ARTICLE 7

EMERGENCY MEDICAL SERVICES

Section 1. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended to read:

Subd. 2. Agency head salaries. The salary for a position listed in this subdivision shall be determined by the Compensation Council under section 15A.082. The commissioner of management and budget must publish the salaries on the department's website. This subdivision applies to the following positions:

165.27 Commissioner of administration;
165.28 Commissioner of agriculture;
165.29 Commissioner of education;
165.30 Commissioner of children, youth, and families;
165.31 Commissioner of commerce;
165.32 Commissioner of corrections;
165.33 Commissioner of health;
165.34 Commissioner, Minnesota Office of Higher Education;
165.35 Commissioner, Minnesota IT Services;
165.36 Commissioner, Housing Finance Agency;
165.37 Commissioner of human rights;
165.38 Commissioner of human services;
165.39 Commissioner of labor and industry;
165.40 Commissioner of management and budget;
165.41 Commissioner of natural resources;
165.42 Commissioner, Pollution Control Agency;
165.43 Commissioner of public safety;
165.44 Commissioner of revenue;
165.45 Commissioner of employment and economic development;
165.46 Commissioner of transportation;
165.47 Commissioner of veterans affairs;
Executive director of the Gambling Control Board;  
Commissioner of Iron Range resources and rehabilitation;  
Commissioner, Bureau of Mediation Services;  
Ombudsman for mental health and developmental disabilities;  
Ombudsperson for corrections;  
Chair, Metropolitan Council;  
Chair, Metropolitan Airports Commission;  
School trust lands director;  
Executive director of pari-mutuel racing;  
Commissioner, Public Utilities Commission

This section is effective January 1, 2025.  

**EFFECTIVE DATE.** This section is effective January 1, 2025.

Subd. 1a. Additional unclassified positions. Appointing authorities for the following agencies may designate additional unclassified positions according to this subdivision: the Departments of Administration; Agriculture; Children, Youth, and Families; Commerce; Corrections; Direct Care and Treatment; Education; Employment and Economic Development; Explore Minnesota Tourism; Management and Budget; Health; Human Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the Department of Information Technology Services; the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich Center for Arts Education; and the Minnesota Zoological Board; and the Office of Emergency Medical Services.

A position designated by an appointing authority according to this subdivision must meet the following standards and criteria:

1. the designation of the position would not be contrary to other law relating specifically to that agency;
2. the person occupying the position would report directly to the agency head or deputy agency head and would be designated as part of the agency head's management team;
the duties of the position would involve significant discretion and substantial
involvement in the development, interpretation, and implementation of agency policy;
(4) the duties of the position would not require primarily personnel, accounting, or other
technical expertise where continuity in the position would be important;
(5) there would be a need for the person occupying the position to be accountable to,
loyal to, and compatible with, the governor and the agency head, the employing statutory
board or commission, or the employing constitutional officer;
(6) the position would be at the level of division or bureau director or assistant to the
agency head; and
(7) the commissioner has approved the designation as being consistent with the standards
and criteria in this subdivision.
EFFECTIVE DATE. This section is effective January 1, 2025.
Sec. 3. Minnesota Statutes 2022, section 62J.49, subdivision 1, is amended to read:
Subdivision 1. Establishment. The director of the Office of Emergency Medical Services
Regulatory Board established under chapter 144E shall establish a financial data
collection system for all ambulance services licensed in this state. To establish the financial
database, the Emergency Medical Services Regulatory Board director may contract with
an entity that has experience in ambulance service financial data collection.
EFFECTIVE DATE. This section is effective January 1, 2025.
Subd. 3a. Ambulance service personnel. "Ambulance service personnel" means
individuals who are authorized by a licensed ambulance service to provide emergency care
for the ambulance service and are:
(1) EMTs, AEMTs, or paramedics;
(2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and
have passed a paramedic practical skills test, as approved by the board and administered by
an educational program approved by the board, approved by the ambulance service
medical director; (ii) on the roster of an ambulance service on or before January 1, 2000;
and (iii) after petitioning the board, deemed by the board to have training and skills equivalent
to an EMT, as determined on a case-by-case basis; or (iv) certified as a certified flight
registered nurse or certified emergency nurse; or
(3) Minnesota licensed physician assistants who are: (i) EMTs, are currently practicing
as physician assistants, and have passed a paramedic practical skills test, as approved by
the board and administered by an educational program approved by the board, approved by
the ambulance service medical director; (ii) on the roster of an ambulance service on or

(3) the duties of the position would involve significant discretion and substantial
involvement in the development, interpretation, and implementation of agency policy;
(4) the duties of the position would not require primarily personnel, accounting, or other
technical expertise where continuity in the position would be important;
(5) there would be a need for the person occupying the position to be accountable to,
loyal to, and compatible with, the governor and the agency head, the employing statutory
board or commission, or the employing constitutional officer;
(6) the position would be at the level of division or bureau director or assistant to the
agency head; and
(7) the commissioner has approved the designation as being consistent with the standards
and criteria in this subdivision.
EFFECTIVE DATE. This section is effective January 1, 2025.
Sec. 4. Minnesota Statutes 2022, section 144E.001, subdivision 3a, is amended to read:
Subd. 3a.Ambulance service personnel. "Ambulance service personnel" means
individuals who are authorized by a licensed ambulance service to provide emergency care
for the ambulance service and are:
(1) EMTs, AEMTs, or paramedics;
(2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and
have passed a paramedic practical skills test, as approved by the board and administered by
an educational program approved by the board, approved by the ambulance service
director of the Office of Emergency Medical Services
Regulatory Board established under chapter 144E may contract with
an entity that has experience in ambulance service financial data collection.
EFFECTIVE DATE. This section is effective January 1, 2025.
Subd. 3a. Ambulance service personnel. "Ambulance service personnel" means
individuals who are authorized by a licensed ambulance service to provide emergency care
for the ambulance service and are:
(1) EMTs, AEMTs, or paramedics;
(2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and
have passed a paramedic practical skills test, as approved by the board and administered by
an educational program approved by the board, approved by the ambulance service
director, (ii) on the roster of an ambulance service on or before January 1, 2000;
and (iii) after petitioning the board, deemed by the board to have training and skills equivalent
to an EMT, as determined on a case-by-case basis; or (iv) certified as a certified flight
registered nurse or certified emergency nurse; or
(3) Minnesota licensed physician assistants who are: (i) EMTs, are currently practicing
as physician assistants, and have passed a paramedic practical skills test, as approved by
the board and administered by an educational program approved by the board, approved by
the ambulance service medical director; (ii) on the roster of an ambulance service on or
Section 144E.001, is amended by adding a subdivision to read:

Subd. 16. Director. "Director" means the director of the Office of Emergency Medical Services.

EFFECTIVE DATE. This section is effective January 1, 2025.


EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 7. [144E.011] OFFICE OF EMERGENCY MEDICAL SERVICES.

Subdivision 1. Establishment. The Office of Emergency Medical Services is established with the powers and duties established in law. In administering this chapter, the office must promote the public health and welfare, protect the safety of the public, and effectively regulate and support the operation of the emergency medical services system in this state.

Subd. 2. Director. The governor must appoint a director for the office with the advice and consent of the senate. The director must be in the unclassified service and must serve at the pleasure of the governor. The salary of the director shall be determined according to section 15A.0815. The director shall direct the activities of the office.

Subd. 3. Powers and duties. The director has the following powers and duties:

(1) administer and enforce this chapter and adopt rules as needed to implement this chapter. Rules for which notice is published in the State Register before July 1, 2026, may be adopted using the expedited rulemaking process in section 14.389;

(2) license ambulance services in Minnesota and regulate their operation;

(3) establish and modify primary service areas;

(4) designate an ambulance service as authorized to provide service in a primary service area and remove an ambulance service’s authorization to provide service in a primary service area;

(5) register medical response units in Minnesota and regulate their operation;

(6) certify emergency medical technicians, advanced emergency medical technicians, community emergency medical technicians, paramedics, and community paramedics and register emergency medical responders;

(7) remove an ambulance service’s authorization to provide service in a primary service area;

(8) designate an ambulance service as authorized to provide service in a primary service area and remove an ambulance service’s authorization to provide service in a primary service area;

(9) register emergency medical responders;

This section is effective January 1, 2025.

Subd. 16. Director. "Director" means the director of the Office of Emergency Medical Services.

EFFECTIVE DATE. This section is effective January 1, 2025.
(7) approve education programs for ambulance service personnel and emergency medical
responders and administer qualifications for instructors of education programs;
(8) administer grant programs related to emergency medical services;
(9) report to the legislature by February 15 each year on the work of the office and the
advisory councils in the previous calendar year and with recommendations for any needed
policy changes related to emergency medical services, including but not limited to improving
access to emergency medical services, improving service delivery by ambulance services
and medical response units, and improving the effectiveness of the state's emergency medical
services system. The director must develop the reports and recommendations in consultation
with the office's deputy directors and advisory councils;
(10) investigate complaints against and hold hearings regarding ambulance services,
ambulance service personnel, and emergency medical responders and impose disciplinary
action or otherwise resolve complaints; and
(11) perform other duties related to the provision of emergency medical services in
Minnesota.

