CHAPTER 4690

EMERGENCY MEDICAL SERVICES REGULATORY BOARD

AMBULANCE SERVICES

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DEFINITIONS

4690.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4690.0100 to 4690.8300, the following terms have the meanings given them.

Subp. 2. **Air ambulance.** "Air ambulance" means an ambulance that is designed and manufactured to travel by air. It includes fixed wing aircraft and helicopters.

Subp. 3. **Base of operation.** "Base of operation" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

Subp. 4. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4a. **Board.** "Board" means the emergency medical services regulatory board.

Subp. 5. **Change.** "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

Subp. 6. **Change in type of service.** "Change in type of service" means any change in the schedule of:

A. level of service when the change is from basic life support to advanced life support;

B. hours during which service will be available; or

C. the group of individuals for whom services will be exclusively provided such that a new type of license is required.

Subp. 7. **Change of base of operation.** "Change of base of operation" means the relocation of vehicles, related equipment, and personnel housed at one location to another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

Subp. 8. **City of the first class and city of the second class.** "City of the first class" and "city of the second class" have the meanings given to them in Minnesota Statutes, section 410.01.

Subp. 9. **Commissioner.** "Commissioner" means commissioner of health.

Subp. 10. **Communications base.** "Communications base" means the composite collection of radio base station equipment which is used for two-way radio communications between ambulances and medical facilities.

Subp. 11. **Disaster.** "Disaster" means a sudden occurrence or other temporary condition causing or likely to cause such widespread damage and such mass casualties or threats to the health and safety of members of the public that available ambulance services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

Subp. 11a. **Deputy director of medical services.** "Deputy director of medical services" means the individual appointed by the director to lead the medical services division and who is a licensed physician under Minnesota Statutes, chapter 147.

Subp. 12. **Drug.** "Drug" means all medicinal substances and preparations recognized by the United States Pharmacopoeia National Formulary, issued by the United States Pharmacopoeial Convention (Rockville, Maryland) or by any revision of that publication. It also means all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals, and all substances and preparations, other than food, intended to affect the structure or any function of the body of humans or other animals.

Subp. 13. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 13a. **Emergency Medical Services Physician Advisory Council.** "Emergency Medical Services Physician Advisory Council" means the advisory council established in Minnesota Statutes, section 144E.035.

Subp. 14. **Full operating condition and good repair.** "Full operating condition and good repair" means a condition in which all systems, parts, elements, and components are completely workable, operational, and reliable.

Subp. 15. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 16. [Repealed, L 2012 c 193 s 50]

Subp. 17. [Repealed, L 2012 c 193 s 50]

Subp. 18. **Land ambulance.** "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

Subp. 19. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 20. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 21. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 22. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 23. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 24. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 25. **Parenteral.** "Parenteral" means not through the alimentary canal, but rather by injection, through some other route.

Subp. 26. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 27. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 28. [Repealed, L 2000 c 313 s 10]

Subp. 29. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 30. **Scheduled ambulance service.** "Scheduled ambulance service" means basic or advanced ambulance service that restricts its services to specified periods of time or to a specified group of people, or restricts the type of services it provides to a specified medical category.

Subp. 31. **Single service.** "Single service" means designed and manufactured to be used once and then disposed of, not to be reused.

Subp. 32. **Sterile.** "Sterile" means free from microorganisms.

Subp. 33. **Substation.** "Substation" means the location from which ambulances and personnel operate to provide ambulance service which is supplementary to that provided from the base of operation and which enables the licensee to serve all points in its primary service area in accordance with the requirements in parts 4690.3400 to 4690.3700.

Subp. 34. **Telemetry.** "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological vital signs.

Subp. 35. **Treatment.** "Treatment" means the use of the skills or equipment required by parts 4690.0100 to 4690.8300 for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

Subp. 36. **Triage.** "Triage" means the sorting out and classification of ill or injured persons to determine priority of need and place of treatment.

