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Agency Purpose

Minnesota Statutes 144E.001-144E.52 designate the Emergency Medical Services Regulatory Board (EMSRB) as the lead agency for emergency medical services (EMS) in the state. Its mission is to *provide leadership which optimizes the quality of emergency medical care for the people of Minnesota – in collaboration with its communities – through policy development, regulation, system design, education and medical direction.*

The EMSRB was created in 1995 legislation and began operations on July 1, 1996. It was one of the first such independent EMS agencies in the nation and has served as a model for other states. Before its existence, EMS functions in Minnesota had been carried out in the Department of Health's EMS Section, dating to the 1960s when EMS was emerging here and nationally as a distinct public health component. The agency is governed by a 19-member board. Fifteen of those members are appointed by the governor from a variety of disciplines and areas comprising the EMS system. Additional members are a senator and a representative (both ex-officio) and the commissioners of Health and Public Safety.

The EMSRB also serves as the administering agency for the Health Professionals Services Program (HPSP), a program initiated and shared by the health licensing boards. M.S. 214.31 to 214.37 charge (HPSP) with the responsibility to *protect the public from persons regulated by the [15 health-licensing] boards [and the EMSRB and Department of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.*

Core Functions

The core functions of the Emergency Medical Services Regulatory Board (EMSRB) stem from its purpose -- to ensure the public has access to safe and reliable pre-hospital emergency medical care. By licensing ambulance services and individual EMS personnel, and by investigating complaints against EMS providers, the EMSRB assures a minimum standard in EMS is available to the people of Minnesota. Through its grant programs, the EMSRB provides support to the ambulance services that rely on volunteers and to areas of the state where the demographics require additional resources to ensure access to ambulance response.

HPSP provides intake and assessment services to health professionals to determine whether they have an illness that could impact their ability to practice safely. When monitoring is deemed appropriate, HPSP develops monitoring plans that include illness and practice specific conditions. A plan may include the individual's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation. Health professionals who comply with monitoring and demonstrate appropriate management of their illness may complete monitoring after an average of three years. Health professionals who do not comply with monitoring are reported to their licensing board for further action.

Operations

- ◆ Investigates complaints from the public and EMS providers about ambulance services, EMS training programs and EMS personnel, taking action as necessary to protect the public from unsafe EMS practice.
- ◆ Inspects licensed ambulance services biannually, ensuring safe and reliable ambulance service statewide.
- ◆ Provides funding for Comprehensive Advanced Life Support (CALS) courses that teach advanced emergency care skills to rural doctors, nurses and emergency room personnel.
- ◆ Administers federal funding for the Minnesota EMS for Children (EMSC) Resource Center which provides information and training on pediatric emergency care and child safety.
- ◆ Reimburses volunteer ambulance services for a portion of expenses associated with initial training and continuing education for approximately 1,400 volunteer EMS personnel.

At A Glance

- ◆ Minnesota's ambulance services (≈300) are licensed and inspected biannually.
- ◆ 30,000 EMS Personnel (EMTs, Paramedics and First Responders) are licensed biannually.
- ◆ 100 complaints are investigated annually with action taken as needed to ensure the safety and health of the public.
- ◆ HPSP monitors more than 500 health professionals with potentially impairing illnesses for 17 health boards and state agencies to ensure the public is protected.

- ◆ Administers MNSTAR (Minnesota State Ambulance Reporting) a web-based, statewide system for collecting data from licensed ambulance services on approximately 450,000 ambulance runs annually. Implemented in April 2003, MNSTAR provides objective reports for improving EMS delivery (care/efficiency) in Minnesota.
- ◆ Administers the EMS Personnel Longevity Award and Incentive Program that provides one-time cash awards to qualifying volunteer EMS personnel upon retirement.
- ◆ Performs (through HPSP) assessment services to determine if monitoring health professionals is required.
- ◆ Creates (through HPSP) contracts for health professionals and monitors their compliance with the contracts (e.g., review drug screens, treatment provider and work site reports).

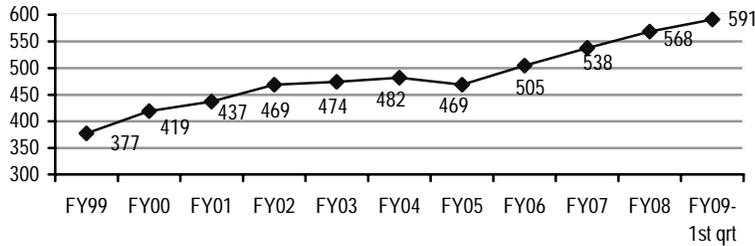
Key Goals:

- ◆ MNSTAR (Minnesota State Ambulance Reporting) is a web-based system available to all Minnesota ambulance services for tracking and reporting ambulance responses statewide. Enhancement of the system will continue to improve state-wide EMS through decisions made by data driven information. Data should be collected at the local, regional, and national level for EMS system improvement in many "cross-walks".
- ◆ The EMSRB has been selected by the Office of Enterprise Technology to pilot the development of a new electronic licensing system. As part of the Drive to Excellence, the E-Licensing project has a final goal of provision of a state-wide online licensing system that can be easily accessed by customers.
- ◆ The goals of HPSP are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised. This is consistent with the *Minnesota Milestone*, which states: "Minnesotans will be healthy."