Subd. 4. Employees. The director may employ personnel in the classified service and
unclassified personnel as necessary to carry out the duties of this chapter.

Subd. 5. Work plan. The director must prepare a work plan to guide the work of the
office. The work plan must be updated biennially.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 8. [144E.015] MEDICAL SERVICES DIVISION.

A Medical Services Division is created in the Office of Emergency Medical Services.
The Medical Services Division shall be under the supervision of a deputy director of medical
services appointed by the director. The deputy director of medical services must be a
physician licensed under chapter 147. The deputy director, under the direction of the director,
shall enforce and coordinate the laws, rules, and policies assigned by the director, which
may include overseeing the clinical aspects of prehospital medical care and education
programs for emergency medical service personnel.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 9. [144E.016] AMBULANCE SERVICES DIVISION.

An Ambulance Services Division is created in the Office of Emergency Medical Services.
The Ambulance Services Division shall be under the supervision of a deputy director of
ambulance services appointed by the director. The deputy director, under the direction of
the director, shall enforce and coordinate the laws, rules, and policies assigned by the director,
which may include operating standards and licensing of ambulance services, registration
and operation of medical response units, establishment and modification of primary service

EFFECTIVE DATE. This section is effective January 1, 2025.
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL.

Subdivision 1. Establishment; membership. The Emergency Medical Services Advisory Council is established and consists of the following members:

1. one emergency medical technician currently practicing with a licensed ambulance service, appointed by the Minnesota Ambulance Association;
2. one paramedic currently practicing with a licensed ambulance service or a medical response unit, appointed jointly by the Minnesota Professional Fire Fighters Association and the Minnesota Ambulance Association;
3. one medical director of a licensed ambulance service, appointed by the National Association of EMS Physicians, Minnesota Chapter;
4. one firefighter currently serving as an emergency medical responder, appointed by the Minnesota State Fire Chiefs Association;
5. one registered nurse who is certified or currently practicing as a flight nurse, appointed jointly by the regional emergency services boards of the designated regional emergency medical services systems;
6. one hospital administrator, appointed by the Minnesota Hospital Association;
7. one social worker, appointed by the Board of Social Work;
8. one member of a federally recognized Tribal Nation in Minnesota, appointed by the Minnesota Indian Affairs Council;
9. one hospital administrator, appointed by the Minnesota Hospital Association;
10. one social worker, appointed by the Board of Social Work;
11. one member of a federally recognized Tribal Nation in Minnesota, appointed by the Minnesota Indian Affairs Council;

EFFECTIVE DATE. This section is effective January 1, 2025.
(9) three public members, appointed by the governor;

(10) one member with experience working as an employee organization representative representing emergency medical service providers, appointed by an employee organization representing emergency medical service providers;

(11) one member representing a local government, appointed by the Coalition of Greater Minnesota Cities;

(12) one member representing a local government in the seven-county metropolitan area, appointed by the League of Minnesota Cities;

(13) two members of the house of representatives and two members of the senate, appointed according to subdivision 2; and

(14) the commissioner of health and representative of public safety or their designee as ex officio members.

Subd. 2. Legislative members. The speaker of the house and the minority leader of the house must each appoint one member of the house of representatives to serve on the advisory council and the senate majority leader and the senate minority leader must each appoint one member of the senate to serve on the advisory council. Legislative members appointed under this subdivision serve until successors are appointed. Legislative members may receive per diem compensation and reimbursement for expenses according to the rules of their respective bodies.

Subd. 3. Terms, compensation, removal, vacancies, and expiration. Compensation and reimbursement for expenses for members appointed under subdivision 1, clauses (1) to (12); removal of members; filling of vacancies of members; and, except for initial appointments, membership terms are governed by section 15.059. Notwithstanding section 15.059, subdivision 6, the advisory council does not expire.

Subd. 4. Officers; meetings. (a) The advisory council shall elect a chair and vice-chair from among its membership and may elect other offices as the advisory council deems necessary.

(b) The advisory council must meet quarterly or at the call of the chair.

(c) Meetings of the auxiliary council are subject to chapter 13D.

Subd. 5. Duties. The advisory council must review and make recommendations to the director and the deputy director of ambulance services on the administration of this chapter, the regulation of ambulance services and medical response units, the operation of the emergency medical services system in the state, and other topics as directed by the director.

EFFECTIVE DATE. This section is effective January 1, 2025.
Sec. 12. [144E.035] EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY COUNCIL.

Establishment; membership. The Emergency Medical Services Physician Advisory Council is established and consists of the following members:

1. eight physicians who meet the qualifications for medical directors in section 144E.265, subdivision 1, with one physician appointed by each of the regional emergency medical services systems;

2. one physician who meets the qualifications for medical directors in section 144E.265, subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

3. one physician who is board-certified in pediatrics, appointed by the Minnesota Emergency Medical Services for Children program; and

4. the medical director member of the Emergency Medical Services Advisory Council appointed under section 144E.03, subdivision 1, clause (3).

Subdivision 1. Establishment; membership. The Emergency Medical Services Physician Advisory Council is established and consists of the following members:

1. eight physicians who meet the qualifications for medical directors in section 144E.265, subdivision 1, with one physician appointed by each of the regional emergency medical services systems;

2. one physician who meets the qualifications for medical directors in section 144E.265, subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

3. one physician who is board-certified in pediatrics, appointed by the Minnesota Emergency Medical Services for Children program; and

4. the medical director member of the Emergency Medical Services Advisory Council appointed under section 144E.03, subdivision 1, clause (3).

Subdivision 2. Terms, compensation, removal, vacancies, and expiration. Compensation and reimbursement for expenses, removal of members, filling of vacancies of members, and, except for initial appointments, membership terms are governed by section 15.059.

Notwithstanding section 15.059, subdivision 6, the advisory council does not expire.

Subd. 3. Officers; meetings. (a) The advisory council must elect a chair and vice-chair from among its membership and may elect other officers as it deems necessary.

(b) The advisory council must meet twice per year or upon the call of the chair.

(c) Meetings of the advisory council are subject to chapter 13D.

Subd. 4. Duties. The advisory council must:

1. review and make recommendations to the director and deputy director of medical services on clinical aspects of prehospital medical care. In doing so, the advisory council must incorporate information from medical literature, advances in bedside clinical practice, and advisory council member experience; and

2. serve as subject matter experts for the director and deputy director of medical services on evolving topics in clinical medicine, including but not limited to infectious disease, pharmaceutical and equipment shortages, and implementation of new therapeutics.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 13. [144E.04] LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL.

Establishment; membership. The Labor and Emergency Medical Service Providers Advisory Council is established and consists of the following members:

1. eight physicians who meet the qualifications for medical directors in section 144E.265, subdivision 1, with one physician appointed by each of the regional emergency medical services systems;

2. one physician who meets the qualifications for medical directors in section 144E.265, subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

3. one physician who is board-certified in pediatrics, appointed by the Minnesota Emergency Medical Services for Children program; and

4. the medical director member of the Emergency Medical Services Advisory Council appointed under section 144E.03, subdivision 1, clause (3).

Subdivision 1. Establishment; membership. The Labor and Emergency Medical Service Providers Advisory Council is established and consists of the following members:

1. eight physicians who meet the qualifications for medical directors in section 144E.265, subdivision 1, with one physician appointed by each of the regional emergency medical services systems;

2. one physician who meets the qualifications for medical directors in section 144E.265, subdivision 1, appointed by the Minnesota State Fire Chiefs Association;

3. one physician who is board-certified in pediatrics, appointed by the Minnesota Emergency Medical Services for Children program; and

4. the medical director member of the Emergency Medical Services Advisory Council appointed under section 144E.03, subdivision 1, clause (3).

Subdivision 2. Terms, compensation, removal, vacancies, and expiration. Compensation and reimbursement for expenses, removal of members, filling of vacancies of members, and, except for initial appointments, membership terms are governed by section 15.059.

Notwithstanding section 15.059, subdivision 6, the advisory council does not expire.

Subd. 3. Officers; meetings. (a) The advisory council must elect a chair and vice-chair from among its membership and may elect other officers as it deems necessary.

(b) The advisory council must meet twice per year or upon the call of the chair.

(c) Meetings of the advisory council are subject to chapter 13D.

Subd. 4. Duties. The advisory council must:

1. review and make recommendations to the director and deputy director of medical services on clinical aspects of prehospital medical care. In doing so, the advisory council must incorporate information from medical literature, advances in bedside clinical practice, and advisory council member experience; and

2. serve as subject matter experts for the director and deputy director of medical services on evolving topics in clinical medicine, including but not limited to infectious disease, pharmaceutical and equipment shortages, and implementation of new therapeutics.