Subp. 37. **Variance.** "Variance" means permission to comply in a manner other than that specified by parts 4690.0100 to 4690.8300.

Subp. 38. **Waiver.** "Waiver" means permission not to comply with parts 4690.0100 to 4690.8300.

Statutory Authority: *MS s 144.804; 144E.011; 144E.16*

History: *L 1987 c 209 s 39; 14 SR 519; 17 SR 1279; L 1996 c 324 s 6; L 1999 c 245 art 9 s 66; L 2000 c 313 s 10; L 2012 c 193 s 50; 51 SR 469*

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APPLICATIONS FOR LICENSURE

4690.0200 CONTENTS OF APPLICATIONS.

Subpart 1. **Specific information required for new service, primary service area expansion, or change to type of service.** An application for licensure of a new service, expansion of primary service area, or change in type of service provided must be made on a form provided by the director and must include, at a minimum, the following categories of information to allow a determination of compliance with the requirements of Minnesota Statutes, sections 144E.001 to 144E.16 and 144E.30, and to provide sufficient information for local and regional reviews prescribed in Minnesota Statutes, section 144E.10:

A. identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

B. the addresses of the base of operation and substations;

C. the names, addresses, and telephone numbers of the medical director of the service and the base hospital or affiliated medical facility, if any, for the service;

D. the name, location, and telephone number of the primary provider of dispatch services and a description of the communications equipment on the licensee's ambulances;

E. whether the application is for a new license, expansion of primary service area, or change in type of service provided;

F. the type and identification of ownership;

G. the type and identification of the entity responsible for operation of the service, if different from ownership;

H. copies of signed mutual aid agreements and any staffing agreements with neighboring providers;

I. other licensed providers in the primary service area;

J. a description of the population to be served;

K. the type of service to be licensed;

L. estimated future utilization of the service;

M. basic actual or estimated financial data, including actual and in kind revenue or income, actual or projected patient charges, sources of revenue by type, and actual and imputed expenses by category and projected capital costs and operating costs;

N. qualifications of personnel, including number and credentials of attendants and drivers, and contact information of key personnel, including telephone number and email address;

O. a listing and description of all ambulances to be used by the service if licensed;

P. a description of any proposed new service, expansion of primary service area, or change in type of service;

Q. a justification of the need for any proposed new service or modification in service; and

R. a declaration of the proposed primary service area, including a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service.

Subp. 2. **Other information required.** Applicants submitting an application under this part shall furnish other information that may be needed by the director to clarify incomplete or ambiguous information presented in the application.

Subp. 3. **Documentation of information.** Applicants submitting an application under this part shall retain in their files documentation of all statements made in applications for licensure.

Subp. 4. **Specific information required for renewal applications.**

A. An application for license renewal must be made on a form provided by the director and must include, at a minimum, the following categories of information:

(1) identification, location, and pertinent telephone numbers for the service and the name of the individual responsible for accuracy of the application;

(2) the addresses of the base of operation and substations;

(3) the names, addresses, and telephone numbers of the medical director of the service and the base hospital or affiliated medical facility, if any, for the service;

(4) the name, location, and telephone number of the primary provider of ambulance dispatch services and a description of the communications equipment on the licensee's ambulances;

(5) the type and identification of ownership;

(6) the type and identification of the entity responsible for operation of the service, if different from ownership;

(7) copies of signed mutual aid agreements and any staffing agreements with neighboring providers;

(8) the type of service to be licensed;

(9) actual past utilization of the service;

(10) certification as to whether the applicant has completed the most recent cost collection report collected by the director pursuant to Minnesota Statutes, section 62J.49;

(11) qualifications of personnel, including number and credentials of attendants and drivers, and contact information of key personnel, including telephone number and email address;

(12) a listing and description of all ambulances to be used by the service; and

(13) certification that the renewal application does not contain any of the following:

(a) a proposed new service;

(b) an expansion of primary service area; or

(c) a change in type of service.

