

## MEETING NOTICE

### Emergency Medical Services Regulatory Board

#### Executive Committee (EC)

Thursday, April 16, 2015, 10:00 a.m.

University Park Plaza

Conference Room A, 4<sup>th</sup> Floor

[Map-Directions-Parking](#)

#### Proposed Agenda

1. **Call to Order** – J.B. Guiton, Board Chair

2. **Approve Agenda** – J.B. Guiton

**Motion:** To approve the agenda for the April 16, 2015 Executive Committee meeting.

3. **Approval of EC Meeting Minutes**

- February 19, 2015 Executive Committee Minutes EC-A1

**Motion:** To approve the Executive Committee meeting minutes for February 19, 2015.

#### **Approval to Move March 19, 2015 Draft Board Minutes to Board Meeting Consent Agenda**

- March 19, 2015 Draft Board Meeting Minutes EC-A2

**Motion:** To move March 19, 2015 draft board minutes to consent agenda for the May 21, 2015 Board meeting.

4. **Public Comment** – J.B. Guiton

Information

*The public comment portion of the Executive Committee meeting is where the public may address the Executive Committee on subjects which are not part of the meeting agenda. Persons wishing to speak must sign-in on the participation form provided at the meeting room door prior to the start of the meeting. Please limit remarks to 3 minutes. The Executive Committee will listen attentively to comments but, in most instances, will not respond at the meeting. Typically, replies to issues or concerns expressed will be made via letter or phone call within a week and in some cases referred to the full Board.*

5. **Board Chair Report** – J.B. Guiton

- Recognition of Out-Going Board Members (Planning) Information
- Status of New Board Appointments (Current Applications) Information
- [Trauma System Joint Policy Committee](#) (Appointments) Linked to MDH Web-page
- EC Review of Current IOP (Board Internal Operating Procedures) EC-A3

6. **Interim Executive Director Updates/Reports** – Robert Norlen

Attachments

- Agency Budget Update Report
- Cooper/Sams – Vol. Award Program EC-A4
- Volunteer Education Reimbursement EC-A5
- Certification/Licensure Update Report
- Quarterly Board Metrics (process) Report
- Ebola Funding Legislation Report
- MNSTAR Data (DPSAC) EC-A6
- [Staff Hiring \(SW EMS Specialist\)](#) Linked to Posting

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This document is available in alternative formats to individuals with disabilities by calling (800) 747-2011 or TTY (800) 627-3529

Updated 04/14/2015

- Office Equipment & Office Space Updates
- Share-Point and Laptop Computers for Board Members
- Legislation – HF 423
- [Regional System Grant RFP – FY 2016 & 2017](#)

Report  
Report  
EC-A7  
Linked to Documents

**7. Committee Chair Discussion – JB Guiton**

- Committee Chair Appointments: MDSAC, HPSP, CRP

**8. New Executive Committee Business – J.B. Guiton**

**9. Adjourn – J.B. Guiton**

**Next Executive Committee Meeting: Thursday June 18, 2015, 10:00 a.m.**

**Attachment Key:**

EC-A = Executive Committee Attachments

Report = Information Provided Verbally at Board Meeting and May Include a Document

*If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this meeting notice was posted at: <http://www.emsrb.state.mn.us>*

**Executive Committee**  
**February 19, 2015, 10:30 a.m.**  
**MEETING MINUTES**

**Emergency Medical Services Regulatory Board**  
**University Park Plaza, Conference Room A**  
**(See address above)**

Prepared by Melody Nagy on February 23, 2015  
Approved by J.B. Guiton on March 10, 2015  
Approved by Executive Committee on: \_\_\_\_\_

**Attended: J.B. Guiton, Vice Chair; Megan Hartigan, Secretary, Matt Simpson, CRP Chair**

**Absent: Jeff Ho, M.D. At-Large Member**

**Ex-officio: James Denzer, Assistant Executive Director; Greg Schaefer, AAG**

Agenda Item No.	Attachment	Topic	Information Discussion Decision	Person Responsible
1.		<b>Call to Order</b> Mr. Guiton called the meeting to order at 10:54 a.m.	Information	J.B. Guiton
2.		<b>Approval of Agenda</b> <u>Hartigan moved to approve the agenda.</u> <u>Simpson seconded.</u> <u>Motion carried. 3 members voting yes; 0 members voting no.</u>	Decision	J.B. Guiton
3.		<b>Public Comment</b> None.	Information	J.B. Guiton
4.		<b>Approval of Minutes</b> <u>Simpson moved approval of the Executive Committee minutes from August 19, 2014 and October 16, 2014.</u> <u>Hartigan seconded.</u> <u>Motion carried. 3 members voting yes; 0 members voting no.</u>	Decision	J.B. Guiton
5.		<b>Chair Report</b> Mr. Guiton announced Board chair Kelly Spratt's resignation. He said that he wanted to thank Mr. Spratt for his commitment and efforts. The vice-chair will take the place of the chair until the new chair is appointed. Mr. Guiton asked that the appointment of Matt Simpson as interim vice-chair be placed on the consent agenda for the next Board meeting on March 19, 2015. Mr. Simpson has agreed to accept the "acting vice-chair" position until the appointments are made  Representative Jeff Backer has replaced Representative Schoen on the Board.	Information	J.B. Guiton

Executive Committee Meeting – February 19, 2015

6.	H	<p><b>Assistant Executive Director’s Report</b>            Mr. Denzer reported that staff worked on the process for psychomotor testing and the motion and protocols will be released after the next Board meeting.</p> <p>Mr. Schaefer provided clarification that once the Board votes on an item it is enacted. The minutes are published when approved.</p> <p>Mr. Denzer discussed the Board budget.</p> <p>Mr. Guiton suggested that any further budget discussions would need to be a separate agenda item for the March meeting.</p> <p>Mr. Denzer provided the legislative update and asked if there were any questions. Information on proposed legislation can be found on the EMSRB website at: <a href="http://mn.gov/health-licensing-boards/emsrb/">http://mn.gov/health-licensing-boards/emsrb/</a></p> <p>Committee and public discussion occurred.</p>	Information	James Denzer
7.		<p><b>New Business</b>            None.</p>		
8.		<p><b>Closed Session*</b>            Mr. Guiton announced that the Executive Committee will go into closed session.</p> <p>Mr. Guiton re-opened the meeting and provided the following report:</p> <p>He requested a Special Board Meeting be held as early as possible next week and asked that staff poll members to determine a quorum for the meeting.</p> <p>*Agenda:</p> <ul style="list-style-type: none"> <li>• Appointment of Interim Director</li> <li>• Hiring Freeze</li> </ul>		
9.		<p><b>Adjourn</b>            Meeting adjourned at 1:30 p.m.</p>	Decision	J.B. Guiton

## Draft Meeting Minutes

EC-A2

### **Emergency Medical Services Regulatory Board**

Thursday, March 19, 2015, 10:00 a.m.

University Park Plaza  
Conference Room A, 4<sup>th</sup> Floor

**Attendance:** J.B. Guiton, Board Chair, Aaron Burnett, M.D., Lisa Consie, Patrick Coyne, Jennifer Deschaine, Kathleen Haney, Megan Hartigan, Michael Jordan, Paula Fink-Kocken, M.D., Mark Schoenbaum, Jill Ryan Schultz, Matthew Simpson, Mari Thomas, M.D.

Robert Norlen, Interim Executive Director, Greg Schaefer, Assistant Attorney General

**Absent:** Representative Jeff Backer, Steve DuChien, Scott Hable, Jeffrey Ho, Senator Kathy Sheran

#### **Call to Order**

Mr. Guiton called the meeting to order at 10:05 a.m. and welcomed everyone to the meeting.

#### **Approve Agenda**

**Motion:** Ms. Deschaine moved to approve the agenda. Dr. Thomas seconded. Motion carried.

Mr. Guiton said that we have a finalist for the Executive Director position here today. Mr. Tony Spector is the candidate and the Board will be meeting in closed session to discuss the hiring of the Executive Director.

