

## CHAPTER 144E

## EMERGENCY MEDICAL SERVICES REGULATORY BOARD

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## 144E.001 DEFINITIONS.

*[For text of subd 1, see M S 1998]*

Subd 1a **Advanced airway management.** "Advanced airway management" means insertion of an endotracheal tube or creation of a surgical airway

Subd 1b **Advanced life support.** "Advanced life support" means rendering basic life support and rendering intravenous therapy, drug therapy, intubation, and defibrillation as outlined in the United States Department of Transportation emergency medical technician-paramedic curriculum or its equivalent, as approved by the board

*[For text of subds 2 and 3, see M S 1998]*

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, EMT-Is, or EMT-Ps,

(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 a training program approved by the board, (ii) on the roster of an ambulance service on or before January 1, 2000, or (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

(3) Minnesota registered 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 a training program approved by the board, (ii) on the roster of an ambulance service on or before January 1, 2000, or (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

*[For text of subd 4, see M S 1998]*

Subd 4a **Basic airway management.** "Basic airway management" means

(1) resuscitation by mouth-to-mouth, mouth-to-mask, bag valve mask, or oxygen powered ventilators, or

(2) insertion of an oropharyngeal, nasal pharyngeal esophageal obturator airway, esophageal tracheal airway, or esophageal gastric tube airway

Subd 4b **Basic life support.** “Basic life support” means rendering basic-level emergency care, including, but not limited to, basic airway management, cardiopulmonary resuscitation, controlling shock and bleeding, and splinting fractures, as outlined in the United States Department of Transportation emergency medical technician–basic curriculum or its equivalent, as approved by the board

*[For text of subd 5, see M S 1998]*

Subd 5a **Clinical training site.** “Clinical training site” means a licensed health care facility

Subd 5b **Defibrillator.** “Defibrillator” means an automatic, semiautomatic, or manual device that delivers an electric shock at a preset voltage to the myocardium through the chest wall and that is used to restore the normal cardiac rhythm and rate when the heart has stopped beating or is fibrillating

Subd 5c **Emergency medical technician or EMT.** “Emergency medical technician” or “EMT” means a person who has successfully completed the United States Department of Transportation emergency medical technician–basic course or its equivalent, as approved by the board, and has been issued valid certification by the board

Subd 5d **Emergency medical technician–intermediate or EMT–I.** “Emergency medical technician–intermediate” or “EMT–I” means a person who has successfully completed the United States Department of Transportation emergency medical technician–intermediate course or its equivalent, as approved by the board, and has been issued valid certification by the board

Subd 5e **Emergency medical technician–paramedic or EMT–P.** “Emergency medical technician–paramedic” or “EMT–P” means a person who has successfully completed the United States Department of Transportation emergency medical technician course–paramedic or its equivalent, as approved by the board, and has been issued valid certification by the board

*[For text of subds 6 to 8, see M S 1998]*

Subd 8a **Medical control.** “Medical control” means direction by a physician or a physician’s designee of out-of-hospital emergency medical care

*[For text of subd 9, see M S 1998]*

Subd 9a **Part-time advanced life support.** “Part-time advanced life support” means rendering basic life support and advanced life support for less than 24 hours of every day

Subd 9b **Physician.** “Physician” means a person licensed to practice medicine under chapter 147

Subd 9c **Physician assistant.** “Physician assistant” means a person registered to practice as a physician assistant under chapter 147A

Subd 9d **Prehospital care data.** “Prehospital care data” means information collected by ambulance service personnel about the circumstances related to an emergency response and patient care activities provided by the ambulance service personnel in a prehospital setting

*[For text of subd 10, see M S 1998]*

Subd 11 **Program medical director.** “Program medical director” means a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care training program, certifying that each student has successfully completed the training course, and in conjunction with the program coordinator, planning the clinical training

Subd 12 **Registered nurse.** “Registered nurse” means a person licensed to practice professional nursing under chapter 148

Subd 13 **Standing order.** “Standing order” means a type of medical protocol that provides specific, written orders for actions, techniques, or drug administration when communication has not been established for direct medical control

**Subd 14 Training program coordinator.** "Training program coordinator" means an individual who serves as the administrator of an emergency care training program and who is responsible for planning, conducting, and evaluating the program, selecting students and instructors, documenting and maintaining records, developing a curriculum, and assisting in the coordination of examination sessions and clinical training

**Subd 15 Volunteer ambulance attendant.** "Volunteer ambulance attendant" means a person who provides emergency medical services for a Minnesota licensed ambulance service without the expectation of remuneration and who does not depend in any way upon the provision of these services for the person's livelihood. An individual may be considered a volunteer ambulance attendant even though the individual receives an hourly stipend for each hour of actual service provided, except for hours on standby alert, or other nominal fee, and even though the hourly stipend or other nominal fee is regarded as taxable income for purposes of state or federal law, provided that the hourly stipend and other nominal fees do not exceed \$3,000 within one year of the final certification examination