B. If the application contains any of the units listed in item A, subitem (13), the licensee must also submit all of the information required under subpart 1.

Statutory Authority: *MS s 144.804; 144E.011; 144E.16*

History: *L 1996 c 324 s 6; L 1997 c 199 s 14; 51 SR 469*

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4690.0300 [Repealed, L 1999 c 245 art 9 s 66]
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4690.0500 [Repealed, L 1999 c 245 art 9 s 66]
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4690.0600 [Repealed, L 1999 c 245 art 9 s 66]
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4690.0700 [Repealed, L 1999 c 245 art 9 s 66]
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BASIC AMBULANCE SERVICES

4690.0800 RESTRICTED TREATMENTS AND PROCEDURES.

Subpart 1. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 2. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 3. **Transfer of patients.** Basic ambulance services may transport patients who are receiving intravenous therapy only when the following conditions are met:

A. transportation is provided only between health care facilities; and

B. the intravenous therapy was established by the facility from which the patient is transported; and either

C. a physician, registered nurse, or paramedic accompanies the patient and rides in the patient compartment; or

D. the patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains

a copy of the written information in its files, and the attendant is certified under parts 4690.3900 to 4690.5100 and has completed training approved by the medical adviser in the maintenance of intravenous therapy equipment.

Subp. 4. **Drugs.** In addition to oxygen, which is required, basic ambulance services may carry and administer only the following drugs:

A. nonprescription drugs;

B. oral sugar solutions and pharmaceutically prepared oral glucose;

C. after consulting with poison control or medical control or when following standing medical orders set forth by a medical director under Minnesota Statutes, section 144E.265, pharmaceutically prepared oral emetics, including syrup of ipecac, or pharmaceutically prepared stabilizing agents, including activated charcoal; and

D. with approval of the medical director, any drug listed in the National EMS Scope of Practice Model incorporated by reference in subpart 6 that is listed as being within the scope of an emergency medical technician. The National EMS Scope of Practice Model does not restrict the medical director from authorizing under this item routes not identified in the model for a specific drug or a medication that is not prescribed to the patient. The medical director must authorize a drug under this item by a standing medical order or guideline that establishes the route or routes of administration and dosage for each authorized medication. A route of administration for a basic life support ambulance licensee is limited to intranasal, intramuscular, subcutaneous, inhalation or nebulizer, sublingual, oral, and topical.

Subp. 5. **Patient assistance.** A basic ambulance service may assist a patient in the administration of the patient's personally prescribed sublingual nitroglycerin, premeasured epinephrine, or beta agonist administered by metered dosed inhalation.

Subp. 6. **Incorporation by reference.** National Highway Transportation Safety Administration "National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0" (National EMS Scope of Practice Model) (August 2021 and as subsequently amended) is incorporated by reference. The National EMS Scope of Practice Model is available on the Office of Emergency Medical Services website at https://mn.gov/oems/ and is not subject to frequent change.

Statutory Authority: *MS s 144.804; 144E.011; 144E.16*

History: *L 1987 c 209 s 39; 22 SR 1877; L 1999 c 245 art 9 s 66; 51 SR 469*

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4690.0900 Subpart 1. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 2. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 3. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 5. [Repealed, 22 SR 1877; L 1999 c 245 art 9 s 66]

Subp. 6. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 7. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 8. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 9. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 10. [Repealed, L 1999 c 245 art 9 s 66]
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4690.1000 [Repealed, L 1999 c 245 art 9 s 66]
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4690.1100 [Repealed, L 1999 c 245 art 9 s 66]
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4690.1200 [Repealed, L 1999 c 245 art 9 s 66]
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4690.1300 [Repealed, L 1999 c 245 art 9 s 66]
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4690.1400 [Repealed, L 2012 c 193 s 50]
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AMBULANCE STANDARDS

4690.1500 LAND AMBULANCES.

Subpart 1. **Land ambulances purchased after June 30, 1981.** All new land ambulances purchased by a licensee after June 30, 1981, must comply with the following standards:

A. the size of the patient compartment must be a minimum of 116 inches long and 52 inches high from floor to ceiling and must provide in width not less than 69 inches wall to wall; or attendant walkway of not less than 12 inches between the stretcher and fixed bench and between stretchers;

B. the door opening to the patient compartment must be a minimum of 30 inches wide and 42 inches high and the door to the patient compartment must be operable from inside the ambulance, and must be capable of being fully opened and held open by a mechanical device;

C. the interior storage areas must provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and must be located to provide easy access to all equipment;

D. the interior lighting in the patient compartment must include overhead or dome lighting, be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; and provide sufficient lighting to allow visual determination of patient vital signs;

E. environmental equipment must include a heater for the patient compartment that has a minimum output of 21,000 Btu's;

F. the ambulance must:

(1) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less;

(2) have fuel capacity to provide no less than 175-mile range;

(3) have ground clearance of at least six inches when loaded to gross vehicle weight rating; and

(4) be capable of full performance at ambient temperatures of minus 30 degrees Fahrenheit to 110 degrees Fahrenheit; and

G. the ambulance must be marked to show the name of the service as shown in the current license issued by the board, in letters not less than three inches in height and in a position and color to allow identification of the service from the sides and rear of the vehicle.

Subp. 2. **Compliance with General Services Administration standards.** Land ambulances that comply with the standards issued by the General Services Administration in Federal Specification KKK-A-1822 A for Emergency Medical Care Surface Vehicle dated April 1, 1980, with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in subparts 1, 3, and 4.

Subp. 3. [Repealed, L 2004 c 144 s 9]

Subp. 4. **Siren and light.** All land ambulances must be equipped with a siren capable of emitting sound that is audible under normal conditions from a distance of not less than 500 feet and at least one light capable of displaying red light that is visible under normal atmospheric conditions from a distance of 500 feet from the front of the ambulance.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; L 2004 c 144 s 9*

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4690.1600 [Repealed, L 1999 c 245 art 9 s 66]

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4690.1700 [Repealed, L 1999 c 245 art 9 s 66]

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4690.1800 MAINTENANCE AND SANITATION OF AMBULANCES.

Maintenance and sanitation:

A. Each ambulance must be maintained in full operating condition and in good repair and documentation of maintenance must be kept in the licensee's file.

B. The interior of the ambulance, including all storage areas, must be kept clean so as to be free from dirt, grease, and other offensive matter.

C. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease, other than a common cold, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient must, immediately after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.

D. Smoking in any portion of the ambulance is prohibited.

Statutory Authority: *MS s 144.804; 144E.16*
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4690.1900 [Repealed, 47 SR 783]
Published Electronically: *April 19, 2023*

4690.2000 EQUIPMENT PERFORMANCE AND REPAIR.

All communications equipment must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area. All communication equipment must be maintained in full operating condition and in good repair.

Statutory Authority: *MS s 144.804; 144E.16*
Published Electronically: *December 12, 2012*

4690.2100 [Repealed, L 1999 c 245 art 9 s 66]
Published Electronically: *December 12, 2012*

ADVANCED AMBULANCE SERVICES

4690.2200 STAFFING STANDARDS.

Subpart 1. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 2. **Medical director.** Each licensee shall have a physician medical director. The medical director must have completed training in advanced cardiac life support that includes training in the following elements:

A. basic cardiac life support;

B. use of adjunctive equipment and special techniques for establishing and maintaining effective ventilation and circulation;

C. cardiac monitoring and dysrhythmia recognition;

D. establishing and maintaining an intravenous infusion line;

E. employment of therapy in the treatment of the patient with suspected or overt acute myocardial infarction during cardiac arrest, dysrhythmia and in the postarrest phase; and

F. use of drugs and defibrillation.

The advanced cardiac life support training course must be approved by the board.