#### **Consent Agenda**

**Motion:** Ms. Ryan-Schultz moved to approve the Consent Agenda. Dr. Burnett seconded. Motion carried.

*All items listed under the consent agenda are considered to be routine by the EMSRB and will be enacted by one motion and an affirmative vote by a majority of the members present. There will be no separate discussion of these items unless a Board member requests to remove an item from the consent agenda and then the item will be considered a separate subject of discussion.*

**Approve Board Minutes:** (approved minutes are posted on the EMSRB website)

- November 20, 2014
- January 15, 2015
- February 23, 2015

**EMT Psychomotor Examination Update:** (handout provided at meeting)

- On November 20, 2014 the Board unanimously approved a motion to “require all renewing EMTs, between the dates of April 2, 2014 and March 31, 2016, to take and pass the exam outlined in the NREMT Psychomotor Guidelines as administered by EMSRB or its Approved Agents. *Until March 31, 2016, the seven skill exams and retesting for failure may be conducted at different dates and/or locations, rather than as specified in the NREMT Psychomotor Guidelines, page 16 and 24.*”

**Regional Systems/Programs-FY16 and FY17 Grant RFP:**

- EMSRB staff team has the Request for Proposal (RFP) prepared.
- RFP Execution Timeline (handout provided at meeting)
- The Board will be voting on Regional Systems/Programs contracts at the May 21, 2015 meeting.

**Emergency Medical Services for Children (EMSC) Grant Contract:**

- The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated federal funds in the amount of **\$103,290.00** for the Minnesota EMSC Program to Children's Hospital. The EMSRB staff team is collaboratively working with Children's Hospital to complete the grant contact documents for FY 16 (3/1/15 – 2/29/16). The Interim Executive Director will sign the grant contract on behalf of the Board.

*Note: The EMSC grant contract has not been executed by the 3/1/2015 date due to receiving the grant funding allocation amount on 2/4/2015 leaving less than 20 days to complete the contract and get approval from both organizations. Contract was delivered to Children's Hospital for review and signing on 2/28/15.*

**Medical Resource Communication Center (MRCC) Grant Contracts:**

- The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated grant funds, not to exceed **\$683,000.00**, to two MRCCs – *East* (Regions Hospital) and *West* (Hennepin County Human Services and Public Health Department) for FY 2016 and FY 2017 (07/01/2015 to 06/30/2017). The EMSRB staff team has drafted the contracts and has been in contact with our MRCC East and West partners to ensure grants will be executed to meet contract timelines. The Interim Executive Director will sign the grant contracts on behalf of the Board.

**Public Comment**

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Marion Larson, Central EMS Regional Coordinator, thanked the Board and EMSRB staff. The communication has been friendlier and easier. The RFP process is moving forward and we appreciate that. We want to collaborate with the EMSRB.

**Board Chair Report**

***Health Professionals Services Program Committee Appointment:***

Mr. Guiton asked Ms. Deschaine to provide information on HPSP.

Ms. Deschaine said that HPSP receives referrals for people that have chemical dependency and mental health issues that may cause them to lose their license. Individuals are evaluated and there may be suspension from work or monitoring. The Board's representative on this committee oversees the work of the HPSP. The meetings are quarterly.

Mr. Guiton said that Ms. Deschaine has been serving on this committee for four years. We will need someone to fill this position. If someone is interested, please let him know, or this can be discussed again when the new Board members have been appointed.

***Election of Interim Vice-Chair:***

- The Executive Committee is recommending that Mr. Simpson be elected as the vice-chair until the Board positions are filled. Mr. Simpson is willing to serve in this capacity.

Motion: Mr. Schoenbaum moved to elect Mr. Simpson as Vice-Chair. Mr. Coyne seconded. Motion carried.

***Appointment of Medical Director to MDH STAC (Trauma Advisory Committee):***

- Mr. Guiton said that the EMSRB should have representation on the MDH STAC committee. He asked for a volunteer. Dr. Burnett volunteered.

Motion: Mr. Simpson moved to appoint Dr. Burnett to this committee. Dr. Thomas seconded. Motion carried.

***Ad-hoc Workgroup–Post EMS Education Standards Transition:***

- Mr. Guiton said that a workgroup has been tasked to bring a recommendation to the Board for the post EMS Education Standards Transition. Board members, staff and other interested parties will provide input for this recommendation. Rural participation and physician involvement is being sought. Suggested members: Lisa Consie (Board Member and Ad-hoc Workgroup Chair), Tia Radant, Susan Long, and EMSRB staff Mary Zappetillo, Holly Hammann-Jacobs.

Motion: Ms. Ryan Schultz moved to appoint Lisa Consie to chair the workgroup. Mr. Simpson seconded. Motion carried.

***Meeting Procedural Changes:***

- Mr. Guiton said that the agenda and seating arrangements have been changed for the Board meeting today and he would welcome input on other requests for improvement.

**Interim Executive Director Report**

Mr. Norlen provided his employment history with the EMSRB and said that it is an honor to serve as the Interim Executive Director. The Interim Executive Director report provides additional information as follows.

- ***Agency Budget Summary Update***  
An agency budget summary was provided for Board review.
- ***Cooper/Sams – Vol. Award Program***  
The award payments will be made by April 1, 2015. A summary of Cooper/Sams activity was provided for Board review.
- ***Volunteer Training Reimbursement (VTR)***  
The contracts with the Regional Systems for reallocation of unspent VTR funds are being executed. We will be paying the contracted amounts by the end of June 2015.
- ***Certification/Licensure Update***  
This is a Board priority. Staff resources have been reallocated to manage phone calls, and process renewals. Mr. Norlen thanked staff for their efforts, specifically Lauren Everett. Mr. Guiton commented that we are amazed at the staff performance. We were previously informed that staff could not process all renewals in time. This is a drastic change.

- ***Certification/License System Update (moving to Basic.gov)***  
Staff is working with MN.IT on transition from e-licensing to Basic .gov licensing and certification system. The projected transition date is June 2015. Mr. Norlen reports that there is a lot more work that needs to be done and the June 2015 date is fast approaching.
- ***Quarterly Board Metrics***  
The report may look different in the future regarding Regional System payment data. The timeline for tracking payments needs to be from date received to date paid and staff will work with Regional System grantees to resolve grant payment discrepancies. Mr. Guiton said that this would be a fair metric if the regions were provided information. It was taking 30 – 45 days to communicate with the regions. He apologized for this delay. This is a Board priority. It was sometimes a month before a review of an invoice occurred.
- ***Ebola Funding Legislation***  
The legislation passed and the EMSRB will be receiving \$148,000 to be allocated to ambulance services for “extra ordinarily” costs. EMSRB staff will be working on processes for distribution of funds allocated for ambulance services in this legislation.
- ***MNSTAR Data***  
Mr. Norlen said that the agency has not been providing MNSTAR data to MDH for the regional trauma councils. There is a state statute that authorizes the sharing of this data.

Mr. Guiton commented that the Data Policy Standing Advisory Committee may be meeting again in July.

**Motion:** Dr. Fink-Kocken moved to authorize staff to provide MNSTAR data to MDH as provided in Minnesota Statutes 144.608, subdivision 3. Dr. Thomas seconded. Motion carried.

Mr. Norlen said that reporting Minnesota non-patient identifiable data to NEMSIS (National Emergency Medical Services Information System) has also not been occurring now. Mr. Norlen recommended the Board authorize this to be re-initiated to ensure Minnesota is included with states across the county in this important EMS database.

**Motion:** Ms. Haney moved that staff be authorized to provide state data to NEMSIS. Dr. Fink-Kocken seconded. Motion carried.

- ***Staff Update***  
Mr. Norlen reported that we currently have 8 full-time FTE and one temporary assignment from MMB. One temporary employee left the EMSRB on March 9, 2015.
- ***Proposed Staff Hiring***  
Motion from the February 23, 2015 Board Meeting: “Simpson moved to temporarily suspend IOP Executive Director authority to appoint staff until a replacement director has been appointed with a final review date no later than the July 2015 Board meeting. Mr. Norlen would need Board authority to hire. Dr. Ho seconded the motion. Motion carried.”

Mr. Norlen asked the Board to consider hiring for the following positions:

1. Temporary staff(s) for customer assistance in the transition for moving to Basic.gov.
2. An EMS Specialist position based in Southwest Minnesota.

Funds are available in the budget for these positions.

**Motion:** Mr. Jordan moved to reverse the hiring freeze (the suspension of the IOP) to allow the Executive Director to hire as needed. Ms. Deschaine seconded. Motion carried.