**History:** 1999 c 8 s 1, 1999 c 245 art 9 s 4-22

#### 144E.10 AMBULANCE SERVICE LICENSING.

**Subdivision 1 License required.** No natural person, partnership, association, corporation, or unit of government may operate an ambulance service within this state unless it possesses a valid license to do so issued by the board. The license shall specify the base of operations, the primary service area, and the type or types of ambulance service for which the licensee is licensed. The licensee shall obtain a new license if it wishes to expand its primary service area, or to provide a new type or types of service

**Subd 2 Requirements for new licenses.** The board shall not issue a license authorizing the operation of a new ambulance service, provision of a new type or types of ambulance service by an existing service, or an expanded primary service area for an existing service unless the requirements of this section and sections 144E 101 to 144E 127 and 144E 18 are met

**History:** 1999 c 245 art 9 s 23,65

#### 144E.101 AMBULANCE SERVICE REQUIREMENTS.

**Subdivision 1 Personnel.** (a) No publicly or privately owned ambulance service shall be operated in the state unless its ambulance service personnel are certified, appropriate to the type of ambulance service being provided, according to section 144E 28 or meet the staffing criteria specific to the type of ambulance service

(b) An ambulance service shall have a medical director as provided under section 144E 265

**Subd 2 Patient care.** When a patient is being transported, at least one of the ambulance service personnel must be in the patient compartment. If advanced life support procedures are required, an EMT-P, a registered nurse qualified under section 144E 001, subdivision 3a, clause (2), item (i), or a physician assistant qualified under section 144E 001, subdivision 3a, clause (3), item (i), shall be in the patient compartment

**Subd 3 Continual service.** An ambulance service shall offer service 24 hours per day every day of the year, unless otherwise authorized under subdivisions 8 and 9

**Subd 4 Denial of service prohibited.** An ambulance service shall not deny prehospital care to a person needing emergency ambulance service because of inability to pay or because of the source of payment for services if the need develops within the licensee's primary service area or when responding to a mutual aid call. Transport for the patient may be limited to the closest appropriate emergency medical facility

**Subd 5 Types of service.** The board shall regulate the following types of ambulance service

- (1) basic life support,
- (2) advanced life support,
- (3) part-time advanced life support, and
- (4) specialized life support

**Subd 6 Basic life support.** (a) A basic life support ambulance shall be staffed by at least two ambulance service personnel, at least one of which must be an EMT, who provide a level of care so as to ensure that

- (1) life-threatening situations and potentially serious injuries are recognized,
  - (2) patients are protected from additional hazards,
  - (3) basic treatment to reduce the seriousness of emergency situations is administered,
- and

- (4) patients are transported to an appropriate medical facility for treatment
- (b) A basic life support service shall provide basic airway management
- (c) By January 1, 2001, a basic life support service shall provide automatic defibrillation, as provided in section 144E 103, subdivision 1, paragraph (b)

(d) A basic life support service licensee's medical director may authorize the ambulance service personnel to carry and to use medical antishock trousers and to perform intravenous infusion if the ambulance service personnel have been properly trained

**Subd 7 Advanced life support.** (a) An advanced life support ambulance shall be staffed by at least

- (1) one EMT and one EMT-P,
- (2) one EMT and one registered nurse who is an EMT, is currently practicing nursing, and has passed a paramedic practical skills test approved by the board and administered by a training program, or
- (3) one EMT and one physician assistant who is an EMT, is currently practicing as a physician assistant, and has passed a paramedic practical skills test approved by the board and administered by a training program

(b) An advanced life support service shall provide basic life support, as specified under subdivision 6, paragraph (a), advanced airway management, manual defibrillation, and administration of intravenous fluids and pharmaceuticals

(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. When routinely staffed and equipped as a basic life support service according to subdivision 6 and section 144E 103, subdivision 1, the vehicle shall not be marked as advanced life support

(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

- (i) two-way communication for physician direction of ambulance service personnel,
- (ii) patient triage, treatment, and transport,
- (iii) use of standing orders, and
- (iv) 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 an EMT-P, Minnesota registered nurse-EMT, or Minnesota registered physician assistant-EMT to determine the delivery of patient care prevails over the authority of an EMT

**Subd 8 Part-time advanced life support.** (a) A part-time advanced life support service shall meet the staffing requirements under subdivision 7, paragraph (a), provide service as required under subdivision 7, paragraph (b), for less than 24 hours every day, and meet the equipment requirements specified in section 144E 103

