CHAPTER 144E

OFFICE OF EMERGENCY MEDICAL SERVICES

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GENERAL PROVISIONS

144E.001 DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of this chapter, the terms defined in this section have the meanings given them.

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 paramedic standards or its equivalent, as approved by the director.

Subd. 2. **Ambulance.** "Ambulance" means any vehicle designed or intended for and actually used in providing ambulance service to ill or injured persons or expectant mothers.

Subd. 3. **Ambulance service.** "Ambulance service" means transportation and treatment which is rendered or offered to be rendered preliminary to or during transportation to, from, or between health care facilities for ill or injured persons or expectant mothers. The term includes all transportation involving the use of a stretcher, unless the person to be transported is not likely to require medical treatment during the course of transport.

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 been approved by the ambulance service medical director; (ii) on the roster of an ambulance service on or before January 1, 2000; (iii) after petitioning the director, deemed by the director 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 been approved by the ambulance service medical director; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the director, deemed by the director to have training and skills equivalent to an EMT, as determined on a case-by-case basis.

Subd. 4. **Base of operations.** "Base of operations" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

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, or esophageal tracheal 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 education standards or its equivalent, as approved by the director.

Subd. 5. MS 2022 [Repealed, 2024 c 122 art 1 s 25; 2024 c 127 art 63 s 23]

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 standards course or its equivalent, as approved by the director, and has been issued valid certification by the director.

Subd. 5d. **Advanced emergency medical technician or AEMT.** "Advanced emergency medical technician" or "AEMT" means a person who has successfully completed the United States Department of Transportation advanced emergency medical technician standards course or its equivalent, as approved by the director, and has been issued valid certification by the director.

Subd. 5e. **Paramedic.** "Paramedic" means a person who has successfully completed the United States Department of Transportation paramedic course or its equivalent, as approved by the director, and has been issued valid certification by the director.

Subd. 5f. **Community paramedic.** "Community paramedic" means a person who is certified as a paramedic and who meets the requirements for additional certification as a community paramedic as specified in section 144E.28, subdivision 9.

Subd. 5g. **Emergency medical responder group.** "Emergency medical responder group" means a group of certified or registered personnel who respond to medical emergencies and have a medical director.

Subd. 5h. **Community emergency medical technician.** "Community emergency medical technician" or "CEMT" means a person who is certified as an emergency medical technician, who is a member of a registered medical response unit under section 144E.275 or a basic life support ambulance service, and who meets the requirements for additional certification as a CEMT as specified in section 144E.275, subdivision 7.

Subd. 6. **Emergency medical responder or EMR.** "Emergency medical responder" or "EMR" means an individual who is registered by the director to perform, at a minimum, basic emergency skills before the arrival of a licensed ambulance service, and is a member of an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service or is on the roster of a Minnesota licensed ambulance service.

Subd. 6a. **In-service ambulance.** "In-service ambulance" means the ambulance is licensed by the director and is in compliance with ambulance service requirements in this chapter and Minnesota Rules, chapter 4690.

Subd. 6b. **Intravenous infusion.** "Intravenous infusion" means the establishment of an intravenous line or interosseous access and administration of an intravenous fluid, other than blood, or intravenous fluids that have additives not for specific therapeutic purposes into a vein.

Subd. 6c. **Intravenous therapy.** "Intravenous therapy" means the administration of intravenous fluids, medications, and other substances designed for specific therapeutic response.

Subd. 6d. **Level I trauma hospital.** "Level I trauma hospital" means an adult or pediatric hospital located in the state of Minnesota that has been designated by the commissioner of health as meeting the criteria for level I designation according to section 144.605, subdivision 3.

Subd. 7. **License.** "License" means authority granted by the director for the operation of an ambulance service in the state of Minnesota.

Subd. 8. **Licensee.** "Licensee" means a natural person, partnership, association, corporation, Indian Tribe, or unit of government which possesses an ambulance service license.

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

Subd. 8b. **Medical resource communication center.** "Medical resource communication center" means an entity that:

(1) facilitates hospital-to-ambulance communications for ambulance services, the regional emergency medical services systems, and the director by coordinating patient care and transportation for ground and air operations;

(2) is integrated with the state's Allied Radio Matrix for Emergency Response (ARMER) radio system; and

(3) is the point of contact and a communication resource for statewide public safety entities, hospitals, and communities.

Subd. 9. **Municipality.** "Municipality" means any city of any class, however organized, and any town.

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 licensed 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.

Subd. 10. **Primary service area.** "Primary service area" means the geographic area that can reasonably be served by an ambulance service.

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 education program; certifying that each student has successfully completed the education 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. **Education program coordinator.** "Education program coordinator" means an individual who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation; and assisting in the coordination of examination sessions and clinical training.

Subd. 14a. **Tribe.** "Tribe" means a federally recognized Indian Tribe, as defined in United States Code, title 25, section 450b, paragraph (e), located within the state of Minnesota.

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 $6,000 annually.

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

Subd. 17. **Office.** "Office" means the Office of Emergency Medical Services.

History: *1997 c 199 s 1; 1999 c 8 s 1; 1999 c 245 art 9 s 4-22; 2005 c 147 art 10 s 1-3; 2009 c 159 s 9,10; 2011 c 12 s 1; 2012 c 193 s 1-16; 2015 c 71 art 9 s 8; 2019 c 42 s 1; 2023 c 70 art 6 s 1,2; 2024 c 122 art 1 s 1,2,24; art 3 s 1; 2024 c 127 art 63 s 1,2,22; art 65 s 1*

144E.01 MS 2022 [Repealed, 2024 c 122 art 1 s 25; 2024 c 127 art 63 s 23]

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) to 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) to license ambulance services in the state and regulate their operation;

(3) to establish and modify primary service areas;

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

(5) to register medical response units in the state and regulate their operation;

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

(7) to approve education programs for ambulance service personnel and emergency medical responders and to administer qualifications for instructors of education programs;

(8) to administer grant programs related to emergency medical services;

(9) to 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) to investigate complaints against and hold hearings regarding ambulance services, ambulance service personnel, and emergency medical responders and to impose disciplinary action or otherwise resolve complaints; and

(11) to perform other duties related to the provision of emergency medical services in the state.

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.

History: *2024 c 122 art 1 s 3; 2024 c 127 art 63 s 3*

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.

History: *2024 c 122 art 1 s 4; 2024 c 127 art 63 s 4*

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 areas; authorization of ambulance services to provide service in a primary service area and revocation

of such authorization; coordination of ambulance services within regions and across the state; and administration of grants.

History: *2024 c 122 art 1 s 5; 2024 c 127 art 63 s 5*

144E.017 EMERGENCY MEDICAL SERVICE PROVIDERS DIVISION.

An Emergency Medical Service Providers Division is created in the Office of Emergency Medical Services. The Emergency Medical Service Providers Division shall be under the supervision of a deputy director of emergency medical service providers 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 certification and registration of individual emergency medical service providers; overseeing worker safety, worker well-being, and working conditions; implementation of education programs; and administration of grants.

History: *2024 c 122 art 1 s 6; 2024 c 127 art 63 s 6*

144E.03 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) three public members, appointed by the governor. At least one of the public members must reside outside the metropolitan counties listed in section 473.121, subdivision 4;

(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 commissioner of public safety or their designees as ex officio members.

Subd. 2. **Legislative members.** The speaker of the house and the house minority leader must each appoint one member of the house of representatives to serve on the advisory council. 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 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. 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.

History: *2024 c 122 art 1 s 7; 2024 c 127 art 63 s 7*

144E.035 EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY COUNCIL.

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 services boards of the designated 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).

Subd. 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 shall 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.

History: *2024 c 122 art 1 s 8; 2024 c 127 art 63 s 8*

144E.04 LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL.

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

(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 Labor and Emergency Medical Service Providers Advisory Council does not expire.

Subd. 3. **Officers; meetings.** (a) The Labor and Emergency Medical Service Providers 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 Labor and Emergency Medical Service Providers Advisory Council must meet quarterly or at the call of the chair.

(c) Meetings of the Labor and Emergency Medical Service Providers Advisory Council are subject to chapter 13D.

Subd. 4. **Duties.** The Labor and Emergency Medical Service Providers 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.

History: *2024 c 122 art 1 s 9; 2024 c 127 art 63 s 9*

144E.05 GENERAL AUTHORITY.

Subdivision 1. **Grants or gifts.** The director may accept grants or gifts of money, property, or services from a person, a public or private entity, or any other source for an emergency medical health purpose within the scope of its statutory authority.