### Committee Reports

- ***Complaint Review Panel***

Mr. Simpson reported on the activities of the committee. Mr. Norlen complimented Ms. Rose Olson's efforts in managing the tasks related to the CRP.

- ***Health Professionals Services Program***

Ms. Deschaine reported on the meeting she attended February 17, 2015. She said that there is a report available on the HPSP website that provides more information. The EMSRB could provide information to ambulance services on HPSP.

- ***Medical Direction Standing Advisory Committee***

Dr. Thomas said that the MDSAC met on March 6, 2015 and is asking the Board to accept the committee recommendations for posting information on the EMSRB website. (Handouts Provided)

- Sample NARCAN Administration Sample Guidelines
- Sample Special Event and Mass Gathering Medical Care Planning Guideline

**Motion:** Ms. Hartigan moved to accept the committee reports to include the MDSAC guidelines. Mr. Simpson seconded. Motion carried.

### New Board Business

Mr. Guiton provided clarification of a discussion with the Attorney General's representative that when a motion is passed at a Board meeting it is effective immediately unless a specific timeframe is included in the motion. If the motion requires staff activities we need to assure staff is able to complete the activities.

Mr. Guiton mentioned that the Local Board of Health Representative Position that is to be filled for the Board has no applicants. This is the position that Ms. Deschaine currently holds. Ms. Deschaine said that the Board may want to consider re-defining this position in the future. Mr. Schoenbaum offered to advertise the position in the MDH newsletter. Interested applicants should go to the Secretary of State's website to complete an application.

#### ***Regional Program Discussion:***

Mr. Guiton provided information on current legislation to move the Regional System grants to the Minnesota Department of Health (MDH). If the legislation passes this session the EMSRB will work collaboratively with MDH to make this a smooth process. Mr. Guiton said that the reason for this legislation is that we were told there was not enough staff time to process these grants. We have the appropriate staff to process the grants. The EMSRB potentially has some Board members with a conflict of interest in voting on approving Regional System grant proposals. The Board may want to discuss their feeling on this legislation. This legislation will be included in the omnibus bill.

Mr. Schoenbaum said that this is not an MDH bill. MDH would incur costs to implement this legislation. MDH would ask for additional resources to administer the grants (1 FTE). MDH would process grants and see a role as a partner to provide active assistance to the Regional System grantees and connect to other EMS related activities.

Mr. Simpson moved to support keeping Regional Systems within the EMSRB. Motion was made and withdrawn for lack of second.

Mr. Jordan indicated he is opposed the motion for reasons stated about Board member conflict of interest. Additionally, staffing issues to administer the grants is of interest too. Mr. Jordan indicated the Board needs to continue to review and discuss a reallocation of staff to meet the Board priorities. We are a regulatory Board that should focus on licensing, complaints, inspections, etc.; grants and grant administration is secondary.

Dr. Burnett asked who sets the priorities for the spending in the RFP. Mr. Schaefer said that the categories are listed in 144E.50.

Mr. Simpson stated that the EMSRB support that the Regional System grantees are not fiscally penalized by moving the grant program to MDH. The Board is in consensus with the following statement "The Regional Systems grants would remain within the EMSRB if the legislation to move the Regional Systems grants and funding to MDH does not pass.

Tom Vanderwal, Greater Northwest EMS Regional System, representing the current Regional System grantees stated the Regional Systems thought the move to MDH would be a better fit for the programmatic focus the Regional Systems currently have in place. No disrespect to the Board, but the Regional Systems feel this would be a positive move to better align with other programs under MDH.

Ms. Deschaine asked about the proposed legislative language related to licensing and certification fees that was discussed at previous Board meetings. Mr. Guiton said that proposed legislative language did not move forward.

**Meeting Break** – The Board took a ten minute break before going into closed session.

#### **Closed Session\***

\*Closed per Minnesota Statutes 144E.28, subdivision 5 and Minnesota Statute 13D.05, Subdivision 2(b) (*Complaint Reviews*) or Minnesota Statutes 13D.05, Subd. 3(2) (*Personnel Matters*)

- Disciplinary Actions
- Ad-Hoc Executive Director Transition Committee Discussion

#### **Re-Open Meeting**

Mr. Guiton called the meeting to order in open session.

- **Report from Ad-hoc Executive Director Transition Committee:**  
Dr. Burnett said that he wanted to introduce the candidate Tony Spector. He provided information on Mr. Spector's background. Mr. Guiton said that Mr. Spector's references were checked and there were no concerns. Mr. Spector has been asked to complete the EMT course as part of his employment conditions. Dr. Burnett said that the Ad-Hoc Executive Director Transition Committee is recommending the hiring of Mr. Spector as the new EMSRB Executive Director.

**Motion:** Mr. Coyne moved to accept the committee recommendations to hire Mr. Spector as the EMSRB Executive Director. Ms. Deschaine seconded the motion. Motion carried.

Mr. Spector will begin his employment June 3, 2015, with a transition period with Interim Executive Director Norlen to end in early fall 2015.

**Adjourn** – Meeting adjourned at 1:50 p.m.

**Motion:** Dr. Fink-Kocken moved to adjourn. Mr. Simpson seconded the motion. Motion carried.

**Next Board Meeting: Thursday May 21, 2015, 10:00 a.m.**



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# INTERNAL OPERATING PROCEDURES

UPDATED NOVEMBER 2014

## REVISION HISTORY:

### Adopted:

June 1996

### Revised:

July 1996  
October 1996  
December 1996  
May 1998  
August 1998  
February 2000  
May 2002  
January 2003  
January 2005  
May 2006  
January 2008  
Proposed revision January 2010  
Proposed revision May 2013  
Proposed revision August 2013  
Adopted September 13, 2013  
Adopted November 20, 2014

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MISSION: To protect the public’s health and safety through regulation and support of the EMS system.  
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## INTRODUCTION

The Emergency Medical Services (EMS) Regulatory Board, hereafter the Board, was established by the 1995 Minnesota Legislature as defined in Minnesota Statutes 144E.01. Its function is to administer and enforce the provision of emergency medical services in the state. The EMS statute at Minnesota Statutes, Section 144E.01, subd.6 requires the Board to: (1) administer and enforce the provisions of Chapter 144E and other duties assigned to the Board; (2) advise applicants for state and federal emergency medical services funds, review and comment on such applications, and approve the use of funds unless otherwise required by federal law; (3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state's emergency medical services delivery system; and (4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.

## BOARD MEMBERS

### RESPONSIBILITIES

The business and affairs of the Board shall be conducted in an open manner consistent with responsibilities of a public regulatory body. The Board shall not be responsible for managing day-to-day activities of the staff, but shall advise the executive director in the implementation of Board decisions.

### MEMBERSHIP/TERMS

The Board consists of the following members, all of whom must work in Minnesota, except for the public member:

- an *emergency physician* certified by the American board of emergency physicians (actually known as the American board of emergency medicine);
- a representative of Minnesota hospitals;
- a representative of fire chiefs;
- a *full-time firefighter* who serves as a first responder and who is a member of a professional firefighter's union;
- a *volunteer firefighter* who serves as a first responder;
- an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
- an *ambulance director* for a licensed ambulance service;
- a representative of sheriffs;
- a *member of a local board of health* to represent community health services;
- two *representatives of regional emergency medical services programs*, one of whom must be from the metropolitan regional emergency medical services program;
- a *registered nurse* currently practicing in a hospital emergency department;
- a *pediatrician*, certified by the American board of pediatrics, with experience in emergency medical services;
- a *family practice physician* who is currently involved in emergency medical services;
- a *public member* who resides in Minnesota;
- the commissioner of health, or a designee;
- the commissioner of public safety, or a designee;
- a state *representative* (ex officio non-voting member), appointed by the speaker of the house of representatives;
- a state *senator* (ex officio non-voting member), appointed by the committee on rules and administration of the senate.

Appointments are for four-year terms.

### APPOINTMENTS/TERMINATIONS

See Minnesota Statute 15.0575 regarding appointments and terminations of Board members.

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## COMPENSATION/EXPENSE REIMBURSEMENT

Compensation of Board members is governed by Minnesota Statutes 15.0575. Members are reimbursed for travel and other allowable expenses while engaged in official duty.

## OFFICERS

Officers of the Board shall consist of a chair, vice chair, and secretary.