Subp. 3. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 5. [Repealed, L 1999 c 245 art 9 s 66]

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1999 c 245 art 9 s 66*
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4690.2300 [Repealed, L 1999 c 245 art 9 s 66]
Published Electronically: *December 12, 2012*

4690.2400 EQUIPMENT STANDARDS.

Subpart 1. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 2. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 3. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4. **Maintenance, sanitation, and testing.** The maintenance, sanitation, and testing requirements set forth in part 4690.1400 apply to advanced ambulance services.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1999 c 245 art 9 s 66*
Published Electronically: *December 12, 2012*

4690.2500 [Repealed, L 1999 c 245 art 9 s 66]
Published Electronically: *December 12, 2012*

COMMUNICATIONS

4690.2600 [Repealed, 47 SR 783]
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4690.2700 EQUIPMENT PERFORMANCE AND MAINTENANCE.

Communications equipment must comply with part 4690.2000.

Statutory Authority: *MS s 144.804; 144E.16*
Published Electronically: *December 12, 2012*

SCHEDULED AMBULANCE SERVICES

4690.2800 STANDARDS FOR OPERATION OF SCHEDULED AMBULANCE SERVICES.

Subpart 1. **General standards.** Scheduled ambulance services must be either basic or advanced ambulance services.

Scheduled basic ambulance services must comply with the provisions of parts 4690.0400 to 4690.2000, and scheduled advanced ambulance services must comply with provisions of parts 4690.2100 to 4690.2700, except that such services may be exempt from compliance with those provisions that are not required for their operation as scheduled basic life support or advanced life support services in accordance with this rule.

Subp. 2. **Declaration of and adherence to schedule.** An applicant for licensure as a scheduled ambulance service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and type of service provided.

A licensed scheduled ambulance service may provide only the declared schedule of services approved by the board in the granting of the license under Minnesota Statutes, section 144E.10. Any change in this schedule is subject to the provisions of Minnesota Statutes, section 144E.10.

Subp. 3. **Primary service area.** An applicant for licensure as a scheduled ambulance service shall comply with parts 4690.3400 to 4690.3700, with the exception of part 4690.3400, subpart 3.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*
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4690.2900 [Repealed, L 1999 c 245 art 9 s 66]
Published Electronically: *December 12, 2012*

4690.3000 [Repealed, L 1999 c 245 art 9 s 66]
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4690.3100 DISASTERS.

Parts 4690.0100 to 4690.8300 do not apply to ambulance services provided during time of disaster, mass casualty, or other public emergency. The board reserves the right to determine whether a disaster, mass casualty, or other public emergency is occurring or has occurred so as to cause parts 4690.0100 to 4690.8300 to be nonapplicable.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6*
Published Electronically: *December 12, 2012*

4690.3200 ADVERTISEMENT.

No ambulance service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those services that it is licensed to provide under parts 4690.0100 to 4690.8300.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*
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4690.3300 ENFORCEMENT PROVISIONS.

Subpart 1. **Inspections.** Ambulance services may not hinder the inspection activities of authorized agents of the board under Minnesota Statutes, section 144E.18.

Subp. 2. **Correction order.** Violation of parts 4690.0100 to 4690.8300 or of the provisions of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 constitutes grounds for the issuance of a correction order. Any ambulance service licensee that is issued a correction order shall correct the violation within the time period specified in the correction order.

Subp. 3. **Time periods for correction of violations.** Violations of parts 4690.0100 to 4690.8300 or of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 that create a risk of serious harm to patients of the ambulance service must be corrected within time periods ranging from zero to 14 days as specified by the board or authorized agent.

All other violations of parts 4690.0100 to 4690.8300 or of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 must be corrected within time periods ranging from 15 to 120 days as specified by the board or authorized agent.

Subp. 4. **Noncompliance.** If, upon reinspection, it is determined that an ambulance service has not complied with the provisions of a correction order, such noncompliance constitutes grounds for the initiation of suspension, revocation, or nonrenewal proceeding under Minnesota Statutes, section 144E.30.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*
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PRIMARY SERVICE AREA

4690.3400 DESIGNATION OF PRIMARY SERVICE AREA.

Subpart 1. **Declaration; requirements.** An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area must contain one base of operation and may contain substations.

