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Agency Purpose

The Emergency Medical Services Regulatory Board (EMSRB) is 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 also serves as the administering agency for the Health Professionals Services Program (HSPS). The Health Professionals Services Program (HPSP) was created as a program of the health licensing boards to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness. Within its authority, HPSP’s mission is to enhance public safety in health care. Its goals 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.

At a Glance

Credentialing Services

- Minnesota’s ambulance services (302) are licensed and inspected biannually.
- 26,500 EMS Personnel (EMT’s, Paramedics & First Responders) are licensed biannually.

Education Services

- 170 emergency medical services education programs are approved biannually

Health Professional Services Program

- Referrals: 492
- Discharges: 488
- Active cases on 6/30/2010: 586

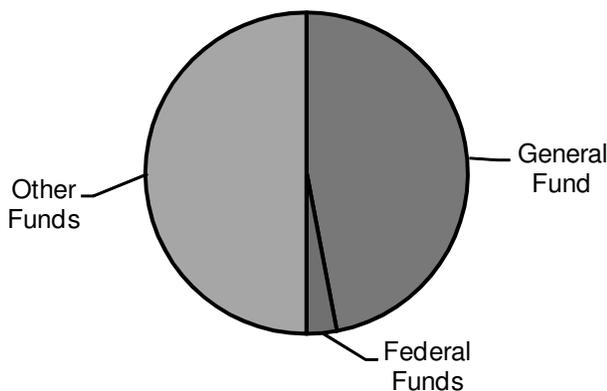
Investigated Services

- Approximately 100 complaints are investigated annually with action taken as needed to ensure the safety and health of the public.

Regional Program Services

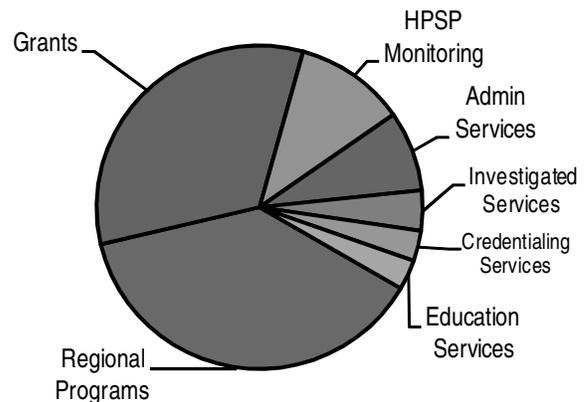
- Eight regional organizations are designated and funded to support emergency medical services statewide.

Est. FY 2010-11 Expenditures by Fund



Source: Consolidated Fund Statement.

Est. FY 2010-11 Expenditures by Program



Source: Board expenses allocated to the services provided by the board.

Strategies

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, certifying individual EMS personnel, and 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.

The Health Professional Services Program (HPSP) meets its mission and goals through the careful implementation of the following strategies:

- Provides health professionals with services to determine if they have an illness that warrants monitoring;
- Creates and implement monitoring contracts;
- Monitors the continuing care and compliance of program participants; and
- Acts as a resource for licensees, licensing boards, health employers, practitioners, and medical communities

Operations

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 representatives of the commissioners of Health and Public Safety. The EMSRB:

- 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 in FY 2010 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.
- 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.
- Served as a pilot agency for the Office of Enterprise Technologies e-Licensing system.

The HPSP currently serves 600 health professionals regulated by the 17 health licensing boards, the Emergency Services Regulatory Board (EMSRB) and the Dept. of Health. HPSP implements Monitoring Plans to ensure that the health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation. The HPSP:

- Performs assessment services to determine if health professionals have illnesses that may impact their practice, and therefore warrant monitoring.
- Creates monitoring contracts that protect the public by monitoring treatment compliance, illness management and work quality.
- Monitors health professionals' compliance with the monitoring contracts (e.g., review drug screens, treatment provider and work site reports).
- Reports health professionals who are not appropriately managing their illnesses to their licensing boards.