### CHAIR

The Board chair is designated by the governor from the appointed members of the Board. The chair shall preside at Board meetings and Executive Committee meetings. The chair shall be the principal spokesperson for the Board and the only person authorized to represent the Board except the executive director. In rare circumstances, other members may be specifically authorized to represent the Board. The chair may create committees and appoint committee chairs as necessary to carry out the Board work plan.

The chair will set an agenda for each meeting. The chair will call Special Meetings of the Board and Executive Committee as needed. The chair may take emergency action on behalf of the Board in consult with the Chair of the Medical Director's Standing Advisory Committee. Any emergency action must be reported to the Board immediately.

The role of the chair is to see that the Board follows its own rules and those legitimately imposed on it from outside the organization. Meeting responsibilities include:

- Meeting discussion content will be held to only those issues that clearly belong to the Board to decide, according to Board policy.
- Deliberation will be timely, fair, orderly and thorough, but also efficient, limited in time and kept to the point.
- Roberts Rules of Order are observed except where the Board has superseded them. The chair may participate in the debate on any issue, similar to other Board members.
- Chair authority does not include supervising, interpreting Board policy to, or otherwise directing the executive director.

### VICE CHAIR

The vice chair shall be elected by the Board. The vice chair shall preside at Board meeting in the absence of the chair and assist the chair in other matters as requested by the chair or as authorized by the Board.

### SECRETARY

The secretary shall be elected by the Board. The secretary shall review staff drafts of Board meeting minutes, authenticate minutes by signature and present minutes to the Board for approval. The secretary shall review other documents as requested by the chair. The secretary shall assimilate, tabulate and hold in confidence non-public evaluation forms on the executive director's performance completed by the Board and staff.

## ELECTIONS

### ELIGIBILITY

Current Board members may be nominated for vice chair, secretary, and at-large Executive Committee member.

### NOMINATION AND ELECTION

At the first regular Board meeting of each even-numbered calendar year, or as soon thereafter as the Governor has appointed new members, the chair will request a minimum of two nominations from the Board for each of the following: a vice chair, secretary, and

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at-large Executive Committee member. Candidates will be given up to five minutes before the election to present themselves to the Board. Election will be by a simple majority of those present.

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#### TERMS OF OFFICE

Terms of office for vice chair, secretary, and at-large Executive Committee member are for two calendar years.

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#### BOARD MEETINGS

It shall be the intention of the Board to comply with all state and federal statutes, rules and regulations pertaining to open meetings, meeting notices and meeting participation. Additionally, the Board intends to exceed these standards whenever possible to better facilitate interested parties and the general public.

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#### REGULAR MEETINGS

The Board shall select regular meeting dates and times at the first meeting of each calendar year. The regular meeting dates and times selected shall be for the period of February through January. A schedule of the regular meetings of the Board shall be kept on file in the Board's office and a copy posted on the Board's web page. If the Board decides to hold a regular meeting at a time or place different from that which is stated in the regular meeting posting, it shall give, at a minimum, the same notice that is required for special meetings. The frequency may vary depending on the business facing the Board, but will occur not less than six times per year. The chair may cancel any meeting due to inclement weather, hazardous travel conditions or other unforeseen circumstance.

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#### SPECIAL MEETINGS

Special meetings may be called by the chair or the Executive Committee in order to conduct business that needs to be tended to prior to the next regular scheduled meeting. For special meetings, the Board shall post written notice of the date, time, place and purpose of the meeting on the principal bulletin board of the Board. The notice shall also be mailed or otherwise delivered to each person who has filed a written request for notice of special meeting with the Board. This notice shall be posted and mailed or delivered at least three days before the date of the meeting. A person filing a request for notice of special meetings may limit the request to notification of meetings concerning particular subjects. All requests for notice of special meetings shall expire on January 1 of each year. The Board shall send notice of the refiling requirement to each person who filed during the preceding year sixty days prior to the expiration date.

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#### EMERGENCY MEETINGS

Emergency meetings may be called by the chair or the Executive Committee, because of circumstances that, in the judgment of the chair or Executive Committee, require immediate consideration by the Board. The Board shall make a good faith effort to provide notice of the meeting to each news medium that has filed a written request for notice, if the request includes the news medium's telephone number.

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#### CLOSED MEETINGS

The Board shall close a meeting for preliminary consideration of allegations or charges against an individual subject to the authority of the Board. If the Board concludes that discipline of any nature may be warranted, further meetings or hearings must be open. A meeting must also be open if requested by the individual who is the subject of the meeting.

The Board may close a meeting to evaluate the performance of an individual subject to the authority of the Board, and shall identify the person prior to closing the meeting. At the next open meeting, the Board shall summarize its conclusions regarding the evaluation. The meeting must be open if requested by the individual who is the subject of the meeting.

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Prior to closing any meeting, the Board shall state on the record the specific grounds permitting the meeting to be closed and describe the subject to be discussed.

## PLACE OF MEETINGS

The Board shall select locations in the State of Minnesota to hold all regular meetings.

## QUORUM

The presence of a majority of the voting Board members constitutes a quorum at Board meetings. No official business may be acted on without a quorum.

## ACTION BY THE BOARD

When a quorum is present at any meeting, the Board may take action on items by a majority of the voting members present.

## PUBLIC INVOLVEMENT

All meetings of the Board, its committees, standing advisory committees and advisory task forces, except for meetings of the Complaint Review Panel, are open to the public, and are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. Observers at all meetings will be encouraged to provide input for Board consideration. The Board will provide a public comment period which enables members of the public to comment at meetings.

Board committees consist of only Board members. Standing advisory committees and advisory task forces may consist of Board members and appointed members of the public. Unless authorized by law, public members of standing advisory committees may not be compensated, even for expenses. Advisory task forces shall be governed by the provisions of Minnesota Statutes, Section 15.014.

## GENERAL PROCEDURES

### ORDER OF BUSINESS

An agenda will be prepared by the chair prior to each Board meeting.

### CONDUCT OF BUSINESS

Proceedings are governed by Roberts Rules of Order, Newly Revised, except as specified in these internal operating procedures and applicable law. Operating procedures may be suspended for a stated purpose during a single meeting by a majority vote of those present and voting.

Voting on any matter will be by voice vote, except for election of officers which may be by written ballot. The minutes will reflect how each member voted. Upon request of any member, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote. There will be no voting by proxy, and each member is entitled to only one vote on any issue.

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Minutes will be kept of all Board meetings and will be submitted to the secretary for review and signature prior to submission to the Board for approval.

## COMMUNICATIONS

Board members shall refrain from writing letters or engaging in other kinds of communication in the name of the Board, unless such communications have been specifically authorized by the chair or the Board.

## GUIDELINES

In order to perform their duties, Board members need to be fully informed on emergency medical services issues. Official communications to the Board on policy matters should be presented to the chair for review and consideration as an agenda item. Should any individual Board member or the executive director receive communications from any party that are appropriate for Board consideration, those communications should be forwarded immediately to the chair. The chair, through staff, shall transmit appropriate communications to the Board for consideration.

1. A Board member who receives information concerning a Board process issue, a Board-related question, notice of an important Board issue, or a Board-related complaint from the public, should refer the person to the executive director. In the case of a complaint from the public or notice of an important issue, the member shall also immediately personally notify the executive director.
2. A Board member who becomes aware that a person wants to complain about a possible violation of Board statute or rule shall ask the person to submit the complaint or allegation in writing to the executive director or chair. The member shall also immediately personally notify the executive director or chair.
3. A Board member who becomes aware that a non-member wants to add an item to a Board meeting agenda will suggest that the person submit the request in writing to the chair, including an adequate description of the matter proposed to be considered by the Board. Members shall receive a copy of these written reports in advance of meetings at which the matters are to be considered.
4. Board members will be made aware of threats of litigation as soon as possible.
5. Board members will receive in advance of each meeting the information needed for proper consideration of all items that must be acted on at that meeting. Information not included in the information package for a meeting will be held for the next meeting unless it is determined to need immediate attention.
6. A Board member who receives a complaint from a staff member about an internal staff matter will refer the person to internal staff policies and procedures.
7. A Board member who has an issue with staff performance or operations should first present the matter to the executive director. If the matter remains unresolved after a reasonable period of time, the matter should be referred to the chair. If a member has an issue with the executive director's performance, it shall be referred to the chair for consideration by the Executive Committee.

