutes 1999 Supplement, section 144E.28, subdivision 7, is amended to read:

Subd. 7. **RENEWAL.** (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

New language is indicated by underline, deletions by ~~strikeout~~.

(1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director; and

(2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National Standard Curriculum or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by a training program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements. Twenty-four of the 48 hours must include at least four hours of instruction in each of the following six categories:

- (i) airway management and resuscitation procedures;
- (ii) circulation, bleeding control, and shock;
- (iii) human anatomy and physiology, patient assessment, and medical emergencies;
- (iv) injuries involving musculoskeletal, nervous, digestive, and genito-urinary systems;
- (v) environmental emergencies and rescue techniques; and
- (vi) emergency childbirth and other special situations.

(b) Before the expiration date of certification, an applicant for renewal of certification as an EMT-I or EMT-P shall:

(1) for an EMT-I, successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director and for an EMT-P, successfully complete a course in advanced cardiac life support that is approved by the board or the licensee's medical director; and

(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's EMT-I or EMT-P certification, that are consistent with the United States Department of Transportation National Standard Curriculum or its equivalent as approved by the board or as approved by the licensee's medical director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course, the cardiopulmonary resuscitation course, and the advanced cardiac life support course counts toward the 48-hour continuing education requirement.

(c) Certification shall be renewed every two years.

(d) If the applicant does not meet the renewal requirements under this subdivision, the applicant's certification expires.

New language is indicated by underline, deletions by ~~strikeout~~.

Sec. 4. Minnesota Statutes 1999 Supplement, section 144E.285, subdivision 1, is amended to read:

Subdivision 1. **APPROVAL REQUIRED.** (a) All training programs for an EMT, EMT-I, or EMT-P must be approved by the board.

(b) To be approved by the board, a training 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 training coordinator, and certified instructors;

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

(iv) admission criteria for students; and

(v) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation curriculum or its equivalent as determined by the board applicable to EMT, EMT-I, or EMT-P training;

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

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

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

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

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

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

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

Sec. 5. Minnesota Statutes 1999 Supplement, section 144E.285, subdivision 4, is amended to read:

Subd. 4. **REAPPROVAL.** A training program shall apply to the board for reapproval at least three months prior to the expiration date of its approval and must:

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

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(2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(8)~~ (9).

Sec. 6. Minnesota Statutes 1999 Supplement, section 144E.29, is amended to read:

144E.29 FEES.

(a) The board shall charge the following fees:

(1) initial application for and renewal of an ambulance service license, \$150;

(2) each ambulance operated by a licensee, \$96. The licensee shall pay an additional \$96 fee for the full licensing period or ~~\$8~~ \$4 per month for any fraction of the period for each ambulance added to the ambulance service during the licensing period;

(3) initial application for and renewal of approval for a training program, \$100; and

(4) duplicate of an original license, certification, or approval, \$25.

(b) With the exception of paragraph (a), clause ~~(5)~~ (4), all fees are for a two-year period. All fees are nonrefundable.

(c) Fees collected by the board shall be deposited as nondedicated receipts in the trunk highway fund.

Sec. 7. Minnesota Statutes 1999 Supplement, section 144E.305, subdivision 1, is amended to read:

Subdivision 1. **VOLUNTARY REPORTING.** A person who has knowledge of any conduct constituting grounds for discipline under section 144E.27, subdivision 5, or 144E.28, subdivision 4 5, may report the alleged violation to the board.

Sec. 8. Minnesota Statutes 1999 Supplement, section 144E.305, subdivision 2, is amended to read:

Subd. 2. **MANDATORY REPORTING.** (a) A licensee shall report to the board conduct by a first responder, EMT, EMT-I, or EMT-P that they reasonably believe constitutes grounds for disciplinary action under section 144E.27, subdivision 5, or 144E.28, subdivision 4 5.

