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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 189

01/15/2015 Authored by Davids, Schoen, Newberger, Zerwas, Howe and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
02/05/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; transferring administration of regional emergency medical  
1.3 services program grants to the commissioner of health; modifying grant  
1.4 procedures; appropriating money; amending Minnesota Statutes 2014, sections  
1.5 144E.50; 144F.01, subdivision 5; 169.686, subdivision 3; repealing Minnesota  
1.6 Statutes 2014, section 144E.52.

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

1.8 Section 1. Minnesota Statutes 2014, section 144E.50, is amended to read:

1.9 **144E.50 EMERGENCY MEDICAL SERVICES FUND.**

1.10 Subdivision 1. **Citation.** This section is the "Minnesota Emergency Medical  
1.11 Services System Support Act."

1.12 Subd. 2. **Establishment and purpose.** In order to develop, maintain, and  
1.13 improve regional emergency medical services systems, the ~~Emergency Medical Services~~  
1.14 ~~Regulatory Board~~ commissioner shall establish an emergency medical services system  
1.15 fund. The fund shall be used for the general purposes of promoting systematic,  
1.16 cost-effective delivery of emergency medical and trauma care throughout the state;  
1.17 identifying common local, regional, and state emergency medical system needs and  
1.18 providing assistance in addressing those needs; providing discretionary grants for  
1.19 emergency medical service projects with potential regionwide significance; providing for  
1.20 public education about emergency medical care; promoting the exchange of emergency  
1.21 medical care information; ensuring the ongoing coordination of regional emergency  
1.22 medical services systems; and ~~establishing and maintaining~~ supporting training standards  
1.23 to ensure consistent quality of emergency medical services throughout the state.

2.1 Subd. 3. **Definition Definitions.** For purposes of this section, "~~board~~" means the  
2.2 ~~Emergency Medical Services Regulatory Board~~ the following terms have the meanings  
2.3 given them.

2.4 (a) "Commissioner" means the commissioner of health.

2.5 (b) "Grantee" means a public or private entity that receives a regional grant.

2.6 (c) "Regional emergency medical services program grants" or "regional grants"  
2.7 means grant funds overseen and distributed according to subdivisions 4 and 5, and section  
2.8 169.686, subdivision 3.

2.9 (d) "Time-sensitive syndromes" means medical conditions for which time is critical  
2.10 to the patient's survival and health outcome.

2.11 Subd. 4. **Use and restrictions.** ~~Designated regional emergency medical services~~  
2.12 ~~systems~~ (a) Grantees may use regional emergency medical services system program  
2.13 funds to support local and regional emergency medical services as determined within the  
2.14 region, with particular emphasis given to supporting and improving emergency trauma  
2.15 and cardiac care and training care of time-sensitive syndromes. ~~No part of a region's~~  
2.16 ~~share of the fund~~ grant funds may be used to directly subsidize any ambulance service  
2.17 operations or rescue service operations or to purchase any vehicles or parts of vehicles for  
2.18 an ambulance service or a rescue service.

2.19 (b) Each grantee shall provide oversight of regional emergency medical services  
2.20 programs by establishing an oversight committee consisting of representatives appointed  
2.21 by each of the counties in the region and representatives appointed by local emergency  
2.22 medical services organizations.

2.23 Subd. 5. **Distribution.** ~~Money from the fund shall be distributed according to~~  
2.24 ~~this subdivision. Ninety-five percent of the fund shall be distributed annually on a~~  
2.25 ~~contract for services basis with each of the eight regional emergency medical services~~  
2.26 ~~systems designated by the board. The systems shall be governed by a body consisting of~~  
2.27 ~~appointed representatives from each of the counties in that region and shall also include~~  
2.28 ~~representatives from emergency medical services organizations. The board shall contract~~  
2.29 ~~with a regional entity only if the contract proposal satisfactorily addresses proposed~~  
2.30 ~~emergency medical services activities in~~ The commissioner may award up to eight  
2.31 regional emergency medical services program grants. The commissioner shall offer grant  
2.32 agreements to one applicant per region, following the review of grant applications and  
2.33 approval of an acceptable grant application. Grant applications must satisfactorily address  
2.34 the following areas: personnel training, transportation coordination, public safety agency  
2.35 cooperation, communications systems maintenance and development, public involvement,  
2.36 health care facilities involvement, and system management. If each of the regional

3.1 emergency medical services systems submits a satisfactory contract proposal, then this part  
3.2 of the Funds from the emergency medical services fund shall be distributed evenly among  
3.3 the regions grantees. If one or more of the regions applicants does not contract apply for  
3.4 the full amount of its even share or if its proposal application is unsatisfactory, then the  
3.5 board commissioner may reallocate the unused funds to the remaining regions grantees on  
3.6 a pro rata basis. Five percent of the fund shall be used by the board to support regionwide  
3.7 reporting systems and to provide other regional administration and technical assistance.