(b) A part-time advanced life support service shall have a written agreement with its medical director to ensure medical control for patient care during the time the service offers advanced life support. The terms of the agreement shall include a written policy on the administration of medical control for the service and address the issues specified in subdivision 7, paragraph (d)

**Subd 9 Specialized life support.** A specialized life support service shall provide basic or advanced life support as designated by the board, and shall be restricted by the board to

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

Subd 10 **Driver.** A driver of an ambulance must possess a current driver's license issued by any state and must have attended an emergency vehicle driving course approved by the licensee. The emergency vehicle driving course must include actual driving experience

Subd 11 **Personnel roster and files.** (a) An ambulance service shall maintain

- (1) at least two ambulance service personnel on a written on-call schedule,
- (2) a current roster of its ambulance service personnel, including the name, address, and qualifications of its ambulance service personnel, and
- (3) files documenting personnel qualifications

(b) A licensee shall maintain in its files the name and address of its medical director and a written statement signed by the medical director indicating acceptance of the responsibilities specified in section 144E 265, subdivision 2

Subd 12 **Mutual aid agreement.** A licensee shall have a written agreement with at least one neighboring licensed ambulance service for coverage during times when the licensee's ambulances are not available for service in its primary service area. The agreement must specify the duties and responsibilities of the agreeing parties. A copy of each mutual aid agreement shall be maintained in the files of the licensee

Subd 13 **Service outside primary service area.** A licensee may provide its services outside of its primary service area only if requested by a transferring physician or ambulance service licensed to provide service in the primary service area when it can reasonably be expected that

- (1) the response is required by the immediate medical need of an individual, and
- (2) the ambulance service licensed to provide service in the primary service area is unavailable for appropriate response

**History:** 1999 c 245 art 9 s 24

### 144E.103 EQUIPMENT.

Subdivision 1 **General requirements.** (a) Every ambulance in service for patient care shall carry, at a minimum

- (1) oxygen,
- (2) airway maintenance equipment in various sizes to accommodate all age groups,
- (3) splinting equipment in various sizes to accommodate all age groups,
- (4) dressings, bandages, and bandaging equipment,
- (5) an emergency obstetric kit,
- (6) equipment to determine vital signs in various sizes to accommodate all age groups,
- (7) a stretcher,
- (8) a defibrillator, and
- (9) a fire extinguisher

(b) A basic life support service has until January 1, 2001, to equip each ambulance in service for patient care with a defibrillator

Subd 2 **Advanced life support requirements.** In addition to the requirements in subdivision 1, an ambulance used in providing advanced life support must carry drugs and drug administration equipment and supplies as approved by the licensee's medical director

Subd 3 **Storage.** All equipment carried in an ambulance must be securely stored

Subd 4 **Safety restraints.** An ambulance must be equipped with safety straps for the stretcher and seat belts in the patient compartment for the patient and ambulance personnel

**History:** 1999 c 245 art 9 s 25

### 144E.11 AMBULANCE SERVICE APPLICATION PROCEDURE.

*[For text of subs 1 to 8, see M S 1998]*

Subd 9 **Renewal requirements.** An ambulance service license expires two years from the date of licensure. An ambulance service must apply to the board for license renewal at least one month prior to the expiration date of the license and must submit

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

(2) the appropriate fee as required under section 144E 29

**History:** 1999 c 245 art 9 s 26

## 144E.12 LICENSURE OF AIR AMBULANCE SERVICES.

Except for submission of a written application to the board on a form provided by the board, an application to provide air ambulance service shall be exempt from the provisions of section 144E 11. A license issued pursuant to this section need not designate a primary service area. No license shall be issued under this section unless the board determines that the applicant complies with sections 144E 10, 144E 11, subdivision 1, 144E 121 to 144E 127, and 144E 18 and the requirements of applicable federal and state statutes and rules governing aviation operations within the state.

**History:** 1999 c 245 art 9 s 65

## 144E.121 AIR AMBULANCE SERVICE REQUIREMENTS.

Subdivision 1 **Aviation compliance.** An air ambulance service must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota department of transportation, aeronautics division.

Subd 2 **Personnel.** (a) With the exception of pilots, each of the air ambulance emergency medical personnel must

(1) possess current certification, appropriate to the type of ambulance service being provided, according to section 144E 28, be a registered nurse, or be a physician assistant, and

(2) be trained to use the equipment on the air ambulance.

(b) Emergency medical personnel for an air ambulance service must receive training approved by the licensee's medical director that includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude, medical conditions requiring special precautions, and contraindications to air transport.

(c) A licensee's medical director must sign and file a statement with the licensee that each of its emergency medical personnel has successfully completed the training under paragraph (b).