EFFECTIVE DATE. This section is effective January 1, 2025.
(1) one emergency medical service provider of any type from each of the designated
regional emergency medical services systems, appointed by their respective regional
emergency services boards;
(2) one emergency medical technician instructor, appointed by an employee organization
representing emergency medical service providers;
(3) one member with experience working as an employee organization representative
representing emergency medical service providers, appointed by an employee organization
representing emergency medical service providers;
(4) one emergency medical service provider based in a fire department, appointed jointly
by the Minnesota State Fire Chiefs Association and the Minnesota Professional Fire Fighters
Association; and
(5) one emergency medical service provider not based in a fire department, appointed
by the League of Minnesota Cities.

Subd. 2. Terms, compensation, removal, vacancies, and expiration. Compensation
and reimbursement for expenses for members appointed under subdivision 1; removal of
members; filling of vacancies of members; and, except for initial appointments, membership
terms are governed by section 15.059. Notwithstanding section 15.059, subdivision 6, the
advisory council does not expire.

Subd. 3. Officers; meetings. (a) The advisory council must elect a chair and vice-chair
from among its membership and may elect other officers as the advisory council deems
necessary.

(b) The advisory council must meet quarterly or at the call of the chair.

(c) Meetings of the advisory council are subject to chapter 13D.

Subd. 4. Duties. The advisory council must review and make recommendations to the
director and deputy director of emergency medical service providers on the laws, rules, and
policies assigned to the Emergency Medical Service Providers Division and other topics as
directed by the director.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 14. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 6, is amended
to read:

Subd. 6. Basic life support. (a) Except as provided in paragraph (f), subdivision 6a,
a basic life-support ambulance shall be staffed by at least two EMTs, one of whom
must be a Minnesota licensed physician assistant who meets the qualification
requirements in section 144E.001, subdivision 3a, clause (2); or (3) one of the
individuals staffing

(1) one emergency medical service provider of any type from each of the designated
regional emergency medical services systems, appointed by their respective regional
emergency services boards;
(2) one emergency medical technician instructor, appointed by an employee organization
representing emergency medical service providers;
(3) two members with experience working as an employee organization representative
representing emergency medical service providers, appointed by an employee organization
representing emergency medical service providers;
(4) one emergency medical service provider based in a fire department, appointed jointly
by the Minnesota State Fire Chiefs Association and the Minnesota Professional Fire Fighters
Association; and
(5) one emergency medical service provider not based in a fire department, appointed
by the League of Minnesota Cities.

Subd. 2. Terms, compensation, removal, vacancies, and expiration. Compensation
and reimbursement for expenses for members appointed under subdivision 1; removal of
members; filling of vacancies of members; and, except for initial appointments, membership
terms are governed by section 15.059. Notwithstanding section 15.059, subdivision 6, the
advisory council does not expire.

Subd. 3. Officers; meetings. (a) The advisory council must elect a chair and vice-chair
from among its membership and may elect other officers as the advisory council deems
necessary.

(b) The advisory council must meet quarterly or at the call of the chair.

(c) Meetings of the advisory council are subject to chapter 13D.

Subd. 4. Duties. The advisory council must review and make recommendations to the
director and deputy director of emergency medical service providers on the laws, rules, and
policies assigned to the Emergency Medical Service Providers Division and other topics as
directed by the director.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 14. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 6, is amended
to read:

Subd. 6. Basic life support. (a) Except as provided in paragraph (f), subdivision 6a,
a basic life-support ambulance shall be staffed by at least two EMTs, one of whom
must be a Minnesota licensed physician assistant who meets the qualification
requirements in section 144E.001, subdivision 3a, clause (2); or (3) one of the
individuals staffing

(1) one individual who is:

(1) certified as an EMT;
a basic life-support ambulance must accompany the patient and provide a level of care to ensure that:

- patients are protected from additional hazards;
- patients are transported to an appropriate medical facility for treatment.

A basic life-support service shall provide basic airway management.

A basic life-support service shall provide automatic defibrillation.

A basic life-support service shall administer opiate antagonists consistent with protocols established by the service’s medical director.

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

(f) For emergency ambulance calls and interfacility transfers, an ambulance service may staff its basic life-support ambulances with one EMT, who must accompany the patient, and one registered EMT, who must accompany the patient and provide a level of care as so as to ensure that:

- life-threatening situations and potentially serious injuries are recognized;
- patients are protected from additional hazards;
- patients are transported to an appropriate medical facility for treatment.

A basic life-support service shall provide basic airway management.

A basic life-support service shall provide automatic defibrillation.

A basic life-support service shall administer opiate antagonists consistent with protocols established by the service’s medical director.

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

(f) For emergency ambulance calls and interfacility transfers, an ambulance service may staff its basic life-support ambulances with one EMT, who must accompany the patient, and one registered emergency medical responder driver. For purposes of this paragraph, “ambulance service” means either an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance service based in a community with a population of less than 2,500.
In order for a registered nurse to staff a basic life-support ambulance as a driver, the
registered nurse must have successfully completed a certified emergency vehicle operators
program.

Sec. 15. Minnesota Statutes 2022, section 144E.101, is amended by adding a subdivision
to read:

Subd. 6a. Variance; staffing of basic life-support ambulance. (a) Upon application
from an ambulance service that includes evidence demonstrating hardship, the board may
grant a variance from the staff requirements in subdivision 6, paragraph (a), and may
authorize a basic life-support ambulance to be staffed, for all emergency calls and interfacility
transfers, with one individual who meets the qualification requirements in paragraph (b) to
drive the ambulance and one individual who meets the qualification requirements in
subdivision 6, paragraph (a), and who must accompany the patient. The variance applies to
basic life-support ambulances until the ambulance service renews its license. When the
variance expires, the ambulance service may apply for a new variance under this subdivision.

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

(1) hold a valid driver's license from any state;
(2) have attended an emergency vehicle driving course approved by the ambulance
service;
(3) have completed a course on cardiopulmonary resuscitation approved by the ambulance
service; and
(4) register with the board according to a process established by the board.

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

Sec. 16. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 7, as amended
by Laws 2024, chapter 85, section 32, is amended to read:

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

(1) one EMT or one AEMT and one paramedic;
(2) one EMT or one AEMT and one registered nurse who: (i) is an EMT or an AEMT,
is currently practicing nursing, and has passed a paramedic practical skills test approved by
the board and administered by an education program has been approved by the ambulance
program;
(3) have completed a course on cardiopulmonary resuscitation approved by the ambulance
service; and
(4) register with the board according to a process established by the board.

(c) If an individual serving as a driver under this subdivision commits or has a record
of committing an act listed in section 144E.27, subdivision 5, paragraph (a), the board may
temporarily suspend or prohibit the individual from driving an ambulance or place conditions
on the individual's ability to drive an ambulance using the procedures and authority in
section 144E.27, subdivisions 5 and 6.
service medical director; or (ii) is certified as a certified flight registered nurse or certified
emergency nurse; or

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

(b) An advanced life-support service shall provide basic life support, as specified under
subsection 6, paragraph (g), advanced airway management, manual defibrillation,
administration of intravenous fluids and pharmaceuticals, and administration of opiate
antagonists.

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

(d) An ambulance service providing advanced life support shall have a written agreement
with its medical director to ensure medical control for patient care 24 hours a day, seven
days a week. The terms of the agreement shall include a written policy on the administration
of medical control for the service. The policy shall address the following issues:
(1) two-way communication for physician direction of ambulance service personnel;
(2) patient triage, treatment, and transport;
(3) use of standing orders; and
(4) the means by which medical control will be provided 24 hours a day.

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

(e) When an ambulance service provides advanced life support, the authority of a
paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician
assistant-EMT to determine the delivery of patient care prevails over the authority of an
EMT.

(f) Upon application from an ambulance service that includes evidence demonstrating
hardship, the board may grant a variance from the staff requirements in paragraph (a), clause
(1), and may authorize an advanced life-support ambulance to be staffed by a registered
emergency medical responder driver with a paramedic for all emergency calls and interfacility
transfers. The variance shall apply to advanced life-support ambulance services until the
ambulance service renews its license. When the variance expires, an ambulance service
may apply for a new variance under this paragraph. This paragraph applies only to
ambulance services whose primary service area is mainly located outside the metropolitan
counties listed in section 472.122, subdivision 4, and outside the cities of Duluth, Mankato,
Moorhead, Rochester, and St. Cloud, or an ambulance service based in a community with a population of less than 1,000 persons.

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

(h) An individual who staffs an advanced life-support ambulance as a driver must meet the requirements in subdivision 10.

In order for a registered nurse to staff an advanced life-support ambulance as a driver, the registered nurse must have successfully completed a certified emergency vehicle operators program.

Sec. 17. [144E.105] ALTERNATIVE EMS RESPONSE MODEL PILOT PROGRAM.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given.

(b) "Partnering ambulance services" means the basic life support ambulance service and the advanced life support ambulance service that partner to jointly respond to emergency ambulance calls under the pilot program.

