144E.01 EMERGENCY MEDICAL SERVICES REGULATORY BOARD.

Subdivision 1. **Membership.** (a) The Emergency Medical Services Regulatory Board consists of the following members, all of whom must work in Minnesota, except for the person listed in clause (14):

- (1) an emergency physician certified by the American Board of Emergency Physicians;
- (2) a representative of Minnesota hospitals;
- (3) a representative of fire chiefs;
- (4) a full-time firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency and who is a member of a professional firefighter's union;
- (5) a volunteer firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency;
- (6) an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
 - (7) an ambulance director for a licensed ambulance service;
 - (8) a representative of sheriffs;
 - (9) a member of a community health board to represent community health services;
- (10) two representatives of regional emergency medical services programs, one of whom must be from the metropolitan regional emergency medical services program;
 - (11) a registered nurse currently practicing in a hospital emergency department;
- (12) a pediatrician, certified by the American Board of Pediatrics, with experience in emergency medical services;
 - (13) a family practice physician who is currently involved in emergency medical services;
 - (14) a public member who resides in Minnesota; and
 - (15) the commissioners of health and public safety or their designees.
- (b) The governor shall appoint members under paragraph (a). Appointments under paragraph (a), clauses (1) to (9) and (11) to (13), are subject to the advice and consent of the senate. In making appointments under paragraph (a), clauses (1) to (9) and (11) to (13), the governor shall consider recommendations of the American College of Emergency Physicians, the Minnesota Hospital Association, the Minnesota and State Fire Chief's Association, the Minnesota Ambulance Association, the Minnesota Emergency Medical Services Association, the Minnesota State Sheriff's Association, the Association of Minnesota Counties, the Minnesota Nurses Association, and the Minnesota chapter of the Academy of Pediatrics.
- (c) At least seven members appointed under paragraph (a) must reside outside of the seven-county metropolitan area, as defined in section 473.121.
- Subd. 2. **Ex officio members.** The speaker of the house and the Committee on Rules and Administration of the senate shall appoint one representative and one senator to serve as ex officio, nonvoting members.

- Subd. 3. **Chair.** The governor shall designate one of the members appointed under subdivision 1 as chair of the board.
- Subd. 4. **Compensation; terms.** Membership terms, compensation, and removal of members appointed under subdivision 1, are governed by section 15.0575.
- Subd. 5. **Staff.** The board shall appoint an executive director who shall serve in the unclassified service and may appoint other staff. The service of the executive director shall be subject to the terms described in section 214.04, subdivision 2a.
 - Subd. 6. **Duties of board.** (a) The Emergency Medical Services Regulatory Board shall:
 - (1) administer and enforce the provisions of this chapter and other duties as assigned to the board;
- (2) advise applicants for state or federal emergency medical services funds, review and comment on such applications, and approve the use of such funds unless otherwise required by federal law;
- (3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state's emergency medical services delivery system; and
- (4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.
- (b) The Emergency Medical Services Board may prepare an initial work plan, which may be updated biennially. The work plan may include provisions to:
- (1) prepare an emergency medical services assessment which addresses issues affecting the statewide delivery system;
 - (2) establish a statewide public information and education system regarding emergency medical services;
- (3) create, in conjunction with the Department of Public Safety, a statewide injury and trauma prevention program; and
 - (4) designate an annual emergency medical services personnel recognition day.
- Subd. 7. **Conflict of interest.** No member of the Emergency Medical Services Board may participate or vote in board proceedings in which the member has a direct conflict of interest, financial or otherwise.

History: 1995 c 207 art 9 s 35; 1996 c 324 s 2; 2004 c 144 s 1; 2004 c 279 art 11 s 1; 2008 c 156 s 1; 2012 c 193 s 17; 2015 c 21 art 1 s 109