(d) A licensee shall retain documentation of compliance with this subdivision in its files.

Subd 3 **Equipment.** An air ambulance must carry equipment appropriate to the level of service being provided. Equipment that is not permanently stored on or in an air ambulance must be kept separate from the air ambulance in a modular prepackaged form.

**History:** 1999 c 245 art 9 s 27

## 144E.123 PREHOSPITAL CARE DATA.

Subdivision 1 **Collection and maintenance.** A licensee shall collect and provide prehospital care data to the board in a manner prescribed by the board. At a minimum, the data must include items identified by the board that are part of the National Uniform Emergency Medical Services Data Set. A licensee shall maintain prehospital care data for every response.

Subd 2 **Copy to receiving hospital.** If a patient is transported to a hospital, a copy of the ambulance report delineating prehospital medical care given shall be provided to the receiving hospital.

Subd 3 **Review.** Prehospital care data may be reviewed by the board or its designees. The data shall be classified as private data on individuals under chapter 13, the Minnesota Government Data Practices Act.

Subd 4 **Penalty.** Failure to report all information required by the board under this section shall constitute grounds for license revocation

**History:** 1999 c 245 art 9 s 28

#### **144E.125 OPERATIONAL PROCEDURES.**

A licensee shall establish and implement written procedures for responding to ambulance service complaints, maintaining ambulances and equipment, procuring and storing drugs, and controlling infection. The licensee shall maintain the procedures in its files

**History:** 1999 c 245 art 9 s 29

#### **144E.127 INTERHOSPITAL TRANSFER.**

When transporting a patient from one licensed hospital to another, a licensee may substitute for one of the required ambulance service personnel, a physician, a registered nurse, or physician's assistant who has been trained to use the equipment in the ambulance and is knowledgeable of the licensee's ambulance service protocols

**History:** 1999 c 245 art 9 s 30

#### **144E.13 TEMPORARY LICENSE.**

The board may issue a temporary license when a primary service area would be deprived of ambulance service. The temporary license shall expire when an applicant has been issued a regular license under this section. The temporary license shall be valid no more than six months from date of issuance. A temporary licensee must provide evidence that the licensee will meet the requirements of sections 144E 101 to 144E 127 and the rules adopted under this chapter

**History:** 1999 c 245 art 9 s 65

#### **144E.14 TRANSFER OF LICENSE OR OWNERSHIP.**

A license, or the ownership of a licensed ambulance service, may be transferred only upon approval of the board, based upon a finding that the proposed licensee or proposed new owner of a licensed ambulance service meets or will meet the requirements of sections 144E 101 to 144E 127. If the proposed transfer would result in an addition of a new base of operations, expansion of the service's primary service area, or provision of a new type or types of ambulance service, the board shall require the prospective licensee or owner to comply with section 144E 11. The board may approve the license or ownership transfer prior to completion of the application process described in section 144E 11 upon obtaining written assurances from the proposed licensee or proposed new owner that no expansion of the service's primary service area or provision of a new type or types of ambulance service will occur during the processing of the application. If requesting a transfer of its base of operations, an applicant must comply with the requirements of section 144E 15

**History:** 1999 c 245 art 9 s 65

#### **144E.16 RULES; LOCAL STANDARDS.**

Subdivision 1 [Repealed, 1999 c 245 art 9 s 66]

Subd 2 [Repealed, 1999 c 245 art 9 s 66]

Subd 3 [Repealed, 1999 c 245 art 9 s 66]

Subd 4 **Rules.** The board may adopt rules needed to regulate ambulance services in the following areas

- (1) applications for licensure,
- (2) personnel qualifications and staffing standards,
- (3) quality of life support treatment,
- (4) restricted treatments and procedures,
- (5) equipment standards,
- (6) ambulance standards,

- (7) communication standards, equipment performance and maintenance, and radio frequency assignments,
- (8) advertising,
- (9) scheduled ambulance services,
- (10) ambulance services in time of disaster,
- (11) basic, intermediate, advanced, and refresher emergency care course programs,
- (12) continuing education requirements,
- (13) trip reports,
- (14) license fees, vehicle fees, and expiration dates, and
- (15) waivers and variances

*[For text of subd 5, see M S 1998]*

Subd 6 [Repealed, 1999 c 245 art 9 s 66]

**History:** 1999 c 245 art 9 s 31

**144E.17** [Repealed, 1999 c 245 art 9 s 66]

### **144E.18 INSPECTIONS.**

The board may inspect ambulance services as frequently as deemed necessary to determine whether an ambulance service is in compliance with sections 144E 001 to 144E 33 and rules adopted under those sections. The board may review at any time documentation required to be on file with a licensee.