(c) "Pilot program" means the alternative EMS response model pilot program established under this section.

Subd. 2. Pilot program established. The board must establish and administer an alternative EMS response model pilot program. Under the pilot program, the board may authorize basic life support ambulance services to partner with advanced life support ambulance services to provide expanded advanced life support service intercept capability and staffing support for emergency ambulance calls.

Subd. 3. Application. A basic life support ambulance service that wishes to participate in the pilot program must apply to the board. An application from a basic life support ambulance service must be submitted jointly with the advanced life support ambulance service with which the basic life support ambulance service proposes to partner. The application must identify the ambulance services applying to be partnering ambulance services and must include:

(1) approval to participate in the pilot program from the medical directors of the proposed partnering ambulance services;

(2) procedures the basic life support ambulance service will implement to respond to emergency ambulance calls when the basic life support ambulance service is unable to meet the minimum staffing requirements under section 144E.101, subdivision 6, and the partnering
advanced life support ambulance service is unavailable to jointly respond to emergency ambulance calls;

(3) an agreement between the proposed partnering ambulance services specifying which ambulance service is responsible for:

(i) workers' compensation insurance;

(ii) motor vehicle insurance; and

(iii) billing; identifying which if any ambulance service will bill the patient or the patient's insurer and specifying how payments received will be distributed among the proposed partnering ambulance services;

(d) communication procedures to coordinate and make known the real-time availability of the advanced life support ambulance service to its proposed partnering basic life support ambulance services and public safety answering points;

(5) an acknowledgment that the proposed partnering ambulance services must coordinate compliance with the prehospital care data requirements in section 144E.123; and

(6) an acknowledgment that the proposed partnering ambulance services remain responsible for providing continual service as required under section 144E.101, subdivision 3.

Subd. 4. Operation. Under the pilot program, an advanced life support ambulance service may partner with one or more basic life support ambulance services. Under this partnership, the advanced life support ambulance service and basic life support ambulance service must jointly respond to emergency ambulance calls originating in the primary service area of the basic life support ambulance service. The advanced life support ambulance service must respond to emergency ambulance calls with either an ambulance or a nontransporting vehicle fully equipped with the advanced life support complement of equipment and medications required for that nontransporting vehicle by that ambulance service's medical director.

Subd. 5. Staffing. (a) When responding to an emergency ambulance call and when an ambulance or nontransporting vehicle from the partnering advanced life support ambulance service is confirmed to be available and is responding to the call:

(1) the basic life support ambulance must be staffed with a minimum of one emergency medical technician; and

(2) the advanced life support ambulance or nontransporting vehicle must be staffed with a minimum of one paramedic;

(b) The staffing specified in paragraph (a) is deemed to satisfy the staffing requirements in section 144E.101, subdivisions 6 and 7.
Subd. 6. Medical director oversight. The medical director for an ambulance service participating in the pilot program retains responsibility for the ambulance service personnel of their ambulance service. When a paramedic from the partnering advanced life support ambulance service makes contact with the patient, the standing orders, clinical policies, protocols, and triage, treatment, and transportation guidelines for the advanced life support ambulance service must direct patient care related to the encounter.

Subd. 7. Waivers and variances. The board may issue any waivers of or variances to this chapter or Minnesota Rules, chapter 4690, to partnering ambulance services that are needed to implement the pilot program, provided the waiver or variance does not adversely affect the public health or welfare.

Subd. 8. Data and evaluation. In administering the pilot program, the board shall collect from partnering ambulance services data needed to evaluate the impacts of the pilot program on response times, patient outcomes, and patient experience for emergency ambulance calls assigned to the board in this section are transferred to the director.

Subd. 9. Transfer of authority. Effective January 1, 2025, the duties and authority assigned to the board in this section are transferred to the director.

Subd. 10.Expiration. This section expires June 30, 2026.

Sec. 17. Minnesota Statutes 2022, section 144E.16, subdivision 5, is amended to read:

Subd. 5. Local government’s powers. (a) Local units of government may, with the approval of the board director, establish standards for ambulance services which impose additional requirements upon such services. Local units of government intending to impose additional requirements shall consider whether any benefit accruing to the public health would outweigh the costs associated with the additional requirements.

(b) Local units of government that desire to impose additional requirements shall, prior to adoption of relevant ordinances, rules, or regulations, furnish the board director with a copy of the proposed ordinances, rules, or regulations, along with information that affirmatively substantiates that the proposed ordinances, rules, or regulations:

(1) will in no way conflict with the relevant rules of the board office;

(2) will establish additional requirements tending to protect the public health;

(3) will not diminish public access to ambulance services of acceptable quality; and

(4) will not interfere with the orderly development of regional systems of emergency medical care.

(c) The board director shall base any decision to approve or disapprove local standards upon whether or not the local unit of government in question has affirmatively substantiated that the proposed ordinances, rules, or regulations meet the criteria specified in paragraph (b).
EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 19. Minnesota Statutes 2022, section 144E.19, subdivision 3, is amended to read:

Subd. 3. Temporary suspension. (a) In addition to any other remedy provided by law, the board may temporarily suspend the license of a licensee after conducting a preliminary inquiry to determine whether the board believes that the licensee has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the licensee would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting a licensee from providing ambulance service shall give notice of the right to a preliminary hearing in accordance with paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

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

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

(e) Evidence presented by the board or licensee may be in the form of an affidavit.

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

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

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 20. Minnesota Statutes 2022, section 144E.27, subdivision 3, is amended to read:

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

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 18. Minnesota Statutes 2022, section 144E.19, subdivision 3, is amended to read:

Subd. 3. Temporary suspension. (a) In addition to any other remedy provided by law, the board may temporarily suspend the license of a licensee after conducting a preliminary inquiry to determine whether the board believes that the licensee has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the licensee would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting a licensee from providing ambulance service shall give notice of the right to a preliminary hearing in accordance with paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

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

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

(e) Evidence presented by the board or licensee may be in the form of an affidavit.

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

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

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 19. Minnesota Statutes 2022, section 144E.27, subdivision 3, is amended to read:

Subd. 3. Renewal. (a) The board may renew the registration of an emergency medical responder who:
(1) successfully completes a board-approved refresher course; and

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

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

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

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

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

(3) submits a completed renewal application to the board within 48 months after the registration expiration date.

Sec. 21. Minnesota Statutes 2022, section 144E.27, subdivision 5, is amended to read:

Subd. 5.

(1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an emergency medical responder and to individuals seeking registration or registered as a driver of a basic life-support ambulance under section 144E.101, subdivision 6a. The board may deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual who the board determines:

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

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

(3) is convicted or pleads guilty or no contest to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services or drive an ambulance 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;
(6) maltreats or abandons a patient;
(7) violates any state or federal controlled substance law;
(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;
(9) for emergency medical responders, provides emergency medical services under lapsed or nonrenewed credentials;
(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;
(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or
(12) makes a false statement or knowingly provides false information to the board, or
(13) fails to engage with the health professionals services program or diversion program required under section 144E.287 after being referred to the program, violates the terms of the program participation agreement, or leaves the program except upon fulfilling the terms for successful completion of the program as set forth in the participation agreement.
(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.
(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 registration for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

EFFECTIVE DATE. This section is effective July 1, 2024, except that clause (13) is effective January 1, 2023.

Sec. 22. Minnesota Statutes 2022, section 144E.27, subdivision 6, is amended to read:
Subd. 6. Temporary suspension; emergency medical responders and drivers. (a) This subdivision applies to emergency medical responders registered under this section and to individuals registered as drivers of basic life-support ambulances under section 144E.101.
(6) maltreats or abandons a patient;
(7) violates any state or federal controlled substance law;
(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;
(9) for emergency medical responders, provides emergency medical services under lapsed or nonrenewed credentials;
(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;
(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or
(12) makes a false statement or knowingly provides false information to the board, or
(13) fails to engage with the health professionals services program or diversion program required under section 144E.287 after being referred to the program, violates the terms of the program participation agreement, or leaves the program except upon fulfilling the terms for successful completion of the program as set forth in the participation agreement.
(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.
(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 registration for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

EFFECTIVE DATE. This section is effective July 1, 2024, except that clause (13) is effective January 1, 2023.
suspend the registration of an individual after conducting a preliminary inquiry to determine
whether the board believes that the individual has violated a statute or rule that the board
is empowered to enforce and determining that the continued provision of service by the
individual would create an imminent risk to public health or harm to others.