Subd. 2. **Contracts.** The director may enter into contractual agreements with a person or public or private entity for the provision of statutorily prescribed emergency medical services-related activities by the director. The contract shall specify the services to be provided and the amount and method of reimbursement for the contracted services. Funds generated in a contractual agreement made pursuant to this section are appropriated to the director for purposes of providing the services specified in the contracts.

History: *1997 c 199 s 2; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

LIFE-SUPPORT TRANSPORTATION SERVICES

144E.06 PRIMARY SERVICE AREAS.

The director shall adopt rules defining primary service areas under which the director shall designate each licensed ambulance service as serving a primary service area or areas.

History: *1997 c 199 s 3; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.07 SUMMARY APPROVAL.

Subdivision 1. **Eliminating overlap; expansion.** An ambulance service may request a change in its primary service area, as established under section 144E.06, to eliminate any overlap in primary service areas or to expand its primary service area to provide service to a contiguous, but undesignated, primary service area. An ambulance service requesting a change in its primary service area must submit a written application to the director on a form provided by the director and must comply with the requirements of this section.

Subd. 2. **Retraction.** An applicant requesting to retract service from a geographic area within its designated primary service area must provide documentation showing that another licensed ambulance service is providing or will provide ambulance coverage within the proposed area of withdrawal.

Subd. 3. **Overlapping expansion.** An applicant requesting to provide service in a geographic area that is within the primary service area of another licensed ambulance service or services must submit documentation from the service or services whose primary service areas overlap the proposed expansion area, approving the expansion and agreeing to withdraw any service coverage from the proposed expanded

area. The application may include documentation from the public safety answering point coordinator or coordinators endorsing the proposed change.

Subd. 4. **No primary service.** An applicant requesting to provide service in a geographic area where no primary ambulance service has been designated must submit documentation of approval from the ambulance service or services which are contiguous to the proposed expansion area. The application may include documentation from the public safety answering point coordinator or coordinators endorsing the proposed change. If a licensed ambulance service provides evidence of historically providing 911 ambulance coverage to the undesignated area, it is not necessary to provide documentation from the contiguous ambulance service or services approving the change. At a minimum, a 12-month history of primary ambulance coverage must be included with the application.

Subd. 5. **Reporting.** The director shall report any approved change to the local public safety answering point coordinator.

History: *1997 c 199 s 4; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

AMBULANCE SERVICE LICENSING

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 director. 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 director 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: *1997 c 199 s 5; 1999 c 245 art 9 s 23,65; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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, a paramedic, 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 director 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) Except as provided in subdivision 6a, a basic life-support ambulance shall be staffed by at least:

(1) one individual who is:

(i) certified as an EMT;

(ii) a Minnesota registered nurse who meets the qualification requirements in section 144E.001, subdivision 3a, clause (2); or

(iii) a Minnesota licensed physician assistant who meets the qualification requirements in section 144E.001, subdivision 3a, clause (3); and

(2) one individual to drive the ambulance who:

(i) either meets one of the qualification requirements in clause (1) or is a registered emergency medical responder driver; and

(ii) satisfies the requirements in subdivision 10.

(b) An individual who meets one of the qualification requirements in paragraph (a), clause (1), must accompany the patient and 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.

(c) A basic life-support service shall provide basic airway management.

(d) A basic life-support service shall provide automatic defibrillation.

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

(f) A basic life-support service licensee's medical director may authorize ambulance service 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.

Subd. 6a. **Variance; staffing of basic life-support ambulance.** (a) Upon application from an ambulance service that includes evidence demonstrating hardship, the director 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 one of the qualification requirements in subdivision 6, paragraph (a), clause (1), 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 director according to a process established by the director.

(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 director 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.

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 been approved by the ambulance 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 been approved by the ambulance service medical director.

(b) An advanced life-support service shall provide basic life support, as specified under subdivision 6, paragraph (b), 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 director 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.

(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.

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

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 ground life-support service providing advanced life support shall be staffed by at least one EMT and one paramedic, registered nurse-EMT, or physician assistant-EMT. A specialized life-support service shall provide basic or advanced life support as designated by the director, and shall be restricted by the director 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 or rotor-wing.

Subd. 10. **Driver.** A driver of an ambulance must possess a valid 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) A licensee shall have a written agreement with at least one neighboring licensed ambulance service for the preplanned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local ambulance transport resources have been expended. The response is predicated upon formal agreements among participating ambulance services. A copy of each mutual aid agreement shall be maintained in the files of the licensee and shall be filed with the director for informational purposes only.

(b) A licensee may have a written agreement with a neighboring licensed ambulance service, including a licensed ambulance service from a neighboring state if that service is currently and remains in compliance with its home state licensing requirements, to provide support to the primary service area of the licensee upon the licensee's request. The agreement may allow the licensee to suspend ambulance services in its primary service area during the times the neighboring licensed ambulance service has agreed to provide all emergency services to the licensee's primary service area. The agreement may permit the neighboring licensed ambulance service to serve the licensee's primary service area for up to 24 hours per day, provided service by the neighboring licensed ambulance service does not exceed 108 hours per calendar week. 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 2,500 persons.

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.

Subd. 14. **Trauma triage and transport guidelines.** A licensee shall have written age appropriate trauma triage and transport guidelines consistent with the criteria issued by the Trauma Advisory Council established under section 144.608 and approved by the director. The director may approve a licensee's requested deviations to the guidelines due to the availability of local or regional trauma resources if the changes are in the best interest of the patient's health.

History: *1999 c 245 art 9 s 24; 2000 c 313 s 1; 2001 c 74 s 1; 1Sp2005 c 4 art 6 s 34; 2007 c 147 art 16 s 11; 2008 c 156 s 2; 2008 c 222 s 1,2; 2009 c 70 s 1,2; 2012 c 193 s 18-23; 2013 c 13 s 1; 2014 c 232 s 1; 2015 c 6 s 1,2; 2023 c 70 art 6 s 3-5; 2024 c 85 s 32,33; 2024 c 122 art 1 s 24; art 3 s 2-4; 2024 c 127 art 63 s 22; art 65 s 2-4; 2025 c 20 s 121*

144E.103 EQUIPMENT.

Subdivision 1. **General requirements.** 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, commercially manufactured tourniquets, 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;

(9) a fire extinguisher; and

(10) opiate antagonists.

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. 2a. **Maintenance, sanitation, and testing of equipment, supplies, and drugs.** Equipment carried on every ambulance in service for patient care must be maintained in full operating condition. Patient care equipment, supplies, and drugs must be stored and maintained within manufacturer's recommendations and:

(1) all equipment and supplies must be maintained in full operating condition and in good repair;

(2) all equipment, supplies, and containers used for storage of equipment or supplies must be kept clean so as to be free from dirt, grease, and other offensive matter;

(3) sheets and pillowcases must be changed after each use;

(4) single-service equipment and supplies must be wrapped, stored, and handled so as to prevent contamination and must be disposed of after use;

(5) reusable equipment and supplies must be cleaned after each use so as to be free from dirt, grease, and other offensive matter;

(6) equipment and supplies, soiled or otherwise not free from dirt, grease, and other offensive matter, must be kept in plastic bags or securely covered containers until disposed of or prepared for reuse; and

(7) procedures for the periodic performance testing of mechanical equipment must be developed, maintained, and followed, and records of performance testing must be kept in the licensee's files. Testing must occur within the manufacturer's recommendations.

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, including shoulder harnesses, for the stretcher and seat belts in the patient compartment for the patient and ambulance personnel.

Subd. 5. **Communication equipment.** An ambulance must be equipped with a two-way radio that is programmed and operating according to the most recent version of the statewide radio board shared radio and communication plan or its equivalent as determined by the director.

History: *1999 c 245 art 9 s 25; 2012 c 193 s 24; 2023 c 70 art 6 s 6; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.11 AMBULANCE SERVICE APPLICATION PROCEDURE.

Subdivision 1. **Written application.** Each prospective licensee and each present licensee wishing to offer a new type or types of ambulance service or to expand a primary service area shall make written application for a license to the director on a form provided by the director.

Subd. 2. **Application notice.** The director shall promptly send notice of the completed application to each county board, community health board, governing body of a regional emergency medical services system designated under section 144E.50, ambulance service, and municipality in the area in which ambulance service would be provided by the applicant. The director shall publish the notice, at the applicant's expense, in the State Register and in a newspaper in the municipality in which the base of operation is or will be located, or if no newspaper is published in the municipality or if the service is or would be provided in more than one municipality, in a newspaper published at the county seat of the county or counties in which the service would be provided.