## CONFIDENTIALITY/PRIVACY PROTECTION

The collection, creation, receipt, maintenance and dissemination of data maintained by the Board is governed by the Minnesota Government Data Practices Act.

## CONFLICT OF INTEREST

As specified in Minnesota Statutes 144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

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## CODE OF CONDUCT

The Board expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Board members. We value:

- a supportive and respectful work environment for our members and employees,
- a diverse and representative work force,
- a workplace where employees and those we serve are treated fairly and equitably,
- appreciation, acknowledgment and acceptance of individual differences,
- employees and Board members who take responsibility for modeling appropriate behavior and assuring respectful behavior of others.

Board members must represent un-conflicted loyalty to the interests of the citizens of Minnesota. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. This accountability supersedes the personal interest of any member acting as an individual consumer of the agency's services.

Board members will comply with all pertinent state laws and regulations that are applicable to public officials.

1. If a Board member has a conflict of interest in a matter before the Board, including any of the following areas, the member shall declare the conflict and refrain from discussion, and may not vote on the matter. In addition to these restrictions, if the conflict of interest is known in advance and is financial in nature, the member must prepare a written statement describing the matter requiring action or decision and the nature of the potential conflict of interest and deliver a copy of the statement to the Board chair.
  - A. There must be no self-dealing or any conduct of private business or personal services between any member and the Board except as outlined in policy. This is to assure openness, competitive opportunity and equal access to information.
  - B. Board members must not use their positions to obtain employment within the agency for themselves, family members or close associates.
  - C. Should a Board member be considered for employment by the Board, s/he must temporarily withdraw from Board deliberation, voting and access to private Board information.
2. Board members may not attempt to exercise individual authority over the agency except as explicitly set forth in Board policies.
  - A. Board members' interactions with the executive director or with staff must recognize the lack of authority in any individual member or group of Board members.
  - B. Board members' interactions with the public, press or other entities must recognize the same limitation and the similar inability to speak for the Board unless specifically directed by the Board.
  - C. Board members will make no judgments of the executive director or staff performance, except as outlined in the IOP process.
  - D. Board members shall not engage in a business or professional activity that the affected person might reasonably expect would require or induce the affected person to disclose confidential information acquired by reason of the official position.
  - E. Board members shall not appear before the Board while acting as an advocate for him/herself or any other person who has an economic interest. Board members shall not represent, directly or indirectly, any business entity in any action or proceeding against the interest of the Board, or in any litigation in which the Board is a party.
  - F. Board members shall not use the official position to secure a special privilege or exemption for the affected person or others, or to secure confidential information for any purpose other than official duties.
  - G. Board members shall not intentionally or knowingly disclose any confidential information gained by reason of the affected person's position concerning the property, operations, policies or affairs of the Board, or use such confidential information for pecuniary gain.
3. Complaints related to violations of this Code of Conduct will be referred to the Executive Committee. The Executive Committee, in consultation with the Attorney General's Office, will determine the appropriate course of action.

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## EXECUTION OF CONTRACTS

The Board, except as otherwise provided in these internal operating procedures, may authorize any officer(s) or employee(s) to execute and deliver any contract or instrument in the name of and on behalf of the Board.

## AMENDMENTS TO INTERNAL OPERATING PROCEDURES

Amendments of these internal operating procedures may be made at any meeting by a majority vote of all voting Board members. Suspending operating procedures does not constitute amendment.

The Board shall formally review and approve the internal operating procedures at the first meeting of each even-numbered year.

## WORK PLAN

The Board shall prepare an initial work plan, which may be updated at least biennially.

## ANNUAL SELF-ASSESSMENT

The Board and the executive director will conduct a self-assessment on an annual basis, preferably in December of each year. The purpose of the annual Board assessment is to evaluate the effectiveness of the Board governance structure and to determine developmental needs.

## COMMITTEES

### EXECUTIVE COMMITTEE

The Executive Committee will confer between meetings of the Board at the request of the chair and report all actions to the Board at its next meeting. The Committee is responsible for appraising the performance of the executive director at least annually and for developing, maintaining and enforcing a statement or policy regarding conflict of interest. The Executive Committee is comprised of the Board chair, vice chair, secretary, Complaint Review Panel chair and an at-large Board member elected by the Board. The Board's chair is the chair of the Executive Committee.

### COMPLAINT REVIEW PANEL

The Complaint Review Panel, appointed by the chair, meets in closed session to review staff investigations of complaints against licensed ambulance services, training programs and individuals certified by the Board. The Panel also reviews criminal disclosure statements by individuals applying for certification or registration. The Panel reports to the Board when disciplinary action is recommended.

### DATA POLICY STANDING ADVISORY COMMITTEE

The Committee chair and members of the Data Policy Standing Advisory Committee shall be appointed by the Board chair, in consultation with the chair of the Committee. Members shall include Board members and other individuals with interest or expertise in pre-hospital data. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from ambulance services (both rural and metro, direct data entry users and providers uploading data) and those representing public health, medical research and other public interests (hereafter public interest). At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service or public entity shall have more than one representative from the same agency. The Committee chair may appoint workgroups or subcommittees as needed which may include Committee and non-Committee members. Terms shall be for two years; members shall be appointed from an applicant pool without regard to previous appointment, but members may be reappointed. At the first meeting after appointment, Committee members may designate an alternate. The alternates will be appointed by the chair of the Committee. Failure of a member or alternate to attend three consecutive meetings may result in

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removal from the Committee. The Committee shall recommend policies and practices to the Board on the use and dissemination of pre-hospital data collected by the Board within the provisions of applicable law. The Committee may adopt additional policies and procedures to further define its responsibilities, which shall be effective upon approval by the Board.

Examples of Committee Structure:

Ambulance Service Providers:

- Four providers uploading data to MNSTAR
- Two providers using direct data entry
- Ambulance Service Medical Director

Public Interest:

- County Public Health
- Regional Program
- Minnesota Department of Health
- Hospital
- Medical Research
- EMSC
- Legislator
- Other Public

## MEDICAL DIRECTION STANDING ADVISORY COMMITTEE

The chair, in consultation with the Executive Committee, shall appoint the chair (who must be a physician Board Member) and the members of the Medical Direction Standing Advisory Committee. The members of the Committee shall be appointed by the Committee chair in consultation with the Board chair and the Executive Committee. The Medical Direction Standing Advisory Committee shall include, at a minimum, all physician members of the Board and the medical director from each of the designated regional EMS systems. Membership terms shall be for two years; members shall be appointed from an applicant pool, without regard to previous appointment. Failure of a member to attend three consecutive Committee meetings may result in removal from the Committee. The Committee may adopt additional policies and procedures to further define the Committee's responsibilities, which shall be effective upon approval by the Board.

[Note: The chair requested review of the January 2010 IOP amendments under the topic of "Medical Direction Standing Advisory Committee" by Dr. Thomas in consultation with Dr. Kocken and provide recommended changes to the executive committee.]

## AD HOC COMMITTEES

Special ad hoc committees may be appointed by the chair with the concurrence of the Board for special tasks as circumstances warrant. The membership of ad hoc committees may be different than the membership of standing committees, as directed by majority vote of a quorum of the meeting.

## COMMITTEE CHAIRS

The chairs of committees, standing advisory committees, advisory task forces and ad hoc committees must be Board members.

## COMMITTEE QUORUMS

The presence of a majority of the appointed or designated voting committee, standing advisory committee, advisory task force or ad hoc committee members constitutes a quorum.

## COMMITTEE MINUTES

Each committee, standing advisory committee and advisory task force shall keep minutes. The minutes will reflect how each member voted.

## ADMINISTRATION

### INDEMNIFICATION

The Board may purchase and maintain insurance, if necessary, on behalf of any Board member or staff member or Board employee to cover any liability asserted against or incurred by such person arising out of an alleged act or omission occurring while a Board or staff member or Board employee is acting within the scope of his or her employment by the Board or while fulfilling Board responsibilities.

### APPOINTMENT OF EXECUTIVE DIRECTOR

The Board shall appoint an executive director who shall serve in the unclassified service. All employees covered by the State of Minnesota's Managerial Plan who become eligible for a cost-of-living pay increase will automatically receive the increase when it is made available by the state.