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

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

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

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

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

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

Sec. 23. Minnesota Statutes 2022, section 144E.28, subdivision 3, is amended to read:

185.20 suspend the registration of an individual after conducting a preliminary inquiry to determine
185.21 whether the board believes that the individual has violated a statute or rule that the board
185.22 is empowered to enforce and determining that the continued provision of service by the
185.23 individual would create an imminent risk to public health or harm to others.
185.24 (b) A temporary suspension order prohibiting an individual from providing emergency
185.25 medical care or from driving a basic life-support ambulance shall give notice of the right
to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry
185.26 of the temporary suspension order.
185.27 (c) Service of a temporary suspension order is effective when the order is served on the
185.28 individual personally or by certified mail, which is complete upon receipt, refusal, or return
185.29 for nondelivery to the most recent address provided to the board for the individual.
185.30 (d) At the time the board issues a temporary suspension order, the board shall schedule
185.31 a hearing, to be held before a group of its members designated by the board, that shall begin
185.32 within 60 days after issuance of the temporary suspension order or within 15 working days
185.33 of the date of the board's receipt of a request for a hearing from the individual, whichever
185.34 is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to
185.35 continue, modify, or lift the temporary suspension. A hearing under this paragraph is not
185.36 subject to chapter 14.
185.37 (e) Evidence presented by the board or the individual may be in the form of an affidavit.
The individual or the individual's designee may appear for oral argument.
185.38 (f) Within five working days of the hearing, the board shall issue its order and, if the
185.39 suspension is continued, notify the individual of the right to a contested case hearing under
185.40 chapter 14.
185.41 (g) If an individual requests a contested case hearing within 30 days after receiving
185.42 notice under paragraph (f), the board shall initiate a contested case hearing according to
185.43 chapter 14. The administrative law judge shall issue a report and recommendation within
185.44 30 days after the closing of the contested case hearing record. The board shall issue a final
185.45 order within 30 days after receipt of the administrative law judge's report.

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Sec. 23. Minnesota Statutes 2022, section 144E.28, subdivision 5, is amended to read:

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

(4) is actually or potentially unable to provide emergency medical services with or any other material, or as a result of any mental or physical condition;

Denial, suspension, revocation.

or fails to cooperate with an investigation of the board director as required by section 144E.30c, or

required under section 144E.287 after being referred to the program, violates the terms of

(12) makes a false statement or knowingly provides false information to the board director

or fails to cooperate with an investigation of the board director as required by section 144E.30c, or

required under section 144E.287 after being referred to the program, violates the terms of

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Senate Language S4699-3

HHS Side-by-Side -- Art. 7

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House Language UES4699-2

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the program participation agreement, or leaves the program except upon fulfilling the terms
of the program participation agreement, or leaves the program except upon fulfilling the terms
(d) At the time the individual
(e) Evidence presented by the
this paragraph is not subject to chapter 14.

medical care shall give notice of the right to a preliminary hearing according to paragraph
medical care shall give notice of the right to a preliminary hearing according to paragraph

This section is effective January 1, 2025.

Subd. 6. Temporary suspension. (a) In addition to any other remedy provided by law, the board director may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the board director believes that the individual
has violated a statute or rule that the board director is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph
(d) and shall state the reasons for the entry of the temporary suspension order.

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

(d) At the time the board director issues a temporary suspension order, the board director shall schedule a hearing to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board director's receipt of a request for a hearing from the individual, whichever is sooner.

The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

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

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202.6 the program participation agreement, or leaves the program except upon fulfilling the terms
202.7 for successful completion of the program as set forth in the participation agreement.
202.8 (b) Before taking action under paragraph (a), the board director 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 director shall initiate a contested case hearing according to chapter 14 and no disciplinary action shall be taken at that time.
202.9 (c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board director shall issue a final order within 30 days after receipt of the administrative law judge's report.
202.10 (d) After six months from the board director'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 director for reinstatement.
202.11 EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 25. Minnesota Statutes 2022, section 144E.28, subdivision 6, is amended to read:

Subd. 6. Temporary suspension. (a) In addition to any other remedy provided by law, the board director may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the board director believes that the individual has violated a statute or rule that the board director is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

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

(d) At the time the board director issues a temporary suspension order, the board director shall schedule a hearing to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board director's receipt of a request for a hearing from the individual, whichever is sooner.

The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board director or the individual may be in the form of an affidavit. The individual or individual's designee may appear for oral argument.
Within five working days of the hearing, the board director shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

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

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 26. Minnesota Statutes 2022, section 144E.28, subdivision 8, is amended to read:

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

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

(2) a board-approved application form; and

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

This paragraph expires December 31, 2025.

Sec. 27. Minnesota Statutes 2022, section 144E.285, subdivision 1, is amended to read:

Subdivision 1. Approval required. (a) All education programs for an EMR, EMT, AEMT, or paramedic 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:

(2) a board-approved application form; and

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

This paragraph expires December 31, 2025.
EMR education program requirements.

The pass rate will be determined by the percent of candidates who pass the exam on the first attempt. An education program not meeting this yearly standard shall be placed on probation and shall be on a performance improvement plan approved by the board until meeting the pass rate standard. While on probation, the education program may continue providing classes if meeting the terms of the performance improvement plan as determined by the board. If an education program having probation status fails to meet the pass rate standard after two years in which an EMT initial course has been taught, the board may take disciplinary action under subdivision 5.

Sec. 27. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision to read:

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

Subd. 1a. EMR education program requirements. The National EMS Education Standards established by the National Highway Traffic Safety Administration of the United States established by the National Highway Traffic Safety Administration of the United States.
Sec. 29. Minnesota Statutes 2022, section 144E.285, subdivision 2, is amended to read:

Subd. 1b. In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach AEMTs and paramedics must:

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

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

(3) maintain a minimum average yearly pass rate as set by the board. An education program not meeting this standard must be placed on probation and must comply with a performance improvement plan approved by the board until the program meets the pass rate standard.

Sec. 28. Minnesota Statutes 2022, section 144E.285, is amended by adding a subdivision to read:

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

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

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

(3) maintain a minimum average yearly pass rate as set by the board. An education program not meeting this standard must be placed on probation and must comply with a performance improvement plan approved by the board until the program meets the pass rate standard. While on probation, the education program may continue to provide classes if the program meets the terms of the performance improvement plan, as determined by the board.

In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach AEMTs and paramedics must:

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

(2) designating a clinical training site.
An educational institution that discontinues its participation in the accreditation process must notify the board immediately and provisional approval shall be withdrawn.

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

1. Covers a rural primary service area that does not contain a hospital within the primary service area or contains a hospital within the primary service area that has been designated as a critical access hospital under section 144.1483, clause (9);
2. Has tax-exempt status in accordance with the Internal Revenue Code, section 501(c)(3);
3. Received approval before 1991 from the commissioner of health to operate a paramedic education program;
4. Operates an AEMT and paramedic education program exclusively to train paramedics for the local ambulance service; and
5. Limits enrollment in the AEMT and paramedic program to five candidates per bimennium.

An education 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;
2. Comply with the requirements under subdivision 1, paragraph (b), clauses (2) to (10);
3. Be subject to a site visit by the board;
4. For education programs that teach EMRs, comply with the requirements in subdivision 1;
5. For education programs that teach EMTs, comply with the requirements in subdivision 1;
6. For education programs that teach AEMTs and paramedics, comply with the requirements in subdivision 2 and maintain accreditation with CAAHEP.
Sec. 31. Minnesota Statutes 2022, section 144E.285, subdivision 6, is amended to read:

the education program, whichever is sooner. The hearing shall be on the sole issue of whether

(f) Within five working days of the hearing, the board director may temporarily suspend approval of the education program after

conducting a preliminary inquiry to determine whether the board director believes that the

eyeducation program has violated a statute or rule that the board director is empowered to

enforce and determining that the continued provision of service by the education program

would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting the education program from providing

emergency medical care training shall give notice of the right to a preliminary hearing

according to paragraph (d) and shall state the reasons for the entry of the temporary

suspension order.

Service of a temporary suspension order is effective when the order is served on the

education program personally or by certified mail, which is complete upon receipt, refusal,

or return for nondelivery to the most recent address provided to the board director for the

education program.

(d) At the time the board director issues a temporary suspension order, the board director

shall schedule a hearing, to be held before a group of its members designated by the board,

that shall begin within 60 days after issuance of the temporary suspension order or within

15 working days of the date of the board director's receipt of a request for a hearing from

the education program, whichever is sooner. The hearing shall be on the sole issue of whether

there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing

under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board director or the individual may be in the form of an

affidavit. The education program or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board director shall issue its order and, if

the suspension is continued, notify the education program of the right to a contested case

hearing under chapter 14. The administrative law judge shall issue a report and recommendation within

30 days after the closing of the contested case hearing record. The board director shall issue a

final order within 30 days after receipt of the administrative law judge’s report.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 32. Minnesota Statutes 2022, section 144E.285, subdivision 6, is amended to read:

the education program, whichever is sooner. The hearing shall be on the sole issue of whether

(f) Within five working days of the hearing, the board director may temporarily suspend approval of the education program after

conducting a preliminary inquiry to determine whether the board director believes that the

eyeducation program has violated a statute or rule that the board director is empowered to

enforce and determining that the continued provision of service by the education program

would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting the education program from providing

emergency medical care training shall give notice of the right to a preliminary hearing

according to paragraph (d) and shall state the reasons for the entry of the temporary

suspension order.