Subd. 3. **Comments.** Each municipality, county, community health board, governing body of a regional emergency medical services system, ambulance service, and other person wishing to make recommendations concerning the disposition of the application shall make written recommendations or comments opposing the application to the director within 30 days of the publication of notice of the application in the State Register.

Subd. 4. **Contested case exemption; procedure.** (a) If no more than five written comments opposing the application have been received by the director under subdivision 3, and the director has determined, after considering the factors listed under subdivision 6, that the proposed service or expansion of primary service area is needed, the applicant shall be exempt from the contested case hearing process under subdivision 5.

(b) An applicant exempted from a contested case hearing under this subdivision shall furnish additional information, as requested by the director, to support its application. The director shall approve the application and grant a license to the applicant within 30 days after final submission of requested information to the director, and upon a determination by the director that the applicant is in compliance with the rules adopted by the director and with the inspection requirements of section 144E.18.

(c) If an applicant does not comply with the inspection requirements under section 144E.18 within one year of the director's approval of its application, the license shall be denied. The one-year time limit applies to any licensing decision made by the director or to any prior licensing decision made by the commissioner of health or an administrative law judge.

(d) If, after considering the factors under subdivision 6, the director determines that the proposed service or expansion of primary service area is not needed, the case shall be treated as a contested case under subdivision 5, paragraphs (c) to (g).

Subd. 5. **Contested case; procedure.** (a) If more than five written comments opposing the application are received by the director as specified under subdivision 3, the director shall give the applicant the option of immediately proceeding to a contested case hearing or trying to resolve the objections within 30 days.

(b) If, after considering the factors under subdivision 6, the director determines that the proposed service or expansion of primary service area is not needed, the director shall give the applicant the option of immediately proceeding to a contested case hearing or using up to 30 days to satisfy the director that the proposed service or expansion of primary service area is needed.

(c) The director shall request that the chief administrative law judge appoint an administrative law judge to hold a public hearing in the municipality in which the applicant's base of operation is or will be located:

(1) if more than five opposing comments remain after 30 days;

(2) if, after considering the factors under subdivision 6, the director determines that the proposed service or expansion of primary service area is not needed after 30 days; or

(3) at the applicant's initial request.

(d) If the applicant's base of operation is located outside of Minnesota, the hearing shall be held at a location within the area in which service would be provided in Minnesota. The public hearing shall be conducted as a contested case hearing under chapter 14. The director shall pay the expenses for the hearing location and the administrative law judge.

(e) The director shall provide notice of the public hearing, at the applicant's expense, in the State Register and in the newspaper or newspapers in which the notice was published under subdivision 2 for two successive weeks at least ten days before the date of the hearing.

(f) The administrative law judge shall:

(1) hold a public hearing as specified in paragraphs (c) and (d);

(2) allow any interested person the opportunity to be heard, to be represented by counsel, and to present oral and written evidence at the public hearing; and

(3) provide a transcript of the hearing at the expense of any individual requesting it.

(g) The administrative law judge shall review and comment upon the application and make written recommendations as to its disposition to the director within 90 days of publication of notice of the hearing in the State Register. In making the recommendations, the administrative law judge shall consider and make written comments as to whether the proposed service or expansion in primary service area is needed, based on consideration of the factors specified in subdivision 6.

Subd. 6. **Review criteria.** When reviewing an application for licensure, the director and administrative law judge shall consider the following factors:

(1) the recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system designated under section 144E.50 in which the service would be provided;

(2) the deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license;

(3) the estimated effect of the proposed service or expansion in primary service area on the public health; and

(4) whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion in primary service area. The administrative law judge shall recommend that the director either grant or deny a license or recommend that a modified license be granted. The reasons for the recommendation shall be set forth in detail. The administrative law judge shall make the recommendations and reasons available to any individual requesting them.

Subd. 7. **Licensing decision.** After receiving the administrative law judge's report, the director shall approve or deny the application and grant the license within 60 days if the application is approved, and upon determination by the director, that the applicant is in compliance with the rules adopted by the director and with the inspection requirements of section 144E.18. In approving or denying an application, the director shall consider the administrative law judge's report, the evidence contained in the application, and any hearing record and other applicable evidence. The director's decision shall be based on a consideration of the factors contained in subdivision 6. If the director determines to grant the applicant a license, the applicant must comply with the inspection requirements under 144E.18 within one year of the director's approval of the application or the license will be denied. This one-year time limit applies to any licensing decision by the director or to any prior licensing decision made by the commissioner of health or an administrative law judge.

Subd. 8. **Final decision.** The director's decision made under subdivision 7 shall be the final administrative decision. Any person aggrieved by the director's decision or action shall be entitled to judicial review in the manner provided in sections 14.63 to 14.69.

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

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

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

History: *1997 c 199 s 6; 1999 c 245 art 9 s 26; 1Sp2003 c 14 art 8 s 1; 2014 c 291 art 7 s 29; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.12 LICENSURE OF AIR AMBULANCE SERVICES.

Except for submission of a written application to the director on a form provided by the director, 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 director 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: *1997 c 199 s 7; 1999 c 245 art 9 s 65; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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 director in a manner prescribed by the director. At a minimum, the data must include items identified by the director 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 director or its designees. The data shall be classified as private data on individuals under chapter 13, the Minnesota Government Data Practices Act. The director may share with the Washington/Baltimore High Intensity Drug Trafficking Area's Overdose Detection Mapping Application Program (ODMAP), data that identifies where and when an overdose incident happens, fatality status, suspected drug type, naloxone administration, and first responder type. ODMAP may:

(1) allow secure access to the system by authorized users to report information about an overdose incident;

(2) allow secure access to the system by authorized users to view, in near real-time, information about overdose incidents reported;

(3) produce a map in near real-time of the approximate locations of confirmed or suspected overdose incidents reported; and

(4) enable access to overdose incident information that assists in state and local decisions regarding the allocation of public health, public safety, and educational resources for the purposes of monitoring and reporting data related to suspected overdoses.

Subd. 4. MS 2010 [Repealed by amendment, 1Sp2011 c 9 art 2 s 21]

Subd. 5. MS 2022 [Repealed, 2024 c 122 art 1 s 25; 2024 c 127 art 63 s 23]

History: *1999 c 245 art 9 s 28; 1Sp2011 c 9 art 2 s 21; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22; 2025 c 35 art 9 s 8*

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 AND INTERFACILITY TRANSFERS.

Subdivision 1. **Interhospital transfers.** 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 assistant who has been trained to use the equipment in the ambulance and is knowledgeable of the licensee's ambulance service protocols.

Subd. 2. **Interfacility transfers.** In an interfacility transport, a licensee whose primary service area is 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, may substitute one EMT with a registered emergency medical responder if an EMT or paramedic, physician, registered nurse, or physician assistant is in the patient compartment. If using a physician, registered nurse, or physician assistant as the sole provider in the patient compartment, the individual must be trained to use the equipment in the ambulance and be knowledgeable of the ambulance service protocols.

History: *1999 c 245 art 9 s 30; 2007 c 147 art 16 s 12; 2012 c 193 s 25,49*

144E.13 TEMPORARY LICENSE.

The director 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: *1997 c 199 s 8; 1999 c 245 art 9 s 65; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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 director, 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 director shall require the prospective licensee or owner to comply with section 144E.11. The director 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: *1997 c 199 s 9; 1999 c 245 art 9 s 65; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.15 RELOCATION OF BASE OF OPERATIONS.

To relocate the base of operations to another municipality or township within its primary service area, a licensee must provide written notification to the director prior to relocating. The director shall review the proposal to determine if relocation would adversely affect service coverage within the primary service area. The applicant must furnish any additional information requested by the director to support its proposed transfer. If the director does not approve the relocation proposal, the licensee must comply with the application requirements for a new license under section 144E.11.

History: *1997 c 199 s 10; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.16 RULES; LOCAL STANDARDS.

Subdivision 1. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 2. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 3. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 4. **Rules.** The director 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.

Subd. 5. **Local government's powers.** (a) Local units of government may, with the approval of the 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 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 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 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).

Subd. 6. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 7. **Stroke transport protocols.** Regional emergency medical services programs and any ambulance service licensed under this chapter must develop stroke transport protocols. The protocols must include standards of care for triage and transport of acute stroke patients within a specific time frame from symptom onset until transport to the most appropriate designated acute stroke ready hospital, primary stroke center, thrombectomy-capable stroke center, or comprehensive stroke center.

Subd. 8. **STEMI transport protocols.** Regional and local emergency medical services programs must develop STEMI transport protocols. The protocols must include standards of care for triage and transport of ST segment elevation myocardial infarction patients within a specific time frame from first medical contact until transport to the most appropriate hospital based on the patient's condition, the time of transport, and the hospital's capabilities.