Subp. 2. **Reasonableness of primary service area.** In applying for initial designation of a primary service area or for expansion of a primary service area, an applicant must show the reasonableness of the primary service area for which designation is sought according to the following considerations:

A. the average and maximum probable response times in good and severe weather from its proposed base of operation to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain a base of operation and substations, the average and maximum probable response times in good and severe weather from the base of operation and substations to the most distant point covered by the base of operation;

B. the projected distances to be traveled to provide such service;

C. the specific type of service to be provided;

D. the applicant's current status as a licensed provider of ambulance services to the population of that area; and

E. the applicant's intention to be responsible to the population of the declared primary service area or to a specified group of persons as a source of ambulance service.

Subp. 3. **Maximum primary service area.** The maximum primary service areas designated, as measured from a base of operation or substation, may not exceed:

A. eight miles or ten minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the first class;

B. 15 miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or

C. 25 miles or 30 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*
Published Electronically: *December 12, 2012*

4690.3500 [Repealed, L 2000 c 313 s 10]
Published Electronically: *December 12, 2012*

4690.3600 AMBULANCE SERVICES PROVIDED BY AIR.

Part 4690.3400, subpart 3 does not apply to ambulance services provided by air ambulances.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*
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4690.3700 [Repealed, L 1999 c 245 art 9 s 66]
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Subp. 3. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 5. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 6. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 7. [Repealed, 16 SR 2207; L 1999 c 245 art 9 s 66]

Subp. 8. [Repealed, 16 SR 2207; L 1999 c 245 art 9 s 66]

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INTERMEDIATE EMERGENCY CARE COURSE PROGRAM

4690.5600 STUDENT ADMISSION REQUIREMENT.

Students admitted to an intermediate emergency care course must meet the following requirements:

A. current certification as an emergency medical technician; and

B. employment or service as a volunteer with a licensee that provides or intends to provide the type of emergency care and treatment that is taught in the intermediate emergency care course. Written verification of employment or volunteer service must be provided by the licensee's medical director.

Statutory Authority: *MS s 144.804; 144E.16*
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ADVANCED EMERGENCY CARE COURSE PROGRAMS FOR PARAMEDICS

4690.6900 STUDENT PREREQUISITE.

Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.

Statutory Authority: *MS s 144.804; 144E.16*
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LICENSE PROVISIONS

4690.7900 EXPIRATION DATES.

Subpart 1. **Licensed biennially.** Ambulance services are licensed biennially.

Subp. 2. [Repealed, L 2000 c 313 s 10]

Subp. 3. **Licensing periods.** There are eight licensing periods. Each period begins on the first day of a calendar month and ends on the last day of the 24th month from the beginning of the period.

Subp. 4. **Licensing renewal date.** For licensing periods beginning October 1, 1982, and all subsequent periods, license renewal dates will be assigned according to the district in which the licensee's base of operation is located as follows:

A. northwestern district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman, and Mahnomen Counties): October 1, in years ending with an even number;

B. northeastern district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton, and Aitkin Counties): January 1, in years ending with an odd number;

C. west central district (Clay, Becker, Wilkin, Otter Tail, Grant, Douglas, Stevens, Traverse, and Pope Counties): April 1, in years ending with an odd number;

D. central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties): July 1, in years ending with an odd number;

E. metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott, and Dakota Counties): October 1, in years ending with an odd number;

F. southwestern district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone, and Jackson Counties): January 1, in years ending with an even number;

G. south central district (Sibley, Le Sueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin, and Faribault Counties): April 1, in years ending with an even number; or

H. southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, and Houston Counties): July 1, in years ending with an even number.