### EXECUTIVE CONSTRAINT

The executive director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted government or professional ethics, law or state policy.

## EMERGENCY MEDICAL SERVICES REGULATORY BOARD INTERNAL OPERATING PROCEDURES

1. It is the policy of the Board to provide a work environment that ensures equal opportunities and mutual respect for all employees, and to place the dignity of these employees, as well as the citizens we serve, in the highest regard.
2. Information and advice to the Board will have no significant gaps in timeliness, completeness or accuracy.
3. There shall be no conflict of interest in awarding purchases or other contracts.
4. All Board authority delegated to staff is delegated through the executive director, so that all authority and accountability of staff can be phrased-- insofar as the Board is concerned--as authority and accountability of the executive director.
5. The executive director is authorized to establish all means policies, make all decisions, take all actions and develop all activities that are true to the Board's policies. The Board may, by extending its policies, "undelegate" areas of the executive director's authority, but will respect the executive director's choices so long as the delegation continues. This does not prevent the Board from obtaining information about activities in the delegated areas.
6. No individual Board member, officer or committee (except the Executive Committee) has authority over the executive director. Information may be requested, but if such request, in the executive director's judgment, requires a material amount of staff time, it may be refused.
7. Should the executive director deem it necessary to violate Board policy, s/he shall inform an officer of the Board. Informing is simply to guarantee no violation may be intentionally kept from the Board, not to request approval. Officer response, either approving or disapproving, does not exempt the executive director from subsequent Board judgment of the action nor does it impede any executive decision.
8. As the Board's single official link to the operating organization, the executive director is accountable for all organizational performance and exercises all authority transmitted into the organization by the Board. Executive director performance will be considered to be synonymous with organizational performance as a total.

### EXECUTIVE DIRECTOR EVALUATION

The Executive Committee is responsible for the evaluation of the executive director in May of each year or as necessary to align with the state's performance review cycles. All Board members complete an evaluation form. The evaluation forms are held by the Board

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secretary in confidence. Examples or statements should accompany each performance factor when the executive director is rated a 1 or 5. If Board members do not have direct knowledge or observation of performance within a specific factor, they leave that rating blank and state "no direct knowledge". The overall performance rating is based on only the factors completed. The Executive Committee has latitude in how it weighs the evaluation form results compared to other performance criteria. It recommends to the Board the outcome of the evaluation process and any employment action. The Executive Committee, at the time of the executive director's evaluation, conducts joint goal setting with the executive director for the forthcoming year. The position description is reviewed to assure compatibility with goals. The Executive Committee is responsible to the Board for oversight of the executive director's reviews. These reviews are an integral part of the overall performance evaluation. The Board secretary reports the results to the Board.

#### OTHER STAFF APPOINTMENTS

The executive director shall appoint other members of the staff.

#### STAFF ORGANIZATION

The executive director shall be responsible for designing, changing and operating an effective management structure, for staff organization and for all human resource functions.

## APPENDIX: DECISION-MAKING GUIDELINES

### ENDS/MEANS PHILOSOPHY\*

*Ends* policies may include one, two or all three of the following components:

1. Focused on the impact, difference, change, benefit or outcome to be obtained through EMS in the lives of the people and the communities of Minnesota (results). **FOR WHAT GOOD?**
2. Focused on identifying and describing the populations (recipients) to receive services. **FOR WHICH PEOPLE?**
3. Focused on the monetary expense, relative worth or relative priority of a result or set of results, or the comparative priority of certain recipients rather than others getting the results. **AT WHAT COST?**

*Means* policies are any organizational issues that are not *ends*.

### POTENTIAL INFORMATION SOURCES FOR DECISION-MAKING

#### STAFF

There is a **short-term or on-going** organizational activity/issue that requires on-going or just-in-time information gathering and to formulate recommendations which contribute to responsible decision-making.

#### BOARD COMMITTEE

There is an organizational core activity/issue for which the Board is solely responsible, that requires **on-going** information gathering and concentrated, extensive discussion to formulate recommendations which contribute to responsible decision-making. The core activity/issue may include the need for consistent membership that contributes expertise from the Board. The committee responsibilities can be stated in broad, categorical terms, e.g., Executive Committee.

#### ADVISORY COMMITTEE

There is a **long-term** Board activity that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms, e.g., Medical Direction Standing Advisory Committee.

#### AD HOC COMMITTEE

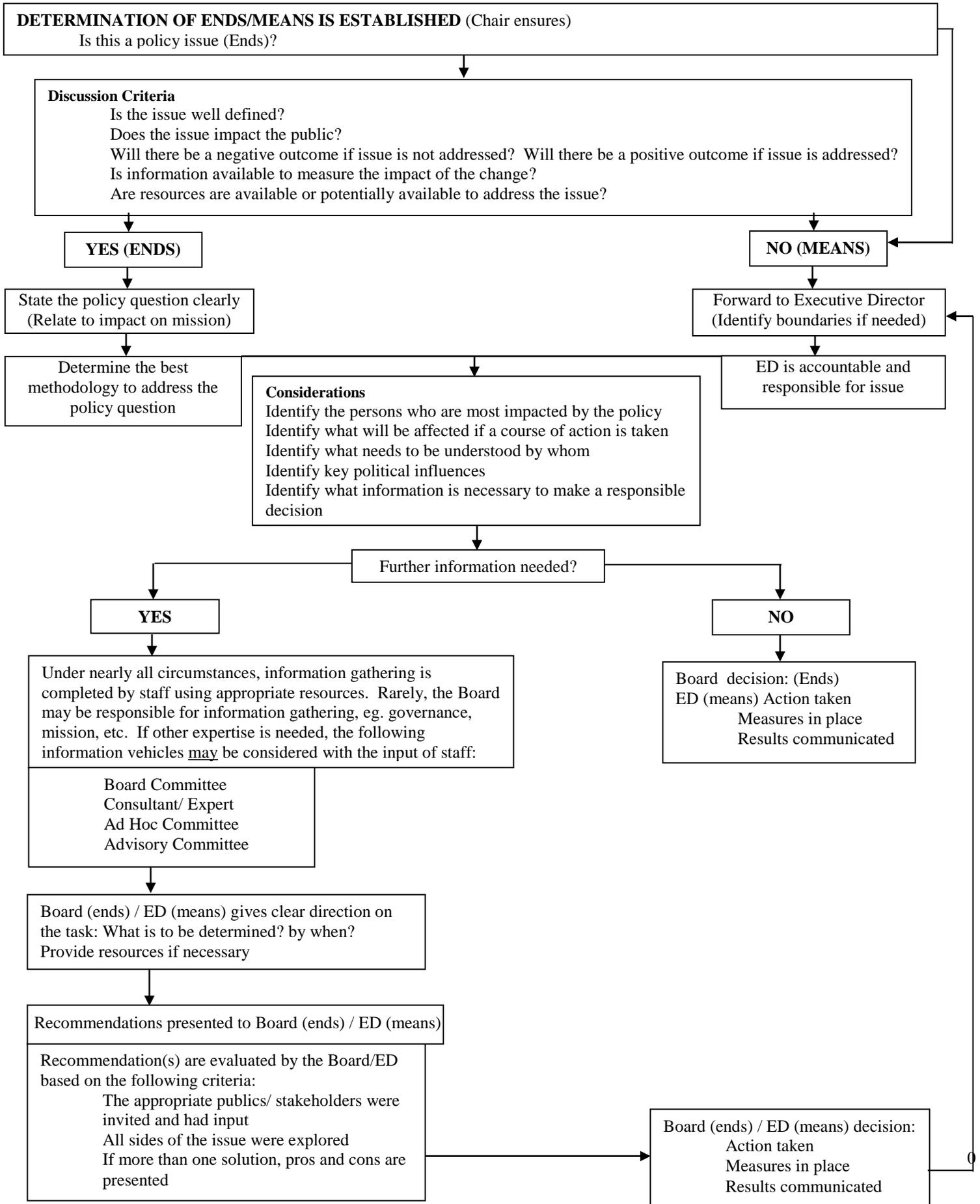
There is a **short-term** Board activity/issue that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity/issue may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms.

#### CONSULTANT/EXPERT

There is a **short-term** Board activity/issue that requires special expertise from an individual or group for the Board to take action.