History: *1997 c 199 s 11; 1999 c 245 art 9 s 31; 2015 c 56 s 1; 2016 c 88 s 2; 2024 c 122 art 1 s 10,24; 2024 c 127 art 59 s 40; art 63 s 10,22*

144E.17 MS 1998 [Repealed, 1999 c 245 art 9 s 66]

144E.18 INSPECTIONS.

The director 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 director may review at any time documentation or electronic files required to be on file with a licensee.

History: *1977 c 37 s 6; 1977 c 305 s 45; 1979 c 316 s 7; 1989 c 134 s 9; 1995 c 207 art 9 s 14; 1997 c 199 s 14; 1999 c 245 art 9 s 32; 2013 c 13 s 2; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.19 DISCIPLINARY ACTION.

Subdivision 1. **Suspension; revocation; nonrenewal.** The director 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 director 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 director 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 director 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 director may temporarily suspend the license of a licensee after conducting a preliminary inquiry to determine whether the director believes that the licensee has violated a statute or rule that the director 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 director for the licensee.

(d) At the time the director issues a temporary suspension order, the director shall schedule a hearing that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the director'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 director 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 director 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 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 director 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; 2024 c 122 art 1 s 11,24; 2024 c 127 art 63 s 11,22*

144E.25 MS 1998 [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 education 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 written triage, treatment, and transportation guidelines for adult and pediatric patients;

(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; 2004 c 144 s 2; 2012 c 193 s 26*

144E.266 EMERGENCY SUSPENSION OF AMBULANCE SERVICE REQUIREMENT.

(a) The requirements of sections 144E.10; 144E.101, subdivisions 1, 2, 3, 6, 7, 8, 9, 10, 11, and 13; 144E.103; 144E.12; 144E.121; 144E.123; 144E.127; and 144E.15, are suspended:

(1) throughout the state during a national security emergency declared under section 12.31;

(2) in the geographic areas of the state affected during a peacetime emergency declared under section 12.31; and

(3) in the geographic areas of the state affected during a local emergency declared under section 12.29.

(b) For purposes of this section, the geographic areas of the state affected shall include geographic areas where one or more ambulance services are providing requested mutual aid to the site of the emergency.

History: *2005 c 147 art 10 s 4*

EMERGENCY MEDICAL RESPONDER REGISTRATION; DISCIPLINE OF EMERGENCY MEDICAL RESPONDERS AND DRIVERS

144E.27 EMERGENCY MEDICAL RESPONDER REGISTRATION; DISCIPLINE OF EMERGENCY MEDICAL RESPONDERS AND DRIVERS.

Subdivision 1. MS 2022 [Repealed, 2024 c 122 art 3 s 15; 2024 c 127 art 65 s 15]

Subd. 1a. MS 2022 [Repealed, 2024 c 122 art 3 s 15; 2024 c 127 art 65 s 15]

Subd. 2. **Registration.** To be eligible for registration with the director as an emergency medical responder, an individual shall complete a director-approved application form and:

(1) successfully complete a director-approved initial emergency medical responder education program. Registration under this clause is valid for two years and expires on October 31; or

(2) be credentialed as an emergency medical responder by the National Registry of Emergency Medical Technicians. Registration under this clause expires the same day as the National Registry credential.

Subd. 2a. **Registration dates.** Registration expiration dates are as follows:

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

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

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

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

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

(1) successfully completes a director-approved refresher course;

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

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

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

(1) successfully completes a director-approved refresher course;

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

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

Subd. 4. MS 2002 [Repealed, 2004 c 144 s 9]

Subd. 5. **Denial, suspension, revocation; emergency medical responders and drivers.** (a) This subdivision applies to individuals seeking registration or registered as 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 director may deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual who the director 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 director 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 nolo contendere 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;

(12) makes a false statement or knowingly provides false information to the director, or fails to cooperate with an investigation of the director as required by section 144E.30; 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 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 director 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 director shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the director'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 director for reinstatement.

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, subdivision 6a. In addition to any other remedy provided by law, the director may temporarily suspend the registration of an individual after conducting a preliminary inquiry to determine whether the director believes that the individual has violated a statute or rule that the 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 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 director for the individual.

(d) At the time the director issues a temporary suspension order, the director shall schedule a hearing, to be held before a group of its members designated by the director, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the 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 director 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 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.

(g) If an individual requests a contested case hearing within 30 days after receiving notice under paragraph (f), the 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 director shall issue a final order within 30 days after receipt of the administrative law judge's report.

History: *1997 c 199 s 13; 1999 c 245 art 9 s 35,36; 2004 c 144 s 3,4; 2005 c 147 art 10 s 5; 2012 c 193 s 27-31; 2013 c 13 s 3,4; 2024 c 122 art 1 s 12,24; art 3 s 5-7; 2024 c 127 art 63 s 12,22; art 65 s 5-7*

144E.275 MEDICAL RESPONSE UNIT REGISTRATION.

Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

(a) "Medical response unit" means an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service. Medical response units may also provide CEMT services as permitted under subdivision 7.

(b) "Specialized medical response unit" means an organized service recognized by a director-approved authority other than a local political subdivision that responds to medical emergencies as needed or as required by local procedure or protocol.

Subd. 2. **Registration.** The director may establish registration for medical response units and specialized medical response units.

Subd. 3. **Medical response unit qualifications.** To be registered with the director, a medical response unit must:

(1) submit an application form prescribed by the director;

(2) have a medical director according to section 144E.265;

(3) be staffed by at least one emergency medical responder or one emergency medical technician, as appropriate to the level of care given;

(4) submit a letter from the appropriate municipality, township, or county governing body recognizing the medical response unit as the unit in its geographical area designated to respond to a medical emergency; and

(5) be dispatched to the scene of a medical emergency on a routine basis by a public safety answering point, as defined under section 403.02, subdivision 19, or an ambulance service.

Subd. 4. **Specialized medical response unit qualifications.** To be registered with the director, a specialized medical response unit must:

(1) meet the qualifications described in subdivision 3, clauses (1) to (3); and

(2) submit documentation from a director-approved authority other than a local political subdivision recognizing the specialized medical response unit as a unit designated to respond to medical emergencies as needed or required by local procedure or protocol.

Subd. 5. **Expiration.** The medical response unit registration expires two years from the date it is issued. The director may stagger expiration dates in order to be consistent with the provisions of Minnesota Rules, part 4690.7900.

Subd. 6. **Renewal.** The director may renew the registration of a medical response unit or specialized medical response unit upon:

(1) submission, before the registration expiration date, of a completed renewal application form as prescribed by the director;

(2) compliance with subdivision 3, clauses (2) to (5), for a medical response unit or compliance with subdivision 3, clauses (2) and (3), and subdivision 4, clause (2), for a specialized medical response unit; and

(3) the provision of any other information as requested by the director.

Subd. 7. **Community emergency medical technician.** (a) To be eligible for certification by the director as a CEMT, an individual shall:

(1) be currently certified as an EMT or AEMT;

(2) have two years of service as an EMT or AEMT;

(3) be a member of:

(i) a registered medical response unit as defined under this section; or

(ii) a basic life support ambulance service that meets the requirements of section 144E.101, subdivision 6;

(4) successfully complete a CEMT education program from a college or university that has been approved by the director or accredited by a director-approved national accrediting organization. The education must include clinical experience under the supervision of the medical response unit or ambulance service medical director, an advanced practice registered nurse, a physician assistant, or a public health nurse operating under the direct authority of a local unit of government;

(5) successfully complete an education program that includes education in providing culturally appropriate care; and

(6) complete a director-approved application form.

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit or ambulance service medical director in accordance with section 144E.265.

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit or ambulance service medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit or ambulance service medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section 144A.471, subdivisions 6 and 7, except a CEMT may provide verbal or visual reminders to the patient to:

(1) take a regularly scheduled medication, but not to provide or bring the patient medication; and

(2) follow regularly scheduled treatment or exercise plans.

History: *2002 c 310 s 1; 2012 c 193 s 32; 2015 c 71 art 9 s 9,10; 2016 c 88 s 3; 2019 c 42 s 2; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC.

Subdivision 1. **Requirements.** To be eligible for certification by the director as an EMT, AEMT, or paramedic, an individual shall:

(1) successfully complete the United States Department of Transportation course, or its equivalent as approved by the director, specific to the EMT, AEMT, or paramedic classification;

(2) pass the written and practical examinations approved by the director and administered by the director or their designee, specific to the EMT, AEMT, or paramedic classification; and

(3) complete a director-approved application form.