Key Activity Goals & Measures

Key Goals:

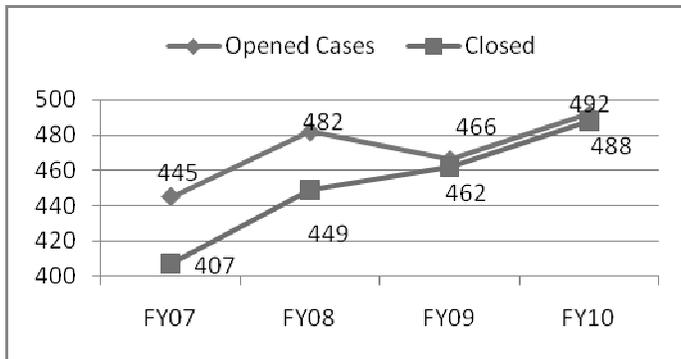
- Enhancement of MNSTAR will continue to improve state-wide EMS through decisions made by data driven information. Data should be collected at the local, regional, and national level for EMS system improvement in many "cross-walks".
- As one of the two e-licensing pilot agencies, EMSRB will continue to work with the Office of Enterprise Technologies to identify improvements to the e-Licensing system to benefit both public and agency users.
- Protect the public (through HPSP) from health professionals with potentially impairing illnesses.

Key Measures

- Use of MNSTAR by EMSRB to track and report on ambulance activity in Minnesota for policy development, research and planning. MNSTAR is also used by ambulance services to create their own reports for quality assurance, planning and to identify training and funding needs.
- Licenses and regulates approximately 300 ambulance services.
- Certifies more than 25,000 EMS personnel after they have completed the required training and testing.
- Approves approximately 140 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 200 first responder units, on a voluntary basis, statewide.
- Monitors (through HPSP) nearly 600 health professionals to enhance public safety in health care.
- Participation in HPSP is a key performance measure. Since fiscal year 2005, the number of health professionals actively monitored by HPSP increased by 25%. More health professionals are self-referring and being referred by others at an all time high rate.

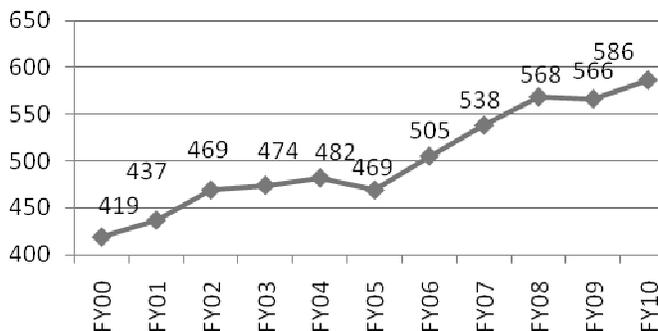
Opened and Closed Cases by Fiscal Year:

The following chart shows the number of health professionals referred to and discharged from HPSP by fiscal year.



Open Cases at End of Fiscal Year:

The following chart shows the number of licensees HPSP was monitoring at the end of each fiscal year:

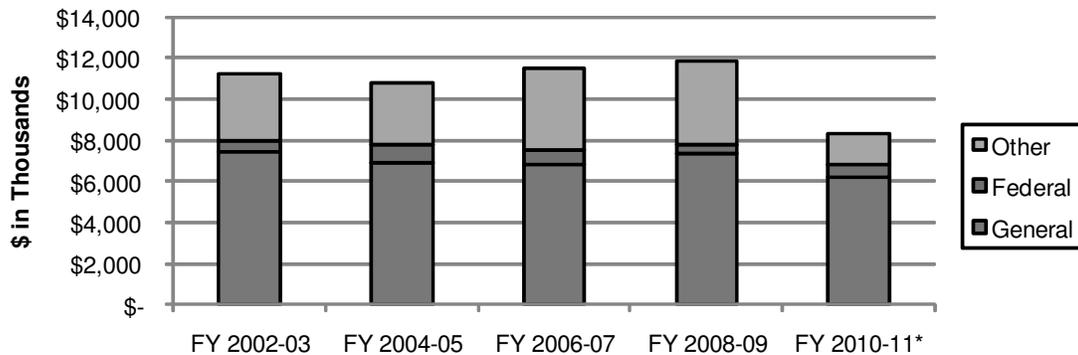


Budget Trends Section

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 8% of its budget expenditures (13 full-time equivalent 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 licenses they have in the program. HSPP has 7.0 full time equivalent employees. Roughly 90% of HPSP’s budget is directed to salaries and benefits. The remaining 10% covers rent and all other operational costs. HPSP implemented a variety of cost savings measures in fiscal year 2009 as a means to stay within budget.

Total Expenditures by Fund



* FY 2010-11 is estimated, not actual

External factors for the EMSRB include increasing costs paid to other state agencies when there are no increases in its own budget. For example, there will be costs to the board associated with integrating its licensing system with the Office of Enterprise Technology’s Minnesota Electronic Licensing System in the next few years. The primary external factors affecting HPSP’s operations include the increasing numbers of health professionals seeking the program’s services and the increasing numbers of health professionals abusing prescription medications. Dwindling resources impact’s the program’s ability to provide services.

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EMERGENCY MEDICAL SVCS REG BD

Agency Overview

Dollars in Thousands

	Current		Governor Recomm.		Biennium 2012-13
	FY2010	FY2011	FY2012	FY2013	
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	3,471	2,742	2,742	2,742	5,484
Recommended	3,471	2,742	2,742	2,742	5,484
Change		0	0	0	0
% Biennial Change from 2010-11					-11.7%
State Government Spec Revenue					
Current Appropriation	704	704	704	704	1,408
Recommended	704	704	0	0	0
Change		0	(704)	(704)	(1,408)
% Biennial Change from 2010-11					-100%
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	3,074	2,786	2,742	2,742	5,484
State Government Spec Revenue	691	717	0	0	0
Open Appropriations					
State Government Spec Revenue	5	13	14	14	28
Statutory Appropriations					
General	5	10	10	10	20
Miscellaneous Special Revenue	2,373	2,663	1,849	1,823	3,672
Federal	170	295	242	242	484
Gift	1	16	2	2	4
Total	6,319	6,500	4,859	4,833	9,692
<u>Expenditures by Category</u>					
Total Compensation	1,561	1,670	1,075	1,101	2,176
Other Operating Expenses	1,035	1,243	930	879	1,809
Payments To Individuals	286	361	361	361	722
Local Assistance	3,437	3,226	3,176	3,175	6,351
Transfers	0	0	(683)	(683)	(1,366)
Total	6,319	6,500	4,859	4,833	9,692
<u>Expenditures by Program</u>					
Emergency Medical Services Bd	6,319	6,500	4,859	4,833	9,692
Total	6,319	6,500	4,859	4,833	9,692
Full-Time Equivalents (FTE)	21.3	21.4	21.5	21.2	