- Carver (1997) *Reinventing Your Board*. Jossey-Bass: San Francisco, p. 18.

## Decision-Making Guidelines Flowchart



# Public Notification of Cooper/Sams Award Program Payments for FY 2014

**Ambulance Services**

- Ambulance Service Forms
- Cooper/Sams Volunteer Ambulance Award Program
- Critical Incident Resources
- MNSTAR
- Primary Service Area Descriptions
- Patient Care Guidelines
- EMS Education Reimbursement

## Cooper/Sams Volunteer Ambulance Award Program

Minnesota's Cooper/Sams Volunteer Ambulance Award and Incentive Program was designed to recognize and reward volunteer ambulance service personnel and provide incentive for volunteers to enter emergency medical services.

Each year application packets are sent via email to the licensed ambulance services. Ambulance services and the Volunteers need to complete an application each year. Application for service credit must be received by the EMSRB with a postmark no later than August 1 each year.

**Important Notice**

Claim applications will be accepted until October 1st, 2015. Applications submitted after October 1, 2015 will be held for payouts with the application that meet the October 1, 2016 deadline.

All applications received on or before October 1, 2015 have been processed for payment. If you are expecting a payment you should receive it within two (2) weeks from March 31, 2015. If you have not received your payment in this timeline, please follow up by contacting the EMSRB at 651-201-2802 or e-mail [melody.nagy@state.mn.us](mailto:melody.nagy@state.mn.us).

Volunteers who meet the following requirements may apply for their cash award by October 1 of each year: 1) must be at least 50 years of age; 2) must have accrued at least 5 service credits; and 3) must no longer be providing active volunteer service on the ambulance. Applications to claim an award must be received by the EMSRB with a postmark no later than October 1 each year. Award payments will be made by about April 1, of the following year.

Each credit is worth \$447.19.

[Cooper Sams FAQ](#)

**PLEASE BE ADVISED!** Collecting a Cooper/Sams Volunteer Ambulance Award may have Federal, State, or other tax implications. The EMSRB asks you to please consult your tax professional before proceeding to request an award payout. The EMSRB will not counsel you on tax related matters.

For information on 1099 or other tax forms please call: 651-201-8201

For information on award payments please call: 651-201-8106

## Volunteer Education Reimbursement (VER) Process Changes

A total of 238 applications for training reimbursement were processed over two days, March 19-20, 2015. Of those 238, only 13% (31) of the applications were complete and eligible for payment under current processes. The vast majority of applications, 87%, did not qualify for payment for the reasons listed below.

No. of Apps	Percent	Outcome	Reason
31	13%	Processed	5 were already paid
78	33%	Not processed	No receipts present
63	26%	Not processed	Various. 2013 or earlier
25	11%	Not processed	Service doesn't have a vendor ID
31	13%	Not processed	Applicable course didn't appear on Applicant's course record
5	2%	Not processed	Applicant not found
3	1%	Not processed	Not payable until September 2015 (one year requirement)
2	1%	Not processed	No application received, just invoices. No identification of ambulance service and no match to "no receipts present" group.
238			

To significantly improve the processing rate and ensure efficient and fair reimbursement to volunteer ambulance services, the following changes will be made to VTR processing:

- 1.) Process all completed application forms, whether or not receipts are present. With respect to basic/initial training, if the individual's training is verified online, the service is entitled to the minimum \$600 based on the required number of training hours alone, \$797.50 (110 hours x \$7.25/hr.) With respect to EMT refreshers, the service is entitled to at least \$174.00 (24 hrs. X \$7.25.) Going forward, competency will no longer be assessed based on hours. To remove the back log, existing applications without receipts will be processed for payment.
- 2.) Process Tuition Reimbursement Applications for Paramedics that meet volunteer status at the \$275 rate consistent with refresher language at 144.28, Subd. 7(b.)
- 3.) Update the Tuition Reimbursement Application online. See new pdf fillable form attached. This form appears on the EMSRB website and will simply need to be switched out to replace the existing form. <http://mn.gov/health-licensing-boards/emsr/ambulanceservices/trainingreimbursement.jsp>
- 4.) Return denied and/or incomplete applications to the service within thirty days. As opposed to a voice message or email that might be overlooked, the returned application would serve as a clear reminder that information is still needed. See Incomplete Application form attached. Old and incomplete applications will be returned to 54 Ambulance services within the week. These ambulance services may throw them out, save them for their records or provide the requested information for payment.
- 5.) Next steps for consideration:
  - a. Review program in relation to longevity (144E.46.) For example, include reminder to submit application for longevity prior to October 1 annual deadline on application. Link online program descriptions and/or include specific tab for "volunteer" processing.
  - b. Re-communicate program.
  - c. Determine whether there is a way to identify eligible ambulance services that have not submitted reimbursement applications and contact them to re-communicate opportunity.
  - d. Consider that Minn. Stat. §144E.35 be amended as follows:

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

*Subdivision 1. **Repayment for volunteer education.** A licensed ambulance service shall be reimbursed by the board for the necessary expense of the initial education of a volunteer ambulance attendant upon successful completion by the attendant of an EMT education course, or a continuing education course for EMT care, or both, which has been approved by the board, pursuant to section 144E.285. ~~Reimbursement may include tuition, transportation, food, lodging, hourly payment for the time spent in the education course, and other necessary expenditures, except that in no instance shall~~ A volunteer ambulance attendant be re-imbursed ~~more than~~ \$600 for successful completion of an initial education course, and \$275 for successful completion of a continuing education course that leads to renewal.*

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



APPLICATION FOR EDUCATION REIMBURSEMENT (MINN. STAT. §144E.35)

VOLUNTEER AMBULANCE ATTENDANT

Name: \_\_\_\_\_ Minnesota Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The above named individual must have served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulances. Applications received prior to the one year requirement will be held and verified eligible for payment promptly following the fulfillment of the one year requirement.

VOLUNTEER AMBULANCE SERVICE:

Name: \_\_\_\_\_ Minnesota License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

ELIGIBLE EDUCATION PROGRAM:

Education Program: \_\_\_\_\_ Course Location (City, State): \_\_\_\_\_

Lead Instructor: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

REIMBURSEMENT REQUESTED

Reimbursement amount sought: (X next to amount)

\_\_\_\_\_ \$600 for successful completion of an initial education course.

\_\_\_\_\_ \$275 for successful completion of an EMT refresher course.

I, \_\_\_\_\_, director of the aforementioned ambulance service, certify that \_\_\_\_\_ (student) has served as a volunteer for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, and has provided medical services without expectation of remuneration, has not depended in any way upon provision of these services for his/her livelihood nor has received any remuneration for actual service provision in excess of \$6,000 within one year of the final certification, and has served for one year from that date as an active member of this ambulance service.

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES AND RECEIPTS, TO: VOLUNTEER EDUCATION REIMBURSEMENT, EMSRB, 2829 UNIVERSITY AVE. S.E., #310, MINNEAPOLIS, MN 55414-3222

**RETURN TO:**

Date: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_ License # \_\_\_\_\_

**INCOMPLETE APPLICATION FOR EDUCATION REIMBURSEMENT (MINN. STAT. §144E.35)**

After three unsuccessful attempts to contact your service, the attached tuition reimbursement application(s) is being returned as incomplete. The reason is noted below. Please supply the requested information for processing and prompt payment:

\_\_\_\_\_ Unable to locate student in elicensing. Please advise if a name change has occurred, correct misspellings and/or provide social security number for search.

Alternate name: \_\_\_\_\_

Social security number: \_\_\_\_\_

\_\_\_\_\_ Unable to confirm course completion by student. Students who do not successfully complete a course are not eligible for education reimbursement. If the student has **SUCCESSFULLY** completed education, please:

- follow up with the education program to correct the elicensing record and/or
- submit the application after the student's renewal opens and the record of course completion is entered.

\_\_\_\_\_ Missing signature of ambulance service director to certify volunteer service.

**APPLICATION DENIED**

\_\_\_\_\_ The attached application is denied as ineligible under 144E.35.