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 director may certify an individual who possesses a current National Registry of Emergency Medical Technicians certification from another jurisdiction if the individual submits a director-approved application form. The director certification classification shall be the same as the National Registry's classification. Certification shall be for the duration of the applicant's certification period in another jurisdiction, not to exceed two years.

Subd. 4. **Forms of disciplinary action.** When the director 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 director may deny certification or take any action authorized in subdivision 4 against an individual who the director determines:

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

(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, 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 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) 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;

(12) makes a false statement or knowingly provides false information to the director or fails to cooperate with an investigation of the director as required by section 144E.30; 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 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 director 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 director shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the 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 director for reinstatement.

Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law, the director may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine whether the director believes that the individual has violated a statute or rule that the 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 director for the individual.

(d) At the time the director issues a temporary suspension order, the director shall schedule a hearing that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the 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 director 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 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.

(g) If an individual requests a contested case hearing within 30 days of receiving notice under paragraph (f), the 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 director 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 director or the licensee's medical director;

(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 EMS Education Standards or its equivalent as approved by the director or as approved by the licensee's medical director and pass a practical skills test approved by the director and administered by an education program approved by the director. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; and

(3) complete a director-approved application form.

(b) Before the expiration date of certification, an applicant for renewal of certification as an AEMT or paramedic shall:

(1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that is approved by the director or the licensee's medical director and for a paramedic, successfully complete a course in advanced cardiac life support that is approved by the director or the licensee's medical director;

(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's AEMT or paramedic certification, that are consistent with the

United States Department of Transportation National EMS Education Standards or its equivalent as approved by the director or as approved by the licensee's medical 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 director, 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, the cardiopulmonary resuscitation course, and the advanced cardiac life-support course counts toward the 48-hour continuing education requirement; and

(3) complete a director-approved application form.

(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:

(1) evidence to the director of training equivalent to the continuing education requirements of subdivision 7 or, for community paramedics, evidence to the director of training equivalent to the continuing education requirements of subdivision 9, paragraph (c); and

(2) a director-approved application form.

(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.

Subd. 9. **Community paramedics.** (a) To be eligible for certification by the director as a community paramedic, an individual shall:

(1) be currently certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent;

(2) successfully complete a community paramedic education program from a college or university that has been approved by the director or accredited by a director-approved national accreditation organization. The education program must include clinical experience that is provided under the supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government; and

(3) complete a director-approved application form.

(b) A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service medical director in accordance with section 144E.265. A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the ambulance service medical director and relevant local health care providers. The care plan must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(c) A community paramedic is subject to all certification, disciplinary, complaint, renewal, and other regulatory requirements that apply to paramedics under this chapter. In addition to the renewal requirements

in subdivision 7, a community paramedic must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director.

History: *1999 c 245 art 9 s 37; 2000 c 313 s 2,3; 2005 c 147 art 10 s 6-9; 2011 c 12 s 2; 2012 c 193 s 33-36; 2013 c 18 s 1; 2024 c 122 art 1 s 13,14,24; art 3 s 8,9; 2024 c 127 art 63 s 13,14,22; art 65 s 8,9; 2025 c 20 s 122; 2026 c 88 art 1 s 64*

144E.283 INSTRUCTOR QUALIFICATIONS.

(a) An emergency medical technician instructor must:

(1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician 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 education program approved by the director;

(4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the director; and

(5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.

(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

History: *1999 c 245 art 9 s 38; 2012 c 193 s 37,49; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.285 EDUCATION PROGRAMS.

Subdivision 1. **Approval required.** (a) All education programs for an EMR, EMT, AEMT, or paramedic must be approved by the director.

(b) To be approved by the director, an education program must:

(1) submit an application prescribed by the director that includes:

(i) type of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the director applicable to EMR, EMT, AEMT, or paramedic education;

(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 education program coordinator or medical director;

(5) retain documentation of program approval by the director, course outline, and student information;

(6) notify the director of the starting date of a course prior to the beginning of a course; and

(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 Department of Transportation specify the minimum requirements for knowledge and skills for emergency medical responders. An education program applying for approval to teach EMRs must comply with the requirements under subdivision 1, paragraph (b). A medical director of an emergency medical responder group may establish additional knowledge and skill requirements for EMRs.

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 director 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 director. An education program not meeting this standard must be placed on probation and must comply with a performance improvement plan approved by the director 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 director. If an education program that is on probation status fails to meet the pass-rate standard after two years in which an EMT initial course has been taught, the director may take disciplinary action under subdivision 5.

Subd. 2. **AEMT and paramedic education program requirements.** (a) 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);

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

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

(b) An AEMT and paramedic education 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 director 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 director immediately and provisional approval shall be withdrawn.

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

Subd. 4. **Reapproval.** An education program shall apply to the director for reapproval at least 30 days prior to the expiration date of its approval and must:

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

(2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to (7);

(3) be subject to a site visit by the director;

(4) for education programs that teach EMRs, comply with the requirements in subdivision 1a;

(5) for education programs that teach EMTs, comply with the requirements in subdivision 1b; and

(6) for education programs that teach AEMTs and paramedics, comply with the requirements in subdivision 2 and maintain accreditation with CAAHEP.

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

(b) Before taking action under paragraph (a), the director shall give notice to an education program of the right to a contested case hearing under chapter 14. If an education program requests a contested case hearing within 30 days after receiving notice, the director 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 director shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the director's decision to deny, revoke, place conditions on, or refuse approval of an education program for disciplinary action, the education program shall have the opportunity to apply to the director for reapproval.

Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law, the director may temporarily suspend approval of the education program after conducting a preliminary inquiry to determine whether the director believes that the education program has violated a statute or rule that the 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.

(c) 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 director for the education program.

(d) At the time the director issues a temporary suspension order, the director shall schedule a hearing that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the 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 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 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.

(g) If an education program requests a contested case hearing within 30 days of receiving notice under paragraph (f), the 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 director shall issue a final order within 30 days after receipt of the administrative law judge's report.

Subd. 7. **Audit.** The director may audit education programs approved by the director. 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; 2000 c 313 s 4,5; 2001 c 74 s 2; 2006 c 177 s 1; 2012 c 193 s 38; 2013 c 13 s 5,6; 2016 c 158 art 1 s 63; 2024 c 122 art 1 s 15,24; art 3 s 10-14; 2024 c 127 art 63 s 15,22; art 65 s 10-14*

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

Subdivision 1. MS 2002 [Repealed, 2004 c 144 s 9]

Subd. 2. MS 2002 [Repealed, 2004 c 144 s 9]

Subd. 3. **Examiner qualifications.** An examiner testing EMT, AEMT, or paramedic practical skills must be certified at or above the level the examiner is testing or must be a registered nurse, physician, or physician assistant familiar with current out-of-hospital care. A physician must be available to answer questions relating to the evaluation of skill performance at the AEMT and paramedic practical examination.

History: *1999 c 245 art 9 s 40; 2004 c 144 s 5; 2012 c 193 s 39*

DIVERSION PROGRAMS

144E.287 DIVERSION PROGRAM.

The director shall either conduct a health professionals services program or contract for a diversion program for professionals regulated 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.

History: *2000 c 284 s 1; 2024 c 122 art 1 s 16; 2024 c 127 art 63 s 16*

FEES

144E.29 FEES.

(a) The director 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 $4 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 an education program, $100; and

(4) duplicate of an original license, certification, or approval, $25.

(b) With the exception of paragraph (a), clause (4), all fees are for a two-year period. All fees are nonrefundable.

(c) Fees collected by the director shall be deposited as nondedicated receipts in the general fund.

History: *1999 c 245 art 9 s 41; 2000 c 313 s 6; 2000 c 479 art 2 s 2; 2012 c 193 s 40; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

PENALTIES; REVIEW

144E.30 COOPERATION; DIRECTOR POWERS.

Subdivision 1. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 2. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

Subd. 3. **Cooperation during investigation.** A licensee, person credentialed by the director, education program approved by the director, or agent of one who is the subject of an investigation or who is questioned in connection with an investigation by or on behalf of the director shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the director relating to the subject of the investigation, executing all releases requested by the director, providing copies of ambulance service records, as reasonably requested by the director to assist in their investigation, and appearing at conferences or hearings scheduled by the director. The director shall pay reasonable costs for copies requested.

Subd. 4. **Injunctive relief.** In addition to any other remedy provided by law, the director may bring an action for injunctive relief in the district court in Hennepin County or, at the director's discretion, in the district court in the county in which a violation of any statute, rule, or order that the director is empowered to enforce or issue, has occurred, to enjoin the violation.