Subp. 5. **Apportioned license fees.** Applicants for new or renewal licenses after October 1, 1982, may be issued a license for a period remaining until the renewal date listed under subpart 4. If the board issues a license for less than 24 consecutive months, the license fee will be apportioned.

Subp. 6. [Repealed, L 2004 c 144 s 9]

Statutory Authority: *MS s 14.3895; 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 2000 c 313 s 10; L 2004 c 144 s 9; 47 SR 783*

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4690.8000 IDENTIFICATION OF AMBULANCES.

The board will issue a certificate for each licensed ambulance. The certificate must be affixed to the vehicle.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

Published Electronically: *December 12, 2012*

REPORTS

4690.8050 PATIENT CARE REPORTS.

Subpart 1. **Submission requirements.**

A. When submitting patient care reports to the Minnesota State Ambulance Reporting System, ambulance services must:

(1) only utilize third-party software that is approved by the National Highway Traffic Safety Administration and compliant with the current National Emergency Medical Services Information System (NEMSIS) data standard incorporated by reference in subpart 7, item A; and

(2) electronically submit all patient care reports to the director within 5 calendar days of ambulance call completion.

B. Each patient care report must:

(1) include NEMSIS data standard data points identified in the MNSTAR Core Data Set incorporated by reference in subpart 7, item B; and

(2) comply with the NEMSIS schematron validation rules incorporated by reference in subpart 7, item C, for data transmission, format, accuracy, completeness, uniformity, and validity.

Subp. 2. **Hardware and software failures.**

A. If the ambulance service's electronic patient care reporting software or the hardware used to access the software becomes inoperable, the ambulance service must enter the information required for the patient care reports into the electronic patient care reporting software within ten days of restoring software and hardware operability.

B. If the licensed ambulance service's software or hardware remains inoperable for more than 60 calendar days, the ambulance service must use the director's electronic patient care reporting software for direct entry of patient care reports until the restoration of the software and hardware operability.

Subp. 3. **Reporting at transfer of care.** At the time a patient is transferred to a hospital, ambulance service personnel must relay known pertinent patient care information to the hospital either orally or in paper form. Pertinent patient care information includes patient name, patient date of birth, medications administered by the ambulance service personnel, and medical procedures performed by the ambulance service personnel.

Subp. 4. **Out-of-state incident reporting.** When an ambulance service crosses state boundaries during an emergency response or patient transport, the ambulance service must submit a patient care report to the Minnesota State Ambulance Reporting System if at least two of the following occur:

A. the licensed ambulance service responds from Minnesota;

B. a patient is picked up from a location in Minnesota; or

C. a patient is transported to a hospital or health care facility within Minnesota.

Subp. 5. **System updates.** Ambulance services must transition to an updated version of the NEMSIS data standard within one year of the director notifying the ambulance service that a new version of the NEMSIS data standard is available.

Subp. 6. **Support.** The director must provide information and technical assistance to ambulance services related to the preparation and submission of patient care reports.

Subp. 7. **Incorporations by reference.**

A. National Highway Transportation Safety Administration "NEMSIS Data Dictionary NHTSA v3.5.0 EMS Data Standard" (NEMSIS data standard) (October 2025 and as subsequently amended) is incorporated by reference. The NEMSIS data standard is available on the Office of Emergency Medical Services website at https://mn.gov/oems/ and is not subject to frequent change.

B. Minnesota Office of Emergency Medical Services "MNSTAR Core Data Set" (October 2025 and as subsequently amended) is incorporated by reference. The MNSTAR Core Data Set is available on the Office of Emergency Medical Services website at https://mn.gov/oems/ and is not subject to frequent change.

C. Minnesota Office of Emergency Medical Services "NEMSIS Schematron Validation Rules: EMSDataSet Version 3.5.0.211008CP3" (NEMSIS schematron validation rules) (February 2025 and as subsequently amended) is incorporated by reference. The schematron validation rules are available on the Office of Emergency Medical Services website at https://mn.gov/oems/ and is not subject to frequent change.