Key Measures

- ◆ MNSTAR (Minnesota State Ambulance Reporting) is a web-based system available to all Minnesota ambulance services for tracking and reporting ambulance responses statewide. 100% of ambulance services currently use the system.
- ◆ E-Licensing project is completed for EMSRB within the next year and customers are educated in its use. This project is in concord with the OET and the Drive To Excellence and will be available to 100% (over 30,000) of customers.
- ◆ Licenses and regulates approximately 300 (0% change) ambulance services.
- ◆ Investigates approximately 100 complaints per year (number has remained static over the past 2 fiscal years).
- ◆ Certifies more than 30,000 (2% increase from FY2007) EMS personnel after they have completed the required training and testing.
- ◆ Approves approximately 140 (0% change) training programs that conduct training courses for EMS personnel.
- ◆ Designates and funds eight organizations that provide EMS support on a regional level throughout the state.
- ◆ Registers approximately 60 first responder units, on a voluntary basis, statewide (94 additional units - 54% of published list have not completed on-line two-year renewal information).
- ◆ Monitors (through HPSP) over 500 (12% increase from FY06 to FY08) health professionals to enhance public safety in health care.

HPSP's success can be measured in the growing number of persons seeking program services. The chart below shows the increase in the number of persons enrolled in the program.



Budget

The EMSRB portion of the budget is from a variety of sources: general fund, dedicated funds, federal grants and fines for seat-belt violations. Because the EMS system in Minnesota is heavily dependent on a diminishing pool of volunteers, particularly in rural areas, there is no fee for certification, thereby preventing the EMSRB from becoming fee-supported. A majority of the agency's budget is dedicated to grant programs to support volunteer ambulance services. Administrative expenses of the EMSRB accounts for 33% of its budget expenditures (15 FTE employees). The HPSP portion of the budget is generated by the 17 participating boards and agencies. Each board pays an annual participation fee of \$1,000 and a pro rata share of program expenses based on the number of licensees they have in the program. HPSP has 7.0 FTE employees.

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<i>Dollars in Thousands</i>					
	Current		Governor Recomm.		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	3,659	3,688	3,688	3,688	7,376
Recommended	3,659	3,688	3,288	3,288	6,576
Change		0	(400)	(400)	(800)
% Biennial Change from 2008-09					-10.5%
State Government Spec Revenue					
Current Appropriation	687	704	704	704	1,408
Recommended	687	704	704	704	1,408
Change		0	0	0	0
% Biennial Change from 2008-09					1.2%
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	0	41	0	0	0
Miscellaneous Special Revenue	14	0	0	0	0
Direct Appropriations					
General	3,437	3,851	3,288	3,288	6,576
State Government Spec Revenue	644	747	704	704	1,408
Open Appropriations					
State Government Spec Revenue	1	2	2	2	4
Statutory Appropriations					
General	29	10	10	10	20
Miscellaneous Special Revenue	1,298	1,448	487	425	912
Federal	185	166	310	310	620
Gift	0	1	1	1	2
Total	5,608	6,266	4,802	4,740	9,542
<u>Expenditures by Category</u>					
Total Compensation	1,572	1,680	1,568	1,565	3,133
Other Operating Expenses	1,024	1,355	1,176	1,179	2,355
Payments To Individuals	292	385	385	385	770
Local Assistance	2,720	2,846	2,356	2,294	4,650
Transfers	0	0	(683)	(683)	(1,366)
Total	5,608	6,266	4,802	4,740	9,542
<u>Expenditures by Program</u>					
Emergency Medical Services Bd	5,608	6,266	4,802	4,740	9,542
Total	5,608	6,266	4,802	4,740	9,542
Full-Time Equivalent (FTE)	22.0	22.8	20.3	19.4	

EMERGENCY MEDICAL SERVICES BD

Change Summary

<i>Dollars in Thousands</i>				
	FY2009	Governor's Recomm.		Biennium
		FY2010	FY2011	2010-11
Fund: GENERAL				
FY 2009 Appropriations	3,688	3,688	3,688	7,376
Technical Adjustments				
One-time Appropriations		(400)	(400)	(800)
Subtotal - Forecast Base	3,688	3,288	3,288	6,576
Total Governor's Recommendations	3,688	3,288	3,288	6,576
Fund: STATE GOVERNMENT SPEC REVENUE				
FY 2009 Appropriations	704	704	704	1,408
Subtotal - Forecast Base	704	704	704	1,408
Total Governor's Recommendations	704	704	704	1,408
Fund: STATE GOVERNMENT SPEC REVENUE				
Planned Open Spending	2	2	2	4
Total Governor's Recommendations	2	2	2	4
Fund: GENERAL				
Planned Statutory Spending	10	10	10	20
Total Governor's Recommendations	10	10	10	20
Fund: STATE GOVERNMENT SPEC REVENUE				
Planned Statutory Spending	41	0	0	0
Total Governor's Recommendations	41	0	0	0
Fund: MISCELLANEOUS SPECIAL REVENUE				
Planned Statutory Spending	1,448	487	425	912
Total Governor's Recommendations	1,448	487	425	912
Fund: FEDERAL				
Planned Statutory Spending	166	310	310	620
Total Governor's Recommendations	166	310	310	620
Fund: GIFT				
Planned Statutory Spending	1	1	1	2
Total Governor's Recommendations	1	1	1	2

EMERGENCY MEDICAL SERVICES BD

Agency Revenue Summary

Dollars in Thousands

	Actual FY2008	Budgeted FY2009	Governor's Recomm. FY2010 FY2011		Biennium 2010-11
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
General	85	57	87	57	144
Other Revenues:					
General	3	20	20	20	40
State Government Spec Revenue	8	10	0	0	0
Total Non-Dedicated Receipts	96	87	107	77	184
<u>Dedicated Receipts:</u>					
Departmental Earnings:					
Miscellaneous Special Revenue	23	23	23	23	46
Grants:					
Federal	185	166	310	310	620
Other Revenues:					
General	620	6,210	10	10	20
Gift	2	2	1	1	2
Total Dedicated Receipts	830	6,401	344	344	688
Agency Total Revenue	926	6,488	451	421	872