Subd. 5. **Subpoena power.** The director may, as part of an investigation to determine whether a serious public health threat exists, issue subpoenas to require the attendance and testimony of witnesses and production

of books, records, correspondence, and other information relevant to any matter involved in the investigation. The director or the director's designee may administer oaths to witnesses or take their affirmation. The subpoenas may be served upon any person named therein anywhere in the state by any person authorized to serve subpoenas or other processes in civil actions of the district courts. If a person to whom a subpoena is issued does not comply with the subpoena, the director may apply to the district court in any district and the court shall order the person to comply with the subpoena. Failure to obey the order of the court may be punished by the court as contempt of court. No person may be compelled to disclose privileged information as described in section 595.02, subdivision 1. All information pertaining to individual medical records obtained under this section shall be considered health data under section 13.3805, subdivision 1. All other information is considered public data unless otherwise protected under the Minnesota Data Practices Act or other specific law. The fees for the service of a subpoena must be paid in the same manner as prescribed by law for service of process used out of a district court. Subpoenaed witnesses must receive the same fees and mileage as in civil actions.

Subd. 6. MS 1998 [Repealed, 1999 c 245 art 9 s 66]

History: *1997 c 199 s 12; 1999 c 227 s 22; 2012 c 193 s 41; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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 5, may report the alleged violation to the director.

Subd. 2. **Mandatory reporting.** (a) A licensee shall report to the director conduct by an emergency medical responder, EMT, AEMT, or paramedic that they reasonably believe constitutes grounds for disciplinary action under section 144E.27, subdivision 5, or 144E.28, subdivision 5. The licensee shall report to the director within 60 days of obtaining verifiable knowledge of the conduct constituting grounds for disciplinary action.

(b) A licensee shall report to the director any dismissal from employment of an emergency medical responder, EMT, AEMT, or paramedic. A licensee shall report the resignation of an emergency medical responder, EMT, AEMT, or paramedic before the conclusion of any disciplinary proceeding or before commencement of formal charges but after the emergency medical responder, EMT, AEMT, or paramedic has knowledge that formal charges are contemplated or in preparation. The licensee shall report to the director within 60 days of the resignation or initial determination to dismiss. An individual's exercise of rights under a collective bargaining agreement does not extend the licensee's time period for reporting under this subdivision.

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

(b) The director, persons employed by the 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 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.

History: *1999 c 245 art 9 s 42; 2000 c 313 s 7,8; 2004 c 144 s 6; 2012 c 193 s 42; 2024 c 122 art 1 s 17,24; 2024 c 127 art 63 s 17,22*

144E.31 CORRECTION ORDER AND FINES.

Subdivision 1. **Correction order.** (a) If the director finds that a licensee or education 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 director may issue a correction order to the licensee or education 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 education program believes that the contents of the director's correction order are in error, the licensee or education program may ask the director 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 director's disposition of a request for reconsideration is final and not subject to appeal under chapter 14.

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

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

(d) A licensee or education program shall pay the fine assessed on or before the payment date specified in the director's order. If a licensee or education program fails to fully comply with the order, the director 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 director shall be deposited as nondedicated receipts in the general fund.

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

History: *1999 c 245 art 9 s 43; 2000 c 479 art 2 s 3; 2012 c 193 s 43; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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 emergency medical responder performance data for ambulance services licensed under section 144E.10 or 144E.12 or emergency medical responders registered under section 144E.27, for the purposes specified under section 145.61, subdivision 5.

History: *1999 c 84 s 1; 2012 c 193 s 44*

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 AMBULANCE SERVICES FOR EDUCATION COSTS.

Subdivision 1. **Reimbursement for education costs; ambulance service eligibility.** (a) Except as provided in subdivision 3, the director must reimburse all eligible Minnesota licensed ambulance services that apply for reimbursement under this section for the necessary expenses of initial EMR and EMT education and EMR and EMT continuing education for ambulance attendants who satisfy the criteria in subdivision

2. Reimbursement may include tuition, transportation, food, lodging, hourly payment for the time spent in the education course, and other necessary expenditures, except that in no instance shall a licensed ambulance service be reimbursed more than:

(1) $1,200 for an ambulance attendant's successful completion of an initial EMT education course;

(2) $400 for an ambulance attendant's successful completion of an EMT continuing education course;

(3) $600 for an ambulance attendant's successful completion of an initial EMR education course; and

(4) $200 for an ambulance attendant's successful completion of an EMR continuing education course.

(b) To be eligible for reimbursement, a licensed ambulance service must have responded to 5,000 or fewer calls in the most recent calendar year.

Subd. 2. **Ambulance attendant criteria.** Reimbursement must be paid under this section when documentation is provided to the director that the ambulance attendant:

(1) successfully completed an initial EMR or EMT education course approved by the director under section 144E.285, a continuing education course for EMR or EMT care approved by the director under section 144E.285, or both; and

(2) has served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulance service.

Subd. 3. **Discontinuance of reimbursement.** If the state is unable to meet its financial obligations under subdivision 1 as the obligations become due, the director must discontinue reimbursing ambulance services for education costs until the state is again able to meet the financial obligations under subdivision 1 as the obligations become due. An ambulance service whose application is not approved due to lack of funding may resubmit the application in the next fiscal year.

History: *1977 c 305 s 45; 1977 c 427 s 1; 1979 c 316 s 9; 1986 c 444; 1987 c 209 s 39; 1989 c 134 s 11; 1990 c 568 art 2 s 14; 1Sp1993 c 1 art 9 s 23; 1995 c 207 art 9 s 16; 1997 c 199 s 14; 1999 c 8 s 2; 1999 c 245 art 9 s 65; 2007 c 147 art 16 s 13; 2012 c 193 s 45; 2023 c 70 art 6 s 7; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22; 1Sp2025 c 3 art 5 s 1*

144E.37 MS 2008 [Renumbered 144.6062]

PERSONNEL LONGEVITY AWARD AND INCENTIVE PROGRAM

144E.40 COOPER/SAMS VOLUNTEER AMBULANCE PROGRAM.

Subdivision 1. **Establishment.** The Cooper/Sams volunteer ambulance program is established. The program is intended to recognize the service rendered to state and local government and the citizens of Minnesota by qualified ambulance service personnel, and to reward qualified ambulance service personnel for significant contributions to state and local government and to the public. The purpose of the Cooper/Sams volunteer ambulance trust is to accumulate resources to allow for the payment of longevity awards to qualified ambulance service personnel upon the completion of a substantial ambulance service career.

Subd. 2. **Administration.** (a) Unless paragraph (c) applies, consistent with the responsibilities of the State Board of Investment and the various ambulance services, the Cooper/Sams volunteer ambulance program must be administered by the director. The administrative responsibilities of the director for the program relate solely to the record keeping, award application, and award payment functions. The State

Board of Investment is responsible for the investment of the Cooper/Sams volunteer ambulance trust. The applicable ambulance service is responsible for determining, consistent with this chapter, who is a qualified ambulance service person, what constitutes a year of credited ambulance service, what constitutes sufficient documentation of a year of prior service, and for submission of all necessary data to the director in a manner consistent with this chapter. Determinations of an ambulance service are final.

(b) The director may administer its assigned responsibilities regarding the program directly or may retain a qualified governmental or nongovernmental plan administrator under contract to administer those responsibilities regarding the program. A contract with a qualified plan administrator must be the result of an open competitive bidding process and must be reopened for competitive bidding at least once during every five-year period after July 1, 1993.

(c) The commissioner of management and budget shall review the options within state government for the most appropriate administration of pension plans or similar arrangements for emergency service personnel and recommend to the governor the most appropriate future pension plan or nonpension plan administrative arrangement for this chapter. If the governor concurs in the recommendation, the governor shall transfer the future administrative responsibilities relating to this chapter to that administrative agency.

History: *1Sp1993 c 1 art 9 s 54; 1995 c 207 art 9 s 23; 1997 c 199 s 14; 2007 c 11 s 1; 2009 c 101 art 2 s 68; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

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

(a) Persons eligible to participate in the Cooper/Sams volunteer ambulance 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 363A;

(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;

(3) current certification of the person during the 12 months ending as of the immediately previous June 30 by the director 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; 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 $6,000 for calendar year 2004, and $6,000 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, 2004, 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) 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.

(e) Verification of the person's performance and certification for the 12 months immediately preceding June 30 as required in paragraph (b), clauses (2) and (3), must be reported annually to the director by August 1 in a notarized affidavit from the chief administrative officer of the ambulance service. Affidavits verifying service submitted to the director after August 1 shall not be considered as credited ambulance service for purposes of section 144E.46, unless specifically authorized by law.