Service of a temporary suspension order is effective when the order is served on the

education program personally or by certified mail, which is complete upon receipt, refusal,

or return for nondelivery to the most recent address provided to the board director for the

education program.

(d) At the time the board director issues a temporary suspension order, the board director

shall schedule a hearing, to be held before a group of its members designated by the board,

that shall begin within 60 days after issuance of the temporary suspension order or within

15 working days of the date of the board director's receipt of a request for a hearing from

the education program, whichever is sooner. The hearing shall be on the sole issue of whether

there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing

under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board director or the individual may be in the form of an

affidavit. The education program or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board director shall issue its order and, if

the suspension is continued, notify the education program of the right to a contested case

hearing under chapter 14. The administrative law judge shall issue its order and, if the suspension is continued, notify the education program of the right to a contested case

hearing under chapter 14. The administrative law judge shall issue a report and recommendation within

30 days after the closing of the contested case hearing record. The board director shall issue a

final order within 30 days after receipt of the administrative law judge’s report.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 33. Minnesota Statutes 2022, section 144E.287, is amended to read:

144E.287 DIVERSION PROGRAM.

The board director shall either conduct a health professionals services program

under sections 214.31 to 214.37 or contract for a diversion program under section 214.28

Subd. 6. Temporary suspension.

(a) In addition to any other remedy provided by law, the board director may temporarily suspend approval of the education program after

conducting a preliminary inquiry to determine whether the board director believes that the

eyeducation program has violated a statute or rule that the board director is empowered to

enforce and determining that the continued provision of service by the education program

would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting the education program from providing

emergency medical care training shall give notice of the right to a preliminary hearing

according to paragraph (d) and shall state the reasons for the entry of the temporary

suspension order.

Service of a temporary suspension order is effective when the order is served on the

education program personally or by certified mail, which is complete upon receipt, refusal,

or return for nondelivery to the most recent address provided to the board director for the

education program.

(d) At the time the board director issues a temporary suspension order, the board director

shall schedule a hearing, to be held before a group of its members designated by the board,

that shall begin within 60 days after issuance of the temporary suspension order or within

15 working days of the date of the board director's receipt of a request for a hearing from

the education program, whichever is sooner. The hearing shall be on the sole issue of whether

there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing

under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board director or the individual may be in the form of an

affidavit. The education program or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board director shall issue its order and, if

the suspension is continued, notify the education program of the right to a contested case

hearing under chapter 14. The administrative law judge shall issue its order and, if the suspension is continued, notify the education program of the right to a contested case

hearing under chapter 14. The administrative law judge shall issue a report and recommendation within

30 days after the closing of the contested case hearing record. The board director shall issue a

final order within 30 days after receipt of the administrative law judge’s report.

EFFECTIVE DATE. This section is effective January 1, 2025.
for professionals regulated by the board under this chapter who are unable to perform their
duties with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals,
or any other materials, or as a result of any mental, physical, or psychological condition.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 34. Minnesota Statutes 2022, section 144E.305, subdivision 3, is amended to read:

(a) An individual, licensee, health care facility, business, or
organization is immune from civil liability or criminal prosecution for submitting in good
faith a report to the board director under subdivision 1 or 2 or for otherwise reporting in
good faith to the board director violations or alleged violations of sections 144E.001 to
144E.33. Reports are classified as confidential data on individuals or protected nonpublic
data under section 13.02 while an investigation is active. Except for the board director's
final determination, all communications or information received by or disclosed to the board
director relating to disciplinary matters of any person or entity subject to the board director's
regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be
closed to the public.

(b) Members of the board The director, persons employed by the board director, persons
engaged in the investigation of violations and in the preparation and management of charges
of violations of sections 144E.001 to 144E.33 on behalf of the board director, and persons
participating in the investigation regarding charges of violations are immune from civil
liability and criminal prosecution for any actions, transactions, or publications, made in
good faith, in the execution of, or relating to, their duties under sections 144E.001 to 144E.33.

(c) For purposes of this section, a member of the board is considered a state employee
under section 2.736, subdivision 9.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 35. Minnesota Statutes 2023 Supplement, section 152.126, subdivision 6, is amended to read:

Subd. 6. Access to reporting system data. (a) Except as indicated in this subdivision,
the data submitted to the board under subdivision 4 is private data on individuals as defined
in section 13.02, subdivision 12, and not subject to public disclosure.

(b) Except as specified in subdivision 5, the following persons shall be considered
permissible users and may access the data submitted under subdivision 4 in the same or
similar manner, and for the same or similar purposes, as those persons who are authorized
to access similar private data on individuals under federal and state law:

(1) a prescriber or an agent or employee of the prescriber to whom the prescriber has
delegated the task of accessing the data, to the extent the information relates specifically to
a current patient, to whom the prescriber is;

(i) prescribing or considering prescribing any controlled substance;

for professionals regulated by the board under this chapter who are unable to perform their
duties with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals,
or any other materials, or as a result of any mental, physical, or psychological condition.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 33. Minnesota Statutes 2022, section 144E.305, subdivision 3, is amended to read:

Subd. 3. Immunity. (a) An individual, licensee, health care facility, business, or
organization is immune from civil liability or criminal prosecution for submitting in good
faith a report to the board director under subdivision 1 or 2 or for otherwise reporting in
good faith to the board director violations or alleged violations of sections 144E.001 to
144E.33. Reports are classified as confidential data on individuals or protected nonpublic
data under section 13.02 while an investigation is active. Except for the board director's
final determination, all communications or information received by or disclosed to the board
director relating to disciplinary matters of any person or entity subject to the board director's
regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be
closed to the public.

(b) Members of the board The director, persons employed by the board director, persons
engaged in the investigation of violations and in the preparation and management of charges
of violations of sections 144E.001 to 144E.33 on behalf of the board director, and persons
participating in the investigation regarding charges of violations are immune from civil
liability and criminal prosecution for any actions, transactions, or publications, made in
good faith, in the execution of, or relating to, their duties under sections 144E.001 to 144E.33.

(c) For purposes of this section, a member of the board is considered a state employee
under section 2.736, subdivision 9.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 34. Minnesota Statutes 2022, section 144E.305, subdivision 3, is amended to read:

Subd. 3. Immunity. (a) An individual, licensee, health care facility, business, or
organization is immune from civil liability or criminal prosecution for submitting in good
faith a report to the board director under subdivision 1 or 2 or for otherwise reporting in
good faith to the board director violations or alleged violations of sections 144E.001 to
144E.33. Reports are classified as confidential data on individuals or protected nonpublic
data under section 13.02 while an investigation is active. Except for the board director's
final determination, all communications or information received by or disclosed to the board
director relating to disciplinary matters of any person or entity subject to the board director's
regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be
closed to the public.
provide emergency medical treatment for which access to the data may be necessary;

providing care, and the prescriber has reason to believe, based on clinically valid
indications, that the patient is potentially abusing a controlled substance; or

(iv) providing other medical treatment for which access to the data may be necessary
for a clinically valid purpose and the patient has consented to access to the submitted data,
and with the provision that the prescriber remains responsible for the use or misuse of data
accessed by a delegated agent or employee;

210.25 providing emergency medical treatment for which access to the data may be necessary;

210.26 providing care, and the prescriber has reason to believe, based on clinically valid
indications, that the patient is potentially abusing a controlled substance; or

210.27 providing other medical treatment for which access to the data may be necessary
for a clinically valid purpose and the patient has consented to access to the submitted data,
and with the provision that the prescriber remains responsible for the use or misuse of data
accessed by a delegated agent or employee;

210.28 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has
delegated the task of accessing the data, to the extent the information relates specifically to
a current patient to whom that dispenser is dispensing or considering dispensing any
controlled substance and with the provision that the dispenser remains responsible for the
use or misuse of data accessed by a delegated agent or employee;

210.29 (3) a licensed dispensing practitioner or licensed pharmacist to the extent necessary to
determine whether corrections made to the data reported under subdivision 4 are accurate;

210.30 a licensed pharmacist who is providing pharmaceutical care for which access to the
data may be necessary to the extent that the information relates specifically to a current
patient for whom the pharmacist is providing pharmaceutical care: (i) if the patient has
consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber
who is requesting data in accordance with clause (1);

210.31 an individual who is the recipient of a controlled substance prescription for which
the pharmacist is providing pharmaceutical care: (i) if the patient has

210.32 consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber
who is requesting data in accordance with clause (1);

210.33 an individual who is the recipient of a controlled substance prescription for which
the pharmacist is providing pharmaceutical care: (i) if the patient has

210.34 consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber
who is requesting data in accordance with clause (1);

210.35 (5) personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;

210.36 personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;

210.37 personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;

210.38 personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;

210.39 personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;

210.40 personnel of the board engaged in the collection, review, and analysis of controlled
substance prescription information as part of the assigned duties and responsibilities under
this section;
and subject to the requirement of de-identification and time limit on retention of data specified in subdivision 5, paragraphs (d) and (e);

(9) federal, state, and local law enforcement authorities acting pursuant to a valid search warrant;

(10) personnel of the Minnesota health care programs assigned to use the data collected under this section to identify and manage recipients whose usage of controlled substances may warrant restriction to a single primary care provider, a single outpatient pharmacy, and a single hospital;

(11) personnel of the Department of Human Services assigned to access the data pursuant to paragraph (k);

(12) personnel of the health professionals services program established under section 197.33, except as permitted under section 197.33, subdivision 3;

(13) personnel or designees of a health-related licensing board other than the Board of Pharmacy listed in section 214.01, subdivision 2, assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is inappropriately prescribing controlled substances as defined in this section. For the purposes of this clause, the health-related licensing board may also obtain utilization data; and

(14) personnel of the board specifically assigned to conduct a bona fide investigation of a specific licensee or registrant. For the purposes of this clause, the board may also obtain utilization data.