**History:** 1999 c 245 art 9 s 32

### **144E.19 DISCIPLINARY ACTION.**

**Subdivision 1 Suspension; revocation; nonrenewal.** The board may suspend, revoke, refuse to renew, or place conditions on the license of a licensee upon finding that the licensee has violated a provision of this chapter or rules adopted under this chapter or has ceased to provide the service for which the licensee is licensed.

**Subd 2 Notice; contested case.** (a) Before taking action under subdivision 1, the board shall give notice to a licensee of the right to a contested case hearing under chapter 14. If a licensee requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(b) 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.

**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 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 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. The licensee or the licensee'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 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.

**History:** 1999 c 245 art 9 s 33

**144E.25** [Repealed, 1999 c 245 art 9 s 66]

#### **144E.265 MEDICAL DIRECTOR.**

Subdivision 1 **Requirements.** A medical director shall

- (1) be currently licensed as a physician in this state,
- (2) have experience in, and knowledge of, emergency care of acutely ill or traumatized patients, and
- (3) be familiar with the design and operation of local, regional, and state emergency medical service systems.

Subd 2 **Responsibilities.** Responsibilities of the medical director shall include, but are not limited to

- (1) approving standards for training and orientation of personnel that impact patient care,
- (2) approving standards for purchasing equipment and supplies that impact patient care,
- (3) establishing standing orders for prehospital care,
- (4) approving triage, treatment, and transportation protocols,
- (5) participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints,
- (6) establishing procedures for the administration of drugs, and
- (7) maintaining the quality of care according to the standards and procedures established under clauses (1) to (6).

Subd 3 **Annual assessment; ambulance service.** Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the licensee's files.

**History:** 1999 c 245 art 9 s 34

### **FIRST RESPONDERS AND EMERGENCY MEDICAL TECHNICIANS**

#### **144E.27 FIRST RESPONDER REGISTRATION.**

*[For text of subds 1 to 4, see M S 1998]*

Subd 5 **Denial, suspension, revocation.** (a) 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,
- (2) misrepresents or falsifies information on an application form for registration,
- (3) is convicted or pleads guilty or nolo contendere to any felony, any gross misdemeanor relating to assault, sexual misconduct, or the illegal use of drugs or alcohol, or any misdemeanor relating to sexual misconduct or the illegal use of drugs or alcohol,

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

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

(6) maltreats or abandons a patient

(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(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.

**Subd. 6 Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily 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 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.

**History:** 1999 c 245 art 9 s 35,36

#### **144E.28 CERTIFICATION OF EMT, EMT-I, AND EMT-P.**

**Subdivision 1 Requirements.** To be eligible for certification by the board as an EMT, EMT-I, or EMT-P, an individual shall

(1) successfully complete the United States Department of Transportation course, or its equivalent as approved by the board, specific to the EMT, EMT-I, or EMT-P classification, and

(2) pass the written and practical examinations approved by the board and administered by the board or its designee, specific to the EMT, EMT-I, or EMT-P classification.

**Subd 2 Expiration dates.** Certification expiration dates are as follows

(1) for initial certification granted between January 1 and June 30 of an even-numbered year, the expiration date is March 31 of the next even-numbered year,

(2) for initial certification granted between July 1 and December 31 of an even-numbered year, the expiration date is March 31 of the second odd-numbered year,

(3) for initial certification granted between January 1 and June 30 of an odd-numbered year, the expiration date is March 31 of the next odd-numbered year, and

(4) for initial certification granted between July 1 and December 31 of an odd-numbered year, the expiration date is March 31 of the second even-numbered year

**Subd 3 Reciprocity.** The board may certify an individual who possesses a current National Registry of Emergency Medical Technicians registration from another jurisdiction. The board certification classification shall be the same as the National Registry's classification. Certification shall be for the duration of the applicant's registration period in another jurisdiction, not to exceed two years

**Subd 4 Forms of disciplinary action.** When the board finds that a person certified under this section has violated a provision or provisions of subdivision 5, it may do one or more of the following

(1) revoke the certification,

(2) suspend the certification,

(3) refuse to renew the certification,

(4) impose limitations or conditions on the person's performance of regulated duties, including the imposition of retraining or rehabilitation requirements, the requirement to work under supervision, or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence,

(5) order the person to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution, or

(6) censure or reprimand the person

**Subd 5 Denial, suspension, revocation.** (a) The board may take any action authorized in subdivision 4 against an individual who the board determines

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

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

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

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

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

(6) maltreats or abandons a patient

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

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

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

**Subd 6 Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the certification 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 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 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 of 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

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

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

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

(i) airway management and resuscitation procedures,

(ii) circulation, bleeding control, and shock,

(iii) human anatomy and physiology, patient assessment, and medical emergencies,

(iv) injuries involving musculoskeletal, nervous, digestive, and genito-urinary systems,

(v) environmental emergencies and rescue techniques, and

(vi) emergency childbirth and other special situations

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

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

(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's EMT-I or EMT-P certification, that are consistent with the United States Department of Transportation National Standard Curriculum or its equivalent as approved by the board or as approved by the licensee's medi-

cal director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course counts toward the 48-hour continuing education requirement.