History: *1Sp1993 c 1 art 9 s 55; 1997 c 199 s 14; 1999 c 8 s 3; 1999 c 245 art 9 s 65; 2003 c 2 art 1 s 17; 2004 c 144 s 7; 2007 c 11 s 1; 2012 c 193 s 46; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.42 COOPER/SAMS VOLUNTEER AMBULANCE TRUST; TRUST ACCOUNT.

Subdivision 1. **Trust.** There is established the Cooper/Sams volunteer ambulance trust.

Subd. 2. **Trust account.** (a) There is established in the general fund the Cooper/Sams volunteer ambulance trust account and the Cooper/Sams volunteer ambulance award and account.

(b) The trust account must be credited with:

(1) general fund appropriations for that purpose;

(2) transfers from the Cooper/Sams volunteer ambulance award and account; and

(3) investment earnings on those accumulated proceeds. The assets and income of the trust account must be held and managed by the commissioner of management and budget and the State Board of Investment for the benefit of the state of Minnesota and its general creditors.

(c) The Cooper/Sams volunteer ambulance account must be credited with transfers from the excess police state-aid holding account established in section 477C.03, subdivision 4, any per-year-of-service allocation under section 144E.45, subdivision 2, paragraph (c), that was not made for an individual, and investment earnings on those accumulated proceeds. The Cooper/Sams volunteer ambulance account must be managed by the commissioner of management and budget and the State Board of Investment. From the Cooper/Sams volunteer ambulance account to the trust account there must be transferred to the Cooper/Sams volunteer ambulance trust account, as the Cooper/Sams volunteer ambulance account balance permits, the following amounts:

(1) an amount equal to any general fund appropriation to the Cooper/Sams volunteer ambulance trust account for that fiscal year; and

(2) an amount equal to the percentage of the remaining balance in the account after the deduction of the amount under clause (1), as specified for the applicable fiscal year:

Fiscal year	Percentage
1995	20
1996	40
1997	50

1998	60
1999	70
2000	80
2001	90
2002 and thereafter	100

Subd. 3. **Priority of claims.** The state of Minnesota intends that this program, trust, and trust account not constitute a separate fund for any legal purpose, including the federal Internal Revenue Code, as amended, and the federal Employee Retirement Income Security Act of 1974, as amended. Qualified ambulance service personnel have only an unsecured promise of the state of Minnesota to pay a longevity award upon meeting entitlement requirements set forth in section 144E.46, and qualified ambulance service personnel meeting those entitlement requirements have the status of general unsecured creditors with respect to the Cooper/Sams volunteer ambulance award, if and when awarded.

History: *1Sp1993 c 1 art 9 s 56; 1994 c 632 art 3 s 50; 1996 c 390 s 31; 1997 c 199 s 14; 2007 c 11 s 1; 2009 c 101 art 2 s 109; 1Sp2019 c 6 art 22 s 2*

144E.43 DISTRIBUTIONS FROM ACCOUNT.

Subdivision 1. **Award payments.** (a) The director or the director's designee under section 144E.40, subdivision 2, shall pay Cooper/Sams volunteer ambulance awards to qualified ambulance service personnel determined to be entitled to an award under section 144E.46 by the director based on the submissions by the various ambulance services. Amounts necessary to pay the Cooper/Sams volunteer ambulance award are appropriated from the Cooper/Sams volunteer ambulance trust account to the director.

(b) If the state of Minnesota is unable to meet its financial obligations as they become due, the director shall undertake all necessary steps to discontinue paying Cooper/Sams volunteer ambulance awards until the state of Minnesota is again able to meet its financial obligations as they become due.

Subd. 2. **General creditors of the state.** The trust account is at all times subject to a levy under an execution of any general creditor of the state of Minnesota, and if no other funds are available to satisfy that levy, the levy has priority for payment from the trust account before any Cooper/Sams volunteer ambulance award.

History: *1Sp1993 c 1 art 9 s 57; 1995 c 207 art 9 s 24; 1997 c 199 s 14; 2002 c 379 art 1 s 50; 2007 c 11 s 1; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.44 TRUST ACCOUNT INVESTMENT.

The trust account must be invested by the State Board of Investment in nonretirement funds established under the provisions of section 11A.14. The trust account must be invested in investment accounts so that the asset allocation is similar to the asset allocation of the income share account of the Minnesota supplemental investment fund, as governed by section 11A.17.

History: *1Sp1993 c 1 art 9 s 58; 1996 c 438 art 5 s 1; 1997 c 199 s 14*

144E.45 CREDITING QUALIFIED AMBULANCE PERSONNEL SERVICE.

Subdivision 1. **Separate record keeping.** The director or the director's designee under section 144E.40, subdivision 2, shall maintain a separate record of potential award accumulations for each qualified ambulance service person under subdivision 2.

Subd. 2. **Potential allocations.** (a) On November 1, annually, the director or the director's designee under section 144E.40, subdivision 2, shall determine the amount of the allocation of the prior year's accumulation to each qualified ambulance service person. The prior year's net investment gain or loss under paragraph (b) must be allocated and that year's general fund appropriation, plus any transfer from the Cooper/Sams volunteer ambulance account under section 144E.42, subdivision 2, and after deduction of administrative expenses, also must be allocated.

(b) The difference in the market value of the assets of the Cooper/Sams volunteer ambulance trust account as of the immediately previous June 30 and the June 30 occurring 12 months earlier must be reported on or before August 15 by the State Board of Investment. The market value gain or loss must be expressed as a percentage of the total potential award accumulations as of the immediately previous June 30, and that positive or negative percentage must be applied to increase or decrease the recorded potential award accumulation of each qualified ambulance service person.

(c) The appropriation for this purpose, after deduction of administrative expenses, must be divided by the total number of additional ambulance service personnel years of service recognized since the last allocation or 1,000 years of service, whichever is greater. If the allocation is based on the 1,000 years of service, any allocation not made for a qualified ambulance service person must be credited to the Cooper/Sams volunteer ambulance account under section 144E.42, subdivision 2. A qualified ambulance service person must be credited with a year of service if the person is certified by the chief administrative officer of the ambulance service as having rendered active ambulance service during the 12 months ending as of the immediately previous June 30. If the person has rendered prior active ambulance service, the person must be additionally credited with one-fifth of a year of service for each year of active ambulance service rendered before June 30, 1993, but not to exceed in any year one additional year of service or to exceed in total five years of prior service. Prior active ambulance service means employment by or the provision of service to a licensed ambulance service before June 30, 1993, as determined by the person's current ambulance service based on records provided by the person that were contemporaneous to the service. The prior ambulance service must be reported on or before August 1 to the director in an affidavit from the chief administrative officer of the ambulance service.

(d) Effective July 1, 2008, notwithstanding paragraphs (a) to (c), the value of each service credit shall be $447.19.

History: *1Sp1993 c 1 art 9 s 59; 1994 c 632 art 3 s 51; 1995 c 207 art 9 s 25; 1996 c 438 art 5 s 2; 1997 c 199 s 14; 2007 c 11 s 1; 2008 c 363 art 17 s 3; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.46 COOPER/SAMS VOLUNTEER AMBULANCE AWARD.

(a) A qualified ambulance service person who has terminated active ambulance service, who has at least five years of credited ambulance service, who is at least 50 years old, and who is among the 400 persons with the greatest amount of credited ambulance service applying for a longevity award during that year, is entitled, upon application, to a Cooper/Sams volunteer ambulance award. An applicant whose application is not approved because of the limit on the number of annual awards may apply in a subsequent year.

(b) If a qualified ambulance service person who meets the service requirements specified in paragraph (a) dies before applying for a longevity award, the estate of the decedent is entitled, upon application, to the decedent's Cooper/Sams volunteer ambulance award, without reference to the limit on the number of annual awards.

(c) A Cooper/Sams volunteer ambulance award is the total amount of the person's accumulations indicated in the person's separate record under section 144E.45 as of November 1 in the calendar year in which application is made. The amount is payable only in a lump sum.

(d) Applications for a Cooper/Sams volunteer ambulance award must be received by the director or the director's designee under section 144E.40, subdivision 2, by October 1, annually. Cooper/Sams volunteer ambulance awards are payable only as of the last business day in December annually.

History: *1Sp1993 c 1 art 9 s 60; 1995 c 207 art 9 s 26; 1996 c 438 art 5 s 3; 1997 c 199 s 14; 2004 c 144 s 8; 2007 c 11 s 1; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.47 EFFECT OF CHANGES.