(c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

(d) Notwithstanding paragraph (b), beginning January 1, 2021, a prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, must access the data submitted under subdivision 4 to the extent the information relates specifically to the patient:

(1) before the prescriber issues an initial prescription order for a Schedules II through IV opiate controlled substance to the patient; and

and subject to the requirement of de-identification and time limit on retention of data specified in subdivision 5, paragraphs (d) and (e);

(9) federal, state, and local law enforcement authorities acting pursuant to a valid search warrant;

(10) personnel of the Minnesota health care programs assigned to use the data collected under this section to identify and manage recipients whose usage of controlled substances may warrant restriction to a single primary care provider, a single outpatient pharmacy, and a single hospital;

(11) personnel of the Department of Human Services assigned to access the data pursuant to paragraph (k);

(12) personnel of the health professionals services program established under section 197.33, except as permitted under section 197.33, subdivision 3;

(13) personnel or designees of a health-related licensing board other than the Board of Pharmacy listed in section 214.01, subdivision 2, assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is inappropriately prescribing controlled substances as defined in this section. For the purposes of this clause, the health-related licensing board may also obtain utilization data; and

(14) personnel of the board specifically assigned to conduct a bona fide investigation of a specific licensee or registrant. For the purposes of this clause, the board may also obtain utilization data.

(c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

(d) Notwithstanding paragraph (b), beginning January 1, 2021, a prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, must access the data submitted under subdivision 4 to the extent the information relates specifically to the patient:

(1) before the prescriber issues an initial prescription order for a Schedules II through IV opiate controlled substance to the patient; and
(2) at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction.

(e) Paragraph (d) does not apply if:

(1) the patient is receiving palliative care, or hospice or other end-of-life care;

(2) the patient is being treated for pain due to cancer or the treatment of cancer;

(3) the prescription order is for a number of doses that is intended to last the patient five days or less and is not subject to a refill;

(4) the prescriber and patient have a current or ongoing provider/patient relationship of a duration longer than one year;

(5) the prescription order is issued within 14 days following surgery or three days following oral surgery or follows the prescribing protocols established under the opioid prescribing improvement program under section 256B.0638;

(6) the controlled substance is prescribed or administered to a patient who is admitted to an inpatient hospital;

(7) the controlled substance is lawfully administered by injection, ingestion, or any other means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a prescriber and in the presence of the prescriber or pharmacist;

(8) due to a medical emergency, it is not possible for the prescriber to review the data before the prescriber issues the prescription order for the patient; or

(9) the prescriber is unable to access the data due to operational or other technological failure of the program so long as the prescriber reports the failure to the board.

(f) Only permissible users identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8), (10), and (11), may directly access the data electronically. No other permissible users may directly access the data electronically. If the data is directly accessed electronically, the permissible user shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are appropriate to the user's size and complexity, and the sensitivity of the personal information obtained. The permissible user shall identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of personal information that could result in the unauthorized disclosure, misuse, or other compromise of the information and assess the sufficiency of any safeguards in place to control the risks.

(g) The board shall not release data submitted under subdivision 4 unless it is provided with evidence, satisfactory to the board, that the person requesting the information is entitled to receive the data.

(2) at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction.

(e) Paragraph (d) does not apply if:

(1) the patient is receiving palliative care, or hospice or other end-of-life care;

(2) the patient is being treated for pain due to cancer or the treatment of cancer;

(3) the prescription order is for a number of doses that is intended to last the patient five days or less and is not subject to a refill;

(4) the prescriber and patient have a current or ongoing provider/patient relationship of a duration longer than one year;

(5) the prescription order is issued within 14 days following surgery or three days following oral surgery or follows the prescribing protocols established under the opioid prescribing improvement program under section 256B.0638;

(6) the controlled substance is prescribed or administered to a patient who is admitted to an inpatient hospital;

(7) the controlled substance is lawfully administered by injection, ingestion, or any other means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a prescriber and in the presence of the prescriber or pharmacist;

(8) due to a medical emergency, it is not possible for the prescriber to review the data before the prescriber issues the prescription order for the patient; or

(9) the prescriber is unable to access the data due to operational or other technological failure of the program so long as the prescriber reports the failure to the board.

(f) Only permissible users identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8), (10), and (11), may directly access the data electronically. No other permissible users may directly access the data electronically. If the data is directly accessed electronically, the permissible user shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are appropriate to the user's size and complexity, and the sensitivity of the personal information obtained. The permissible user shall identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of personal information that could result in the unauthorized disclosure, misuse, or other compromise of the information and assess the sufficiency of any safeguards in place to control the risks.

(g) The board shall not release data submitted under subdivision 4 unless it is provided with evidence, satisfactory to the board, that the person requesting the information is entitled to receive the data.
The board shall maintain a log of all persons who access the data for a period of at least three years and shall ensure that any permissible user complies with paragraph (c) prior to attaining direct access to the data.

(i) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant to subdivision 2. A vendor shall not use data collected under this section for any purpose not specified in this section.

(j) The board may participate in an interstate prescription monitoring program data exchange system provided that permissible users in other states have access to the data only as allowed under this section, and that section 13.05, subdivision 6, applies to any contract or memorandum of understanding that the board enters into under this paragraph.

(k) With available appropriations, the commissioner of human services shall establish and implement a system through which the Department of Human Services shall routinely access the data for the purpose of determining whether any client enrolled in an opioid treatment program licensed according to chapter 245A has been prescribed or dispensed a controlled substance in addition to that administered or dispensed by the opioid treatment program. When the commissioner determines there have been multiple prescribers or multiple prescriptions of controlled substances, the commissioner shall:

(1) inform the medical director of the opioid treatment program only that the commissioner determined the existence of multiple prescribers or multiple prescriptions of controlled substances; and

(2) direct the medical director of the opioid treatment program to access the data directly, review the effect of the multiple prescribers or multiple prescriptions, and document the review.

If determined necessary, the commissioner of human services shall seek a federal waiver of, or exception to, any applicable provision of Code of Federal Regulations, title 42, section 214.3, paragraph (c), prior to implementing this paragraph.

(l) The board shall review the data submitted under subdivision 4 on at least a quarterly basis and shall establish criteria, in consultation with the advisory task force, for referring information about a patient to prescribers and dispensers who prescribed or dispensed the prescriptions in question if the criteria are met.

(m) The board shall conduct random audits, on at least a quarterly basis, of electronic access by permissible users, as identified in paragraph (b), clauses (1), (2), (3), (4), (7), (8), (10), and (11), to the data in subdivision 4, to ensure compliance with permissible use as defined in this section. A permissible user whose account has been selected for a random audit shall respond to an inquiry by the board, no later than 30 days after receipt of notice that an audit is being conducted. Failure to respond may result in deactivation of access to the electronic system and referral to the appropriate health licensing board, or the commissioner of human services, for further action. The board shall report the results of random audits to the chairs and ranking minority members of the legislative committees.
with jurisdiction over health and human services policy and finance and government data
practices.

(1) A permissible user who has delegated the task of accessing the data in subdivision
4 to an agent or employee shall audit the use of the electronic system by delegated agents
or employees on at least a quarterly basis to ensure compliance with permissible use as
defined in this section. When a delegated agent or employee has been identified as
inappropriately accessing data, the permissible user must immediately remove access for
that individual and notify the board within seven days. The board shall notify all permissible
users associated with the delegated agent or employee of the alleged violation.

(o) A permissible user who delegates access to the data submitted under subdivision 4
to an agent or employee shall terminate that individual's access to the data within three
business days of the agent or employee leaving employment with the permissible user. The
board may conduct random audits to determine compliance with this requirement.

EFFECTIVE DATE. This section is effective January 1, 2025.

(1) A permissible user who has delegated the task of accessing the data in subdivision
4 to an agent or employee shall audit the use of the electronic system by delegated agents
or employees on at least a quarterly basis to ensure compliance with permissible use as
defined in this section. When a delegated agent or employee has been identified as
inappropriately accessing data, the permissible user must immediately remove access for
that individual and notify the board within seven days. The board shall notify all permissible
users associated with the delegated agent or employee of the alleged violation.