(c) Certification shall be renewed every two years.

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

**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 evidence to the board of training equivalent to the continuing education requirements of subdivision 7.

(b) If more than four years have passed since a certificate expiration date, an applicant must complete the initial certification process required under subdivision 1.

**History:** 1999 c 245 art 9 s 37.

#### 144E.283 EMT INSTRUCTOR QUALIFICATIONS.

An emergency medical technician instructor must

(1) possess valid certification, registration, or licensure as an EMT, EMT-I, EMT-P, physician, physician's assistant, or registered nurse,

(2) have two years of active emergency medical practical experience,

(3) be recommended by a medical director of a licensed hospital, ambulance service, or training program approved by the board, and

(4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Training Program or its equivalent as approved by the board.

**History:** 1999 c 245 art 9 s 38.

#### 144E.285 TRAINING PROGRAMS.

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

(b) To be approved by the board, a training program must

(1) submit an application prescribed by the board that includes

(i) type and length of course to be offered,

(ii) names, addresses, and qualifications of the program medical director, program training coordinator, and certified instructors,

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

(iv) admission criteria for students, and

(v) materials and equipment to be used,

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

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

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

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

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

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

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

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

**Subd 2 EMT-P requirements.** (a) In addition to the requirements under subdivision 1, paragraph (b), a training program applying for approval to teach EMT-P curriculum must be administered by an educational institution accredited by the Commission of Accreditation of Allied Health Education Programs (CAAHEP)

(b) An EMT-P training program that is administered by an educational institution not accredited by CAAHEP, but that is in the process of completing the accreditation process, may be granted provisional approval by the board upon verification of submission of its self-study report and the appropriate review fee to CAAHEP

(c) An educational institution that discontinues its participation in the accreditation process must notify the board immediately and provisional approval shall be withdrawn

**Subd 3 Expiration.** Training program approval shall expire two years from the date of approval

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

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

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

**Subd 5 Disciplinary action.** (a) The board may deny, suspend, revoke, place conditions on, or refuse to renew approval of a training program that the board determines

(1) violated subdivisions 1 to 4 or rules adopted under sections 144E 001 to 144E 33, or

(2) misrepresented or falsified information on an application form provided by the board

(b) Before taking action under paragraph (a), the board shall give notice to a training program of the right to a contested case hearing under chapter 14. If a training program 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 approval of a training program for disciplinary action, the training program shall have the opportunity to apply to the board for reapproval

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

(b) A temporary suspension order prohibiting the training 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

(c) Service of a temporary suspension order is effective when the order is served on the training 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 for the training program

(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 training 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 or the individual may be in the form of an affidavit. The training program or counsel of record 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 training program of the right to a contested case hearing under chapter 14.

(g) If a training program requests a contested case hearing within 30 days of 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.

**Subd. 7 Audit.** The board may audit training programs approved by the board. The audit may include, but is not limited to, investigation of complaints, course inspection, classroom observation, review of instructor qualifications, and student interviews.

**History:** 1999 c 245 art 9 s 39

#### **144E.286 EXAMINER QUALIFICATIONS FOR EMERGENCY MEDICAL TECHNICIAN TESTING.**

Subdivision 1 **EMT testing.** An examiner testing basic level EMT practical skills must

- (1) be certified as an EMT, EMT-I, or EMT-P,
- (2) have two years or 4,000 hours' experience in emergency medical care,
- (3) be certified in basic cardiac life support, and
- (4) be approved by the board.

Subd. 2 **EMT-I or EMT-P testing.** (a) An examiner testing EMT-I or EMT-P level practical skills must be approved by the board and

- (1) be a physician or registered nurse, or
  - (2) be a certified EMT-P, have two years or 4,000 hours' experience in emergency medical care and be certified in basic cardiac life support.
- (b) A physician must be available to answer questions relating to the evaluation of skill performance at the practical examination.

**History:** 1999 c 245 art 9 s 40

### **FEES**

#### **144E.29 FEES.**

- (a) The board shall charge the following fees:
  - (1) initial application for and renewal of an ambulance service license, \$150,
  - (2) each ambulance operated by a licensee, \$96. The licensee shall pay an additional \$96 fee for the full licensing period or \$8 per month for any fraction of the period for each ambulance added to the ambulance service during the licensing period,
  - (3) initial application for and renewal of approval for a training program, \$100, and
  - (4) duplicate of an original license, certification, or approval, \$25.
- (b) With the exception of paragraph (a), clause (5), all fees are for a two-year period. All fees are nonrefundable.
- (c) Fees collected by the board shall be deposited as nondedicated receipts in the trunk highway fund.