Subdivision 1. **Modifications.** The Cooper/Sams volunteer ambulance program is a gratuity established by the state of Minnesota and may be modified by subsequent legislative enactment at any time without creating any cause of action for any ambulance service personnel related to the program as a result. No provision of Laws 1993, First Special Session chapter 1, and no subsequent amendment may be interpreted as causing or resulting in the program to be funded for federal Internal Revenue Code or federal Employee Retirement Income Security Act of 1974 purposes, or as causing or resulting in any contributions to or investment income earned by the Cooper/Sams volunteer ambulance trust account to be subject to federal income tax to ambulance service personnel or their beneficiaries before actual receipt of a longevity award under section 144E.46.

Subd. 2. **Nonassignability.** No entitlement or claim of a qualified ambulance service person or the person's beneficiary to a Cooper/Sams volunteer ambulance award is assignable, or subject to garnishment, attachment, execution, levy, or legal process of any kind, except as provided in section 518.58, 518.581, or 518A.53. The director may not recognize any attempted transfer, assignment, or pledge of a Cooper/Sams volunteer ambulance award.

Subd. 3. **Public employee status.** Recognizing the important public function performed by ambulance service personnel, only for purposes of Laws 1993, First Special Session chapter 1, and the receipt of a state sponsored gratuity in the form of a Cooper/Sams volunteer ambulance award, all qualified ambulance service personnel are considered to be public employees.

History: *1Sp1993 c 1 art 9 s 61; 1995 c 207 art 9 s 27; 1997 c 199 s 14; 1997 c 203 art 6 s 92; 2005 c 164 s 29; 1Sp2005 c 7 s 28; 2007 c 11 s 1; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.48 SCOPE OF ADMINISTRATIVE DUTIES.

For purposes of administering the award and incentive program, the director cannot hear appeals, direct ambulance services to take any specific actions, investigate or take action on individual complaints, or otherwise act on information beyond that submitted by the licensed ambulance services.

History: *1Sp1993 c 1 art 9 s 62; 1995 c 207 art 9 s 28; 1997 c 199 s 14; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

EMERGENCY MEDICAL SERVICES FUND

144E.50 EMERGENCY MEDICAL SERVICES FUND.

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

Subd. 2. **Establishment and purpose.** In order to develop, maintain, and improve regional emergency medical services systems, the director shall establish an emergency medical services system fund. The fund shall be used for the general purposes of promoting systematic, cost-effective delivery of emergency medical care throughout the state; identifying common local, regional, and state emergency medical system needs and providing assistance in addressing those needs; providing discretionary grants for emergency medical service projects with potential regionwide significance; providing for public education about emergency medical care; promoting the exchange of emergency medical care information; ensuring the ongoing coordination of regional emergency medical services systems; and establishing and maintaining training standards to ensure consistent quality of emergency medical services throughout the state.

Subd. 3. MS 2022 [Repealed, 2024 c 122 art 1 s 25; 2024 c 127 art 63 s 23]

Subd. 4. **Use and restrictions.** Designated regional emergency medical services systems may use emergency medical services system funds to support local and regional emergency medical services as determined within the region, with particular emphasis given to supporting and improving emergency trauma and cardiac care and training. No part of a region's share of the fund may be used to directly subsidize any ambulance service operations or rescue service operations or to purchase any vehicles or parts of vehicles for an ambulance service or a rescue service.

Subd. 5. **Distribution.** Money from the fund shall be distributed according to this subdivision. Ninety-five percent of the fund shall be distributed annually on a contract for services basis with each of the eight regional emergency medical services systems designated by the director. The systems shall be governed by a body consisting of appointed representatives from each of the counties in that region and shall also include representatives from emergency medical services organizations. The director shall contract with a regional entity only if the contract proposal satisfactorily addresses proposed emergency medical services activities in the following areas: personnel training, transportation coordination, public safety agency cooperation, communications systems maintenance and development, public involvement, health care facilities involvement, and system management. If each of the regional emergency medical services systems submits a satisfactory contract proposal, then this part of the fund shall be distributed evenly among the regions. If one or more of the regions does not contract for the full amount of its even share or if its proposal is unsatisfactory, then the director may reallocate the unused funds to the remaining regions on a pro rata basis. Five percent of the fund shall be used by the director to support regionwide reporting systems and to provide other regional administration and technical assistance.

Subd. 6. **Audits.** (a) Each regional emergency medical services board designated by the director shall be audited either annually or 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) A biennial audit specified in paragraph (a) shall be performed 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 with the director, the legislative auditor, and the state auditor.

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

(d) If the audit is not conducted as required in paragraph (a) or copies filed as required in paragraph (b) or (c), or if the audit determines that funds were not spent in accordance with this chapter, the director 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 up to 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.

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

History: *1Sp1985 c 9 art 2 s 13; 1987 c 209 s 39; 1992 c 549 art 5 s 14; 1995 c 207 art 9 s 17; 1996 c 324 s 1; 1997 c 199 s 14; 1999 c 245 art 9 s 46; 2000 c 313 s 9; 1Sp2003 c 14 art 7 s 44; 2016 c 88 s 4; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22; 2025 c 20 s 123*

REGIONAL FUNDING

144E.52 FUNDING FOR EMERGENCY MEDICAL SERVICES REGIONS.

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

History: *1990 c 568 art 2 s 15; 1995 c 207 art 9 s 18; 1997 c 199 s 14; 2012 c 193 s 47; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.53 MEDICAL RESOURCE COMMUNICATION CENTER GRANTS.

The director shall distribute medical resource communication center grants annually to the two medical resource communication centers that were in operation in the state prior to January 1, 2000.

History: *2023 c 70 art 6 s 8; 2024 c 122 art 1 s 24; 2024 c 127 art 63 s 22*

144E.55 RURAL EMS UNCOMPENSATED CARE POOL PAYMENT PROGRAM.

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

(b) "Eligible licensee" means a licensee that primarily provides ambulance services outside the metropolitan counties listed in section 473.121, subdivision 4.

(c) "Public safety answering point" has the meaning given in section 403.02, subdivision 19.

Subd. 2. **Payment program established.** The director must establish and administer a rural EMS uncompensated care pool payment program. Under the program, the director must make payments to eligible licensees according to this section.

Subd. 3. **Excluded responses.** The director must exclude EMS responses by specialized life support, as described in section 144E.101, subdivision 9, in calculating payments under this section.

Subd. 4. **Application process.** (a) An eligible licensee seeking a payment under this section must apply to the director each year by March 31, in the form and manner determined by the director. In the application, the eligible licensee must specify the number of the eligible licensee's EMS responses that meet the criteria in subdivision 5.

(b) When an eligible licensee, an eligible licensee's parent company, a subsidiary of an eligible licensee, or a subsidiary of an eligible licensee's parent company collectively hold multiple licenses, the director must treat all such related licensees as a single eligible licensee.

Subd. 5. **Eligible EMS responses.** In order for an EMS response to be an eligible EMS response for purposes of subdivision 6, the EMS response must meet the following criteria:

(1) the EMS response was initiated by a request for emergency medical services initially received by a public safety answering point;

(2) an ambulance responded to the scene;

(3) the ambulance was not canceled while en route to the scene;

(4) the ambulance did not transport a person from the scene to a hospital emergency department;

(5) the eligible licensee did not receive any payment for the EMS response from any source; and

(6) the EMS response was initiated between January 1 and December 31 of the year prior to the year the application is submitted.

Subd. 6. **Calculations.** (a) The director must calculate payments as provided in paragraphs (b) and (c) for an eligible licensee that completes an application under subdivision 4.

(b) The director must award points for eligible EMS responses as follows:

(1) for eligible EMS responses one to 25, an eligible licensee is awarded ten points per response;

(2) for eligible EMS responses 26 to 50, an eligible licensee is awarded five points per response;

(3) for eligible EMS responses 51 to 100, an eligible licensee is awarded three points per response;

(4) for eligible EMS responses 101 to 200, an eligible licensee is awarded one point per response; and

(5) for eligible EMS responses exceeding 200, an eligible licensee is awarded zero points.

(c) The director must total the number of all points awarded to all applying eligible licensees under paragraph (b). The director must divide the amount appropriated for purposes of this section by the total number of points awarded to determine a per-point amount. The payment for each eligible licensee shall be calculated by multiplying the eligible licensee's number of awarded points by the established per-point amount.

Subd. 7. **Payment.** The director must certify the payment amount for each eligible licensee and must make the full payment to each eligible licensee by May 30 each year.

History: *1Sp2025 c 3 art 5 s 2*