(b) A licensee shall report to the board any dismissal from employment of a first responder, EMT, EMT-I, or EMT-P. A licensee shall report the resignation of a first responder, EMT, EMT-I, or EMT-P before the conclusion of any disciplinary proceeding or before commencement of formal charges but after the first responder, EMT, EMT-I, or EMT-P has knowledge that formal charges are contemplated or in preparation.

Sec. 9. Minnesota Statutes 1999 Supplement, section 144E.50, subdivision 6, is amended to read:

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 6. **AUDITS.** (a) Each regional emergency medical services board designated by the ~~emergency medical services regulatory~~ board shall be audited either annually or biennially by an independent auditor who is either a state or local government auditor or a certified public accountant who meets the independence standards specified by the General Accounting Office for audits of governmental organizations, programs, activities, and functions. The audit shall cover all funds received by the regional board, including but not limited to, funds appropriated under this section, section 144E.52, and section 169.686, subdivision 3. Expenses associated with the audit are the responsibility of the regional board.

(b) The A biennial audit specified in paragraph (a) shall be performed within 60 days following the close of the biennium. Copies of the audit and any accompanying materials shall be filed by October 1 of each odd-numbered year, beginning in 1999, with the ~~emergency medical services regulatory~~ board, the legislative auditor, and the state auditor.

(c) An annual audit specified in paragraph (a) shall be performed within 120 days following the close of the regional emergency medical services board's fiscal year. Copies of the audit and any accompanying materials shall be filed within 150 days following the close of the regional emergency medical services board's fiscal year, beginning in the year 2000, with the board, the legislative auditor, and the state auditor.

(e) (d) If the audit is not conducted as required in paragraph (a) or copies filed as required in paragraph (b) or (c), or if the audit determines that funds were not spent in accordance with this chapter, the ~~emergency medical services regulatory~~ board shall immediately reduce funding to the regional emergency medical services board as follows:

(1) if an audit was not conducted or if an audit was conducted but copies were not provided as required, funding shall be reduced by up to 100 percent; and

(2) if an audit was conducted and copies provided, and the audit identifies expenditures made that are not in compliance with this chapter, funding shall be reduced by the amount in question plus ten percent.

A funding reduction under this paragraph is effective for the fiscal year in which the reduction is taken and the following fiscal year.

(d) (e) The ~~emergency medical services regulatory~~ board shall distribute any funds withheld from a regional board under paragraph (e) (d) to the remaining regional boards on a pro rata basis.

Sec. 10. **REPEALER.**

Minnesota Rules, parts 4690.0100, subpart 28; 4690.3500; 4690.7900, subpart 2; and 4735.5100, are repealed.

Sec. 11. **EFFECTIVE DATE.**

Sections 1 to 10 are effective the day following final enactment.

New language is indicated by underline, deletions by strikeout.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:10 p.m.

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CHAPTER 314—S.F.No. 2734

An act relating to human services; directing the Minnesota home care association to study reimbursing home care and personal care providers for transportation expenses.

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

Section 1. **HOME CARE TRANSPORTATION.**

By December 15, 2000, the Minnesota home care association, in collaboration with the commissioner of human services, shall prepare a study and report to the legislature on reimbursing home care and personal care service providers receiving reimbursement under medical assistance, general assistance medical care, or home and community-based waiver services under Minnesota Statutes, chapter 256B, for worker transportation costs. The commissioner shall provide technical assistance to the home care association in conducting the study. The study shall include, but not be limited to:

(1) an analysis of the characteristics of home care provider worker transportation costs and needs;

(2) proposed methods of reimbursement, including, but not limited to:

(i) per mile reimbursement;

(ii) per visit reimbursement;

(iii) countywide average per visit reimbursement;

(iv) per visit reimbursement based on distance to the home care provider office;

and

(v) incorporating a transportation reimbursement amount into statewide home care services reimbursement rates;

(3) options for funding transportation reimbursement;

(4) options for obtaining federal matching funds for transportation reimbursement; and

(5) methods for home care providers to compensate their workers for transportation expenses using the additional revenue.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:12 p.m.

New language is indicated by underline, deletions by ~~strikeout~~.