**History:** 1999 c 245 art 9 s 41

### **PENALTIES; REVIEW**

#### **144E.30 COOPERATION; BOARD POWERS.**

Subdivision 1 [Repealed, 1999 c 245 art 9 s 66]

Subd 2 [Repealed, 1999 c 245 art 9 s 66]

[For text of subds 3 to 5, see M S 1998]

Subd 6 [Repealed, 1999 c 245 art 9 s 66]

### 144E.305 REPORTING MISCONDUCT.

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

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

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

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 under subdivision 1 or 2 or for otherwise reporting in good faith to the board 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's final determination, all communications or information received by or disclosed to the board relating to disciplinary matters of any person or entity subject to the board's regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be closed to the public

(b) Members of the board, persons employed by the board, 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, 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 3 736, subdivision 9

**History:** 1999 c 245 art 9 s 42

### 144E.31 CORRECTION ORDER AND FINES.

Subdivision 1 **Correction order.** (a) If the board finds that a licensee or training program has failed to comply with an applicable law or rule and the violation does not imminently endanger the public's health or safety, the board may issue a correction order to the licensee or training program

(b) The correction order shall state

- (1) the conditions that constitute a violation of the law or rule,
- (2) the specific law or rule violated, and
- (3) the time allowed to correct the violation

Subd 2 **Reconsideration.** (a) If the licensee or training program believes that the contents of the board's correction order are in error, the licensee or training program may ask the board to reconsider the parts of the correction order that are alleged to be in error

(b) The request for reconsideration must

- (1) be in writing,
- (2) be delivered by certified mail,
- (3) specify the parts of the correction order that are alleged to be in error,
- (4) explain why they are in error, and
- (5) include documentation to support the allegation of error



(c) A request for reconsideration does not stay any provision or requirement of the correction order. The board's disposition of a request for reconsideration is final and not subject to appeal under chapter 14.

Subd 3 **Fine.** (a) The board may order a fine concurrently with the issuance of a correction order, or after the licensee or training program has not corrected the violation within the time specified in the correction order.

(b) A licensee or training program that is ordered to pay a fine shall be notified of the order by certified mail. The notice shall be mailed to the address shown on the application or the last known address of the licensee or training program. The notice shall state the reasons the fine was ordered and shall inform the licensee or training program of the right to a contested case hearing under chapter 14.

(c) A licensee or training program may appeal the order to pay a fine by notifying the board by certified mail within 15 calendar days after receiving the order. A timely appeal shall stay payment of the fine until the board issues a final order.

(d) A licensee or training program shall pay the fine assessed on or before the payment date specified in the board's order. If a licensee or training program fails to fully comply with the order, the board shall suspend the license or cancel approval until there is full compliance with the order.

(e) Fines shall be assessed as follows:

- (1) \$150 for violation of section 144E 123,
- (2) \$400 for violation of sections 144E 06, 144E 07, 144E 101, 144E 103, 144E 121, 144E 125, 144E 265, 144E 285, and 144E 305,
- (3) \$750 for violation of rules adopted under section 144E 16, subdivision 4, clause (8), and

(4) \$50 for violation of all other sections under this chapter or rules adopted under this chapter that are not specifically enumerated in clauses (1) to (3).

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

Subd 4 **Additional penalties.** This section does not prohibit the board from suspending, revoking, placing conditions on, or refusing to renew a licensee's license or a training program's approval in addition to ordering a fine.

**History:** 1999 c 245 art 9 s 43

#### 144E.32 REVIEW ORGANIZATION.

Subdivision 1 **Applicable law.** The provisions of sections 145 61 to 145 67 apply to an ambulance service or first responder review organization.

Subd 2 **Review organization defined.** A review organization, as defined under section 145 61, includes a committee of an ambulance service provider, a physician medical director, a medical advisor, or ambulance supervisory personnel who gather, create, and review information relating to the care and treatment of patients in providing emergency medical care, including employee performance reviews, quality assurance data, and other ambulance service or first responder performance data for ambulance services licensed under section 144E 10 or 144E 12 or first responders registered under section 144E 27, for the purposes specified under section 145 61, subdivision 5.

**History:** 1999 c 84 s 1

#### 144E.33 PENALTY.

A person who violates a provision of sections 144E 001 to 144E 33 is guilty of a misdemeanor.