Statutory Authority: *MS s 144E.011; 144E.16*

History: *51 SR 469*
Published Electronically: *October 28, 2026*

WAIVERS AND VARIANCES

4690.8100 WAIVERS.

Subpart 1. **Application.** The board shall waive any of parts 4690.0100 to 4690.8300 except part 4690.8300, subpart 4 if the applicant shows that:

A. applying the rule would impose an undue burden on the applicant; and

B. granting the waiver will not adversely affect the public health or welfare.

Subp. 2. **Renewal, revocation, and reporting.** The board shall renew the waiver upon reapplication in conformance with subpart 1.

The board shall revoke a waiver if a material change occurs in the circumstances that justified granting the waiver.

An applicant that has been granted a waiver shall notify the board in writing of any material change in circumstances.

Subp. 3. **Limitation.** No waiver may be granted for a period longer than the current license period.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*
Published Electronically: *October 31, 2013*

4690.8200 VARIANCES.

Subpart 1. **Application.** The board shall grant a variance from parts 4690.0100 to 4690.8300 except part 4690.8300, subpart 9, if the applicant proposes alternative practices equivalent or superior to those prescribed in the rule in question and shows that:

A. applying the rule would impose an undue burden on the applicant; and

B. granting the variance will not adversely affect the public health or welfare.

Subp. 2. **Renewal, revocation, and reporting.** The board shall renew a variance upon reapplication in conformance with subpart 1. The board shall revoke a variance if:

A. a material change occurs in the circumstances which justified granting the variance; or

B. the applicant fails to comply with the alternative practice specified in its successful application for a variance.

An applicant that has been granted a variance must notify the board of any material change in circumstances.

Subp. 3. **Limitation.** No variance may be granted for a period longer than the current license period.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; 22 SR 1877*

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4690.8300 SPECIFIC VARIANCES.

Subpart 1. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 2. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 3. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 4. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 5. [Repealed, L 1999 c 245 art 9 s 66]

Subp. 6. [Repealed, 22 SR 1877]

Subp. 7. **Variance for certain drugs.** The director shall grant a variance to a basic life support ambulance service licensee to carry and to administer intramuscular, intranasal, or subcutaneous glucagon and orally dissolving ondansetron tablets only if the licensee shows that:

A. each attendant who will administer the drug has satisfactorily completed training in the administration of the drug and the training has been approved by the licensee's medical director;

B. the administration of the drug has been authorized by the licensee's medical director;

C. the licensee's medical director has developed or approved standing orders for the use of the drug;

D. continuing education or clinical training in the administration of the drug shall be provided at least annually to the licensee's attendants who are trained to administer the drug; and

E. at all times, at least one attendant on duty is trained in accordance with item A to administer the drug for which the ambulance service has been granted a variance.

Documentation of items A to E must be retained in the licensee's files.

Subp. 8. **Variance maintenance.** In order to maintain a variance granted under subpart 7, the licensee's medical director shall, by the annual anniversary date of the approved variance:

A. provide a list of the licensee's attendants;

B. certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and

C. certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training under subpart 7, item A.

Documentation of items A to C shall be retained in the licensee's files.

Subp. 9. **No variance granted.** A basic ambulance service shall not be granted a variance for the establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion.

Subp. 10. **Other variances.** The director, upon the recommendation of the deputy director of medical services and after consultation with the Emergency Medical Services Physician Advisory Council, must grant a variance for drugs not listed in subpart 7 if the variance does not violate subpart 9 and the director finds that the issuance of a variance is in the public interest and not detrimental to public health or safety. A basic life support service licensee that is granted a variance under this subpart must comply with all requirements under subparts 7 and 8.

Statutory Authority: *MS s 144.804; 144E.011; 144E.16*

History: *L 1987 c 209 s 39; 14 SR 519; L 1996 c 324 s 6; 22 SR 1877; L 1999 c 245 art 9 s 66; 50 SR 165; 51 SR 469*

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