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

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

3.20 ~~(c) An annual audit specified in paragraph (a) shall be performed within 120 days~~  
3.21 ~~following the close of the regional emergency medical services board's fiscal year. Copies~~  
3.22 ~~of the audit and any accompanying materials shall be filed within 150 days following the~~  
3.23 ~~close of the regional emergency medical services board's fiscal year, beginning in the year~~  
3.24 ~~2000, with the board, the legislative auditor, and the state auditor.~~

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

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

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

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

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

4.3 Sec. 2. Minnesota Statutes 2014, section 144F.01, subdivision 5, is amended to read:

4.4 Subd. 5. **Use of levy proceeds.** The proceeds of property taxes levied under this  
 4.5 section must be used to support the providing of out-of-hospital emergency medical  
 4.6 services including, but not limited to, first responder or rescue squads recognized by  
 4.7 the district, ambulance services licensed under chapter 144E and recognized by the  
 4.8 district, medical control functions set out in chapter 144E, communications equipment and  
 4.9 systems, and programs of regional emergency medical services ~~authorized by regional~~  
 4.10 ~~boards described in section 144E.52.~~

4.11 Sec. 3. Minnesota Statutes 2014, section 169.686, subdivision 3, is amended to read:

4.12 Subd. 3. **Appropriation; special account.** The fines collected for a violation of  
 4.13 subdivision 1 must be deposited in the state treasury and credited to a special account to  
 4.14 be known as the emergency medical services relief account. Ninety percent of the money  
 4.15 in the account shall be distributed ~~to evenly among the eight~~ regional emergency medical  
 4.16 ~~services systems designated by the Emergency Medical Services Regulatory Board under~~  
 4.17 ~~section 144E.50, for personnel education and training, equipment and vehicle purchases,~~  
 4.18 ~~and operational expenses of emergency life support transportation services program~~  
 4.19 grantees as specified in section 144E.50, subdivision 3, for the purposes specified in  
 4.20 section 144E.50, subdivision 4. The board of directors of each entity receiving a regional  
 4.21 emergency medical services region program grant shall establish criteria for funding. Ten  
 4.22 percent of the money in the account shall be distributed to the commissioner of public safety  
 4.23 for the expenses of traffic safety educational programs conducted by State Patrol troopers.

4.24 Sec. 4. **APPROPRIATIONS.**

4.25 Subdivision 1. **Emergency medical services funds.** \$..... in fiscal year 2016 and  
 4.26 \$..... in fiscal year 2017 are appropriated from the general fund to the commissioner  
 4.27 of health for regional emergency medical services program grants under Minnesota  
 4.28 Statutes, section 144E.50. Of these amounts, \$..... each fiscal year is appropriated to the  
 4.29 commissioner of health for program operating expenses.

4.30 Subd. 2. **Emergency medical services relief account.** Of the amount credited to  
 4.31 program grantees under section 144E.50 from the emergency medical services relief  
 4.32 account under Minnesota Statutes, section 169.686, subdivision 3, for the biennium

5.1 ending June 30, 2017, \$..... each fiscal year is appropriated to the commissioner of health  
5.2 for program operating expenses.

5.3 **Sec. 5. REVISOR'S INSTRUCTION.**

5.4 The revisor of statutes shall recodify Minnesota Statutes, section 144E.50, as a  
5.5 section in Minnesota Statutes, chapter 144, and make conforming changes consistent  
5.6 with the renumbering.

5.7 **Sec. 6. REPEALER.**

5.8 Minnesota Statutes 2014, section 144E.52, is repealed.

**144E.52 FUNDING FOR EMERGENCY MEDICAL SERVICES REGIONS.**

The Emergency Medical Services Regulatory Board shall distribute funds appropriated from the general fund equally among the emergency medical service regions. Each regional board may use this money to reimburse eligible emergency medical services personnel for continuing education costs related to emergency care that are personally incurred and are not reimbursed from other sources. Eligible emergency medical services personnel include, but are not limited to, dispatchers, emergency room physicians, emergency room nurses, emergency medical responders, emergency medical technicians, and paramedics.