**History:** 1999 c 245 art 9 s 44

### NONPROFIT AMBULANCE SERVICES

#### 144E.35 REIMBURSEMENT TO NONPROFIT AMBULANCE SERVICES.

Subdivision 1 **Repayment for volunteer training.** Any political subdivision, or nonprofit hospital or nonprofit corporation operating a licensed ambulance service shall be reim-

bursed by the board for the necessary expense of the initial training of a volunteer ambulance attendant upon successful completion by the attendant of a basic emergency care course, or a continuing education course for basic emergency care, or both, which has been approved by the board, pursuant to section 144E 285. Reimbursement may include tuition, transportation, food, lodging, hourly payment for the time spent in the training course, and other necessary expenditures, except that in no instance shall a volunteer ambulance attendant be reimbursed more than \$450 for successful completion of a basic course, and \$225 for successful completion of a continuing education course.

Subd 2 **Reimbursement provisions.** Reimbursement will be paid under provisions of this section when documentation is provided the board that the individual has served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulance service.

**History:** 1999 c 8 s 2, 1999 c 245 art 9 s 65

## COMPREHENSIVE ADVANCED LIFE SUPPORT

### 144E.37 COMPREHENSIVE ADVANCED LIFE SUPPORT.

The board shall establish a comprehensive advanced life support educational program to train rural medical personnel, including physicians, physician assistants, nurses, and allied health care providers, in a team approach to anticipate, recognize, and treat life-threatening emergencies before serious injury or cardiac arrest occurs.

**History:** 1999 c 245 art 9 s 45

## PERSONNEL LONGEVITY AWARD AND INCENTIVE PROGRAM

### 144E.41 PROGRAM ELIGIBILITY; QUALIFIED AMBULANCE SERVICE PERSONNEL.

(a) Persons eligible to participate in the ambulance service personnel longevity award and incentive program are qualified ambulance service personnel.

(b) Qualified ambulance service personnel are ambulance attendants, ambulance drivers, and ambulance service medical directors or medical advisors who meet the following requirements:

(1) employment of the person by or provision by the person of service to an ambulance service that is licensed as such by the state of Minnesota and that provides ambulance services that are generally available to the public and are free of unfair discriminatory practices under chapter 363,

(2) performance by the person during the 12 months ending as of the immediately previous June 30 of all or a predominant portion of the person's services in the state of Minnesota or on behalf of Minnesota residents, as verified by August 1 annually in an affidavit from the chief administrative officer of the ambulance service,

(3) current certification of the person during the 12 months ending as of the immediately previous June 30 by the Minnesota department of health as an ambulance attendant, ambulance driver, or ambulance service medical director or medical advisor under section 144E 265 or 144E 28, and supporting rules, and current active ambulance service employment or service provision status of the person, as verified by August 1 annually in an affidavit from the chief administrative officer of the ambulance service, and

(4) conformance by the person with the definition of the phrase "volunteer ambulance attendant" under section 144E 001, subdivision 15, except that for the salary limit specified in that provision there must be substituted, for purposes of this section only, a limit of \$3,000 for calendar year 1993, and \$3,000 multiplied by the cumulative percentage increase in the national Consumer Price Index, all items, for urban wage earners and clerical workers, as published by the federal Department of Labor, Bureau of Labor Statistics, since December 31, 1993, and for an ambulance service medical director, conformance based solely on the person's hourly stipends or salary for service as a medical director.

(c) The term "active ambulance service employment or service provision status" means being in good standing with and on the active roster of the ambulance service making the certification.

(d) The maximum period of ambulance service employment or service provision for which a person may receive credit towards an award under this chapter, including prior service credit under section 144E 45, subdivision 2, paragraph (c), is 20 years

(e) For a person who is employed by or provides service to more than one ambulance service concurrently during any period during the 12-month period, credit towards an award under this chapter is limited to one ambulance service during any period. The creditable period is with the ambulance service for which the person undertakes the greatest portion of employment or service hours

**History:** 1999 c 8 s 3, 1999 c 245 art 9 s 65

## EMERGENCY MEDICAL SERVICES FUND

### 144E.50 EMERGENCY MEDICAL SERVICES FUND.

*[For text of subs 1 to 5, see M S 1998]*

Subd 6 **Audits.** (a) Each regional emergency medical services board designated by the emergency medical services regulatory board shall be audited biennially by an independent auditor who is either a state or local government auditor or a certified public accountant who meets the independence standards specified by the General Accounting Office for audits of governmental organizations, programs, activities, and functions. The audit shall cover all funds received by the regional board, including but not limited to, funds appropriated under this section, section 144E 52, and section 169 686, subdivision 3. Expenses associated with the audit are the responsibility of the regional board.

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

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

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

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

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

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

**History:** 1999 c 245 art 9 s 46