CHAPTER 88--H.F.No. 2613

An act relating to health; designating certain hospitals as ST segment elevation myocardial infarction receiving centers; requiring ST segment elevation myocardial infarction transport protocols; making technical changes to the Emergency Medical Services Regulatory Board audit and education provisions; amending Minnesota Statutes 2014, sections 144E.16, by adding a subdivision; 144E.50, subdivision 6; Minnesota Statutes 2015 Supplement, section 144E.275, subdivision 7; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. **[144.4941] ST SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTERS.**

Subdivision 1. **Criteria for STEMI receiving center designation.** A hospital meets the criteria for a STEMI receiving center designation if the hospital has been accredited as a STEMI receiving center by the Society of Cardiovascular Patient Care, the Joint Commission, the American Heart Association, or another nationally recognized accreditation entity that provides STEMI receiving center accreditation for the care of ST segment elevation myocardial infarction. A hospital may apply to the Department of Health for designation as a STEMI receiving center by providing relevant and current documentation of STEMI receiving center accreditation by a nationally recognized accreditation entity.

Subd. 2. **Designation of STEMI receiving centers.** If a hospital voluntarily meeting the criteria for designation as a STEMI receiving center applies to the commissioner for STEMI receiving center designation, then, upon the commissioner's review and approval of its application, the commissioner shall designate the hospital as a STEMI receiving center for a three-year period. If a hospital loses its accreditation as a STEMI receiving center from a nationally recognized accreditation entity, the commissioner shall immediately withdraw the hospital's STEMI designation.

Subd. 3. **Coordination among hospitals.** STEMI receiving centers are encouraged to coordinate, through agreement, with STEMI referring hospitals throughout the state to provide appropriate access to care for ST segment elevation myocardial infarction patients.

Sec. 2. Minnesota Statutes 2014, section 144E.16, is amended by adding a subdivision to read:

Subd. 8. **STEMI transport protocols.** Regional and local emergency medical services programs must develop STEMI transport protocols. The protocols must include standards of care for triage and transport of ST segment elevation myocardial infarction patients within a specific time frame from first medical contact until transport to the most appropriate hospital based on the patient's condition, the time of transport, and the hospital's capabilities.

Sec. 3. Minnesota Statutes 2015 Supplement, section 144E.275, subdivision 7, is amended to read:

Subd. 7. **Community medical response emergency medical technician.** (a) To be eligible for certification by the board as a CEMT, an individual shall:

(1) be currently certified as an EMT or AEMT;

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(2) have two years of service as an EMT or AEMT;

(3) be a member of a registered medical response unit as defined under this section;

(4) successfully complete a CEMT ~~training~~ education program from a college or university that has been approved by the board or accredited by a board-approved national accrediting organization. The ~~training~~ education must include clinical experience under the supervision of the medical response unit medical director, an advanced practice registered nurse, a physician assistant, or a public health nurse operating under the direct authority of a local unit of government;

(5) successfully complete ~~a training~~ an education program that includes ~~training~~ education in providing culturally appropriate care; and

(6) complete a board-approved application form.

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit medical director in accordance with section 144E.265.

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section 144A.471, subdivisions 6 and 7, except a CEMT may provide verbal or visual reminders to the patient to:

(1) take a regularly scheduled medication, but not to provide or bring the patient medication; and

(2) follow regularly scheduled treatment or exercise plans.

Sec. 4. Minnesota Statutes 2014, section 144E.50, subdivision 6, is amended to read:

Subd. 6. **Audits.** (a) Each regional emergency medical services board designated by the 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) 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 board, the legislative auditor, and the state auditor.

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(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.

(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 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.

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

Presented to the governor April 26, 2016

Signed by the governor April 29, 2016, 3:11 p.m.

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