(o) A permissible user who delegates access to the data submitted under subdivision 4
to an agent or employee shall terminate that individual's access to the data within three
business days of the agent or employee leaving employment with the permissible user. The
board may conduct random audits to determine compliance with this requirement.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 35. Minnesota Statutes 2022, section 214.025, is amended to read:

214.025 COUNCIL OF HEALTH BOARDS.

The health-related licensing boards may establish a Council of Health Boards consisting
of representatives of the health-related licensing boards and the Emergency Medical Services
Regulatory Board. When reviewing legislation or legislative proposals relating to the
regulation of health occupations, the council shall include the commissioner of health or a
designee and the director of the Office of Emergency Medical Services or a designee.

EFFECTIVE DATE. This section is effective January 1, 2025.

Subd. 2a. Performance of executive directors. The governor may request that a
health-related licensing board or the Emergency Medical Services Regulatory Board review
the performance of the board's executive director. Upon receipt of the request, the board
must respond by establishing a performance improvement plan or taking disciplinary or
other corrective action, including dismissal. The board shall include the governor's
representative as a voting member of the board in the board's discussions and decisions
regarding the governor's request. The board shall report to the governor on action taken by
the board, including an explanation if no action is deemed necessary.

EFFECTIVE DATE. This section is effective January 1, 2025.

Each health-related licensing board, including the Emergency Medical Services
Regulatory Board under chapter 144E, shall either conduct a health professionals service
program required.

Program required.

Program required.
program under sections 214.31 to 214.37 or contract for a diversion program under section
214.28.

214.31 AUTHORITY.

Two or more of the health-related licensing boards listed in section 214.01, subdivision
2, may jointly conduct a health professionals services program to protect the public from
persons regulated by the boards who are unable to practice with reasonable skill and safety
by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
of any mental, physical, or psychological condition. The program does not affect a board's
authority to discipline violations of a board's practice act. For purposes of sections 214.31
to 214.37, the emergency medical services regulatory board shall be included in the definition
of a health-related licensing board under chapter 144E.

214.31 AUTHORITY.

Two or more of the health-related licensing boards listed in section 214.01, subdivision
2, may jointly conduct a health professionals services program to protect the public from
persons regulated by the boards who are unable to practice with reasonable skill and safety
by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
of any mental, physical, or psychological condition. The program does not affect a board's
authority to discipline violations of a board's practice act. For purposes of sections 214.31
to 214.37, the emergency medical services regulatory board shall be included in the definition
of a health-related licensing board under chapter 144E.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 39. Minnesota Statutes 2022, section 214.31, is amended to read:

This section is effective January 1, 2025.

214.31 AUTHORITY.

Two or more of the health-related licensing boards listed in section 214.01, subdivision
2, may jointly conduct a health professionals services program to protect the public from
persons regulated by the boards who are unable to practice with reasonable skill and safety
by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
of any mental, physical, or psychological condition. The program does not affect a board's
authority to discipline violations of a board's practice act. For purposes of sections 214.31
to 214.37, the emergency medical services regulatory board shall be included in the definition
of a health-related licensing board under chapter 144E.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 39. Minnesota Statutes 2022, section 214.31, is amended to read:

This section is effective January 1, 2025.

214.31 AUTHORITY.

Two or more of the health-related licensing boards listed in section 214.01, subdivision
2, may jointly conduct a health professionals services program to protect the public from
persons regulated by the boards who are unable to practice with reasonable skill and safety
by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result
of any mental, physical, or psychological condition. The program does not affect a board's
authority to discipline violations of a board's practice act. For purposes of sections 214.31
to 214.37, the emergency medical services regulatory board shall be included in the definition
of a health-related licensing board under chapter 144E.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 40. Minnesota Statutes 2022, section 214.355, is amended to read:

214.355 GROUNDS FOR DISCIPLINARY ACTION.

Each health-related licensing board, including the Emergency Medical Services
Regulatory Board under chapter 144E, shall consider it grounds for disciplinary action if a
regulated person violates the terms of the health professionals services program participation
agreement or leaves the program except upon fulfilling the terms for successful completion
of the program as set forth in the participation agreement.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 40. Minnesota Statutes 2022, section 214.355, is amended to read:

214.355 GROUNDS FOR DISCIPLINARY ACTION.

Each health-related licensing board, including the Emergency Medical Services
Regulatory Board under chapter 144E, shall consider it grounds for disciplinary action if a
regulated person violates the terms of the health professionals services program participation
agreement or leaves the program except upon fulfilling the terms for successful completion
of the program as set forth in the participation agreement.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 41. INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL
SERVICES ADVISORY COUNCIL.

(a) Initial appointments of members to the Emergency Medical Services Advisory
Council must be made by January 1, 2025. The terms of initial appointees shall be determined
by lot by the secretary of state and shall be as follows:

(1) eight members shall serve two-year terms; and
(2) eight members shall serve three-year terms.

(b) The medical director appointee must convene the first meeting of the Emergency
Medical Services Advisory Council by February 1, 2025.
Sec. 41. INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY COUNCIL.

(a) Initial appointments of members to the Emergency Medical Services Physician Advisory Council must be made by January 1, 2025. The terms of initial appointees shall be determined by lot by the secretary of state and shall be as follows:

(1) six members shall serve two-year terms; and

(2) seven members shall serve three-year terms.

(b) The medical director appointee must convene the first meeting of the Emergency Medical Services Physician Advisory Council shall coincide with that member's term on the Emergency Medical Services Advisory Council.

Sec. 42. INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL SERVICES PROVIDERS ADVISORY COUNCIL.

(a) Initial appointments of members to the Labor and Emergency Medical Service Providers Advisory Council must be made by January 1, 2025. The terms of initial appointees shall be determined by lot by the secretary of state and shall be as follows:

(1) six members shall serve two-year terms; and

(2) seven members shall serve three-year terms.

(b) The emergency medical technician instructor appointee must convene the first meeting of the Labor and Emergency Medical Service Providers Advisory Council by February 1, 2025.

Sec. 43. INITIAL MEMBERS AND FIRST MEETING; LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL.

(a) Initial appointments of members to the Labor and Emergency Medical Service Providers Advisory Council must be made by January 1, 2025. The terms of initial appointees shall be determined by lot by the secretary of state and shall be as follows:

(1) six members shall serve two-year terms; and

(2) seven members shall serve three-year terms.

(b) The emergency medical technician instructor appointee must convene the first meeting of the Labor and Emergency Medical Service Providers Advisory Council by February 1, 2025.

Sec. 44. APPOINTMENT OF DIRECTOR; OPERATION OF OFFICE.

(b) The emergency medical technician instructor appointee must convene the first meeting of the Labor and Emergency Medical Service Providers Advisory Council by February 1, 2025.
Minnesota Statutes, section 16B.37, as necessary to carry out the transfer of responsibilities required by this act. The provision of Minnesota Statutes, section 16B.37, subdivision 1, which states that transfers under that section may be made only to an agency that has been in existence for at least one year, does not apply to transfers in this act to the Office of Emergency Medical Services.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 4. REVISOR INSTRUCTION.

(a) In Minnesota Statutes, chapter 144E, the revisor of statutes shall replace "board" with "director," "board's" with "director's," "Emergency Medical Services Regulatory Board" with "director," and "board-approved" with "director-approved," except that:

(1) in Minnesota Statutes, section 144E.11, the revisor of statutes shall not modify the term "county board," "community health board," or "community health boards;"

(2) in Minnesota Statutes, sections 144E.40, subdivision 2; 144E.42, subdivision 2; 144E.44; and 144E.45, subdivision 2, the revisor of statutes shall not modify the term "State Board of Investment"; and

(3) in Minnesota Statutes, sections 144E.50 and 144E.52, the revisor of statutes shall not modify the term "regional emergency medical services board," "regional board," "regional emergency medical services board's," or "regional boards."

(b) In the following sections of Minnesota Statutes, the revisor of statutes shall replace "Emergency Medical Services Regulatory Board" with "director of the Office of Emergency Medical Services": sections 13.717, subdivision 10; 62J.49, subdivision 2; 144.604; 144.608; 147.09; 156.12, subdivision 2; 169.686, subdivision 3; and 299A.41, subdivision 4.

(c) In the following sections of Minnesota Statutes, the revisor of statutes shall replace "Emergency Medical Services Regulatory Board" with "Office of Emergency Medical Services": sections 144.603 and 161.045, subdivision 3.

(d) In making the changes specified in this section, the revisor of statutes may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

Sec. 46. REPEALER.

(a) Minnesota Statutes 2022, sections 144E.001, subdivision 5; 144E.01; 144E.123, subdivision 5; and 144E.50, subdivision 3, are repealed.

(b) Minnesota Statutes 2022, section 144E.27, subdivisions 1 and 1a, are repealed.

EFFECTIVE DATE. Paragraph (a) is effective January 1, 2025.