EMERGENCY MEDICAL SVCS REG BD

Change Summary

<i>Dollars in Thousands</i>				
	FY2011	Governor's Recomm.		Biennium
		FY2012	FY2013	2012-13
Fund: GENERAL				
FY 2011 Appropriations	2,742	2,742	2,742	5,484
Subtotal - Forecast Base	2,742	2,742	2,742	5,484
Total Governor's Recommendations	2,742	2,742	2,742	5,484
Fund: STATE GOVERNMENT SPEC REVENUE				
FY 2011 Appropriations	704	704	704	1,408
Subtotal - Forecast Base	704	704	704	1,408
Change Items				
Transfer Health Provider Service Prog	0	(704)	(704)	(1,408)
Total Governor's Recommendations	704	0	0	0
Fund: STATE GOVERNMENT SPEC REVENUE				
Planned Open Spending	13	14	14	28
Total Governor's Recommendations	13	14	14	28
Fund: GENERAL				
Planned Statutory Spending	10	10	10	20
Total Governor's Recommendations	10	10	10	20
Fund: MISCELLANEOUS SPECIAL REVENUE				
Planned Statutory Spending	2,663	1,849	1,823	3,672
Total Governor's Recommendations	2,663	1,849	1,823	3,672
Fund: FEDERAL				
Planned Statutory Spending	295	242	242	484
Total Governor's Recommendations	295	242	242	484
Fund: GIFT				
Planned Statutory Spending	16	2	2	4
Total Governor's Recommendations	16	2	2	4

EMERGENCY MEDICAL SVCS REG BD

Change Item: Transfer Health Prof Services Prog

Fiscal Impact (\$000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	\$0	\$0	\$0	\$0
Revenues	0	0	0	0
Health Related Boards Fund (171)				
Direct Appropriated Account				
Expenditures	(704)	(704)	(704)	(704)
Revenues	0	0	0	0
Net Fiscal Impact	\$(704)	\$(704)	\$(704)	\$(704)

Recommendation

The Governor recommends that the Health Professionals Services Program (HPSP), a joint program of the Health Related Boards, be formally transferred to the budget of the Board of Dentistry as its new administering board. There is no change in the operating budget for either HPSP or the Board of Dentistry resulting from this change.

The direct appropriation to the Emergency Medical Services Regulatory Board for HPSP is from the Health Related Boards fund in the state government special revenue fund (171). Under the Governor's proposal for the Health Related Boards to convert to dedicated funding, HPSP will continue to be funded at the same level through partnership agreements with each board.

Rationale

HPSP is the program that is responsible for evaluating and monitoring health professionals for concerns related to possible impairment. HPSP was created as a program of the health licensing boards in MS§ 214.31 "to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness..." HPSP provides intake, assessment and case management/monitoring services to health professionals with illnesses that may adversely impact their ability to practice.

HPSP currently serves the public by monitoring nearly 600 health professionals regulated by the 16 health licensing boards, the Emergency Services Regulatory Board (EMSRB) and the Department of Health, who have substance, psychiatric or other medical disorders that may impair their ability to practice safely if their illness is not appropriately managed.

HPSP serves many state agencies, but is not an independent entity, and so is required to have an existing state agency oversee its operations as an administering board. Various Health Related Boards have held this responsibility in previous years, and the Board of Dentistry took on the functional aspects of this change over two years ago. Formalizing the change will clarify and simplify things for the program and the public.

HPSP is funded through the revenues collected by each board with licensees participating in the program. The program will continue to be funded by the Health Related Boards' fees when they move to dedicated funding. Each board will enter into partnership agreements with the Board of Dentistry to cover the cost attributed to that board for the HPSP program.

Key Goals and Measures

This change is an organizational change not a fiscal change. There is no fiscal impact. This change enhances efficiency of state government.

Statutory Change: Not Applicable.

EMERGENCY MEDICAL SVCS REG BD

Agency Revenue Summary

Dollars in Thousands

	Actual FY2010	Budgeted FY2011	Governor's Recomm. FY2012 FY2013		Biennium 2012-13
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
General	87	60	90	60	150
Other Revenues:					
State Government Spec Revenue	0	15	15	15	30
Total Non-Dedicated Receipts	87	75	105	75	180
<u>Dedicated Receipts:</u>					
Departmental Earnings:					
Miscellaneous Special Revenue	22	23	23	23	46
Grants:					
Federal	170	295	242	242	484
Other Revenues:					
General	6,284	10	10	10	20
Gift	0	2	2	2	4
Total Dedicated Receipts	6,476	330	277	277	554
Agency Total Revenue	6,563	405	382	352	734