**CURRENT APPLICATIONS FOR EDUCATION REIMBURSEMENT FORMS MAY BE FOUND AT:**

**[HTTP://MN.GOV/HEALTH-LICENSING-BOARDS/EMSRB/AMBULANCESERVICES/TRAININGREIMBURSEMENT.JSP](http://mn.gov/health-licensing-boards/emsrb/ambulanceservices/trainingreimbursement.jsp)**

**SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES AND RECEIPTS, TO: VOLUNTEER EDUCATION REIMBURSEMENT, EMSRB, 2829 UNIVERSITY AVE. S.E., #310, MINNEAPOLIS, MN 55414-3222**

## **MNSTAR Data Policy** **Staff Recommendations to Executive Committee**

### **Data Policy Standing Advisory Committee (DPSAC):**

- **Re-establish Committee in accordance with Board IOP:**

The Committee chair and members of the Data Policy Standing Advisory Committee shall be appointed by the Board chair, in consultation with the chair of the Committee. Members shall include Board members and other individuals with interest or expertise in pre-hospital data. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from ambulance services (both rural and metro, direct data entry users and providers uploading data) and those representing public health, medical research and other public interests (hereafter public interest). At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service or public entity shall have more than one representative from the same agency. The Committee chair may appoint workgroups or subcommittees as needed which may include Committee and non-Committee members. Terms shall be for two years; members shall be appointed from an applicant pool without regard to previous appointment, but members may be reappointed. At the first meeting after appointment, Committee members may designate an alternate. The alternates will be appointed by the chair of the Committee. Failure of a member or alternate to attend three consecutive meetings may result in removal from the Committee. The Committee shall recommend policies and practices to the Board on the use and dissemination of pre-hospital data collected by the Board within the provisions of applicable law. The Committee may adopt additional policies and procedures to further define its responsibilities, which shall be effective upon approval by the Board.

#### ***Examples of Committee Structure:***

##### *Ambulance Service Providers:*

- Four providers uploading data to MNSTAR
- Two providers using direct data entry
- Ambulance Service Medical Director

##### *Public Interest:*

- County Public Health
- Regional Program
- Minnesota Department of Health
- Hospital
- Medical Research
- EMSC
- Legislator
- Other Public

#### **Past DPSAC Membership:**

##### **DPSAC – Chairperson**

Dr. Paul Satterlee #

##### **Ambulance Provider - Uploading to MNSTAR**

Darel Radde – Ridgeview Ambulance Service

Tom Fennell – Gold Cross Ambulance Service

Aarron Reinert – Lakes Region EMS

Patrick Egan – Allina Medical Transportation

**Ambulance Provider - Direct Entry to Web-Site**

Renee Donnelly – Deer River Ambulance Service

Jim Aagenes

**County Public Health**

Marty Forseth – Dakota County Public Health

Suzanne Gaines – Hennepin County Public Health - EMS Unit

**Minnesota Department of Health (MDH)**

Curtis Fraser - Injury and Violence Prevention Unit – MDH

**Hospital**

Dave Waltz – Regions Hospital

**EMSC / Medical Research**

Lee Pyles, M.D. – Co-Medical Director – EMSC Resource Center

**Public**

Kathleen Haney #

# = **Indicates EMSRB Board Member**

### **Recommended Initial Charge for DPSAC:**

- Review Data Policy Ad-hoc Workgroup Report recommendations presented to the Board in September 2012 and develop recommended policies and procedures to reflect the recommendations of the report by September 2015.
- Review most current version of NEMSIS version 3 requirements and develop and propose a timeline for Minnesota to move to NEMSIS version 3 and present to the Board by September 2015.
- Review and address through recommended policy data collection requirements, where Minnesota licensed services may be affected by dataset implementation dates set by bordering states moving to NEMSIS version 3 and provide recommendations to the Board by September 2015.

**Changes to Minnesota Statutes 144E related to [HF 423](#) and [SF 379](#)****Ambulance Staffing Requirement & Coverage of Primary Service Area (PSA) by Neighboring Ambulance Service****Effective March 27, 2015****Talking/Thinking Points**

Changes have recently been made to Minnesota Statutes to allow *Basic Life Support (BLS)* licensed ambulance services to staff ambulances with one Emergency Medical Responder (EMR) driver and one EMT without applying for a staffing hardship variance from the EMSRB. This law change gives *BLS* ambulance services discretion on how ambulances are staffed for emergency, non-emergency and inter-hospital / inter-facility transfers. If ambulance services are staffing with EMR personnel the service is required to maintain the following for EMT and EMR personnel:

- Listed on the active roster of the ambulance service.
- Documentation on file of valid drivers' license and completion of Emergency Vehicles Operation training approved by the licensee (ambulance service).
- Annual skill verification approved by the ambulance service medical director for both EMR and EMT staff.

**Note: Advanced Life Support licensed ambulance services, full-time or part-time must continue to apply for staffing hardship variance from the EMSRB.**

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Changes have been made to Minnesota Statutes that allows licensed ambulance services to have agreements with neighboring services to provide PSA coverage for up to 12 hours.

*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 part-time 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 not permit the neighboring licensed ambulance service to serve the licensee's primary service area for more than 12 hours per day. 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 based in a community with a population of less than 2,500 persons.*

It is recommended that the following "thinking/talking points" be considered when developing agreements with neighboring ambulance services (licensed in Minnesota and not licensed in Minnesota).

1. The time periods when the neighboring ambulance service will be providing coverage of the licensee's primary service area.
  - a. Documentation is maintained of the dates and times the ambulance service is operating under the agreement.
2. Notification process of the County, City or private Public Safety Answering Point (PSAP) when the licensed ambulance service for the primary area will not be providing continual service.
  - a. Additional notifications of: City, County, Townships, EMSRB and other neighboring ambulance services, Emergency Medical Response Units, fire departments and law enforcement agencies in the primary service area.
3. Documentation that ambulance primary service area response time of 25 miles 30 minute response time from the licensee's base of operation or substations to the most distant portion of the licensed PSA will be met by the neighboring licensed ambulance service (reference MR4690.3400, subdivision 3).
4. Location where agreeing ambulance service will position ambulances and ambulance personnel to meet primary service area response time provisions in three (3) above.
5. The agreements are executed and signed by the owners of the licensed ambulance services and maintained in the licensee's files.

Please also see Minnesota Statutes that conflict with the above agreement Statute:

[MS 144E.101 subdivision 3 and 11 \(a\) \(1\)](#) – Continual Service and Personnel Roster and Files

[MS 144E.10 subdivision 1](#) – License Required

Ambulance services entering into agreements under this statute may want to consider seeking legal counsel when executing agreements with neighboring ambulance services to provide PSA coverage.

This Document can be made available in alternative formats upon request

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 423

- 01/29/2015 Authored by Backer, Schomacker, Zerwas, Schoen, Barrett and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 02/09/2015 Adoption of Report: Placed on the General Register as Amended  
Read Second Time
- 02/19/2015 By motion, recalled and re-referred to the Committee on Public Safety and Crime Prevention Policy and Finance
- 02/25/2015 Adoption of Report: Placed on the General Register  
Read Second Time
- 03/02/2015 Calendar for the Day  
Read Third Time  
Passed by the House and transmitted to the Senate
- 03/26/2015 Passed by the Senate and returned to the House

1.1 A bill for an act  
 1.2 relating to health; eliminating the requirement of a variance for a staff  
 1.3 requirement for ambulance services; allowing alternative ambulance staffing in  
 1.4 certain areas; allowing a licensed ambulance service in limited areas to accept  
 1.5 full mutual aid support on a part-time basis; amending Minnesota Statutes 2014,  
 1.6 section 144E.101, subdivisions 6, 12.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2014, section 144E.101, subdivision 6, is amended to  
 1.9 read:

1.10 Subd. 6. **Basic life support.** (a) Except as provided in ~~paragraphs~~ paragraph (e) and  
 1.11 (f), a basic life-support ambulance shall be staffed by at least two EMTs, one of whom  
 1.12 must accompany the patient and provide a level of care so as to ensure that:

- 1.13 (1) life-threatening situations and potentially serious injuries are recognized;
- 1.14 (2) patients are protected from additional hazards;
- 1.15 (3) basic treatment to reduce the seriousness of emergency situations is administered;
- 1.16 and
- 1.17 (4) patients are transported to an appropriate medical facility for treatment.

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

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

1.20 (d) A basic life-support service licensee's medical director may authorize ambulance  
 1.21 service personnel to perform intravenous infusion and use equipment that is within the  
 1.22 licensure level of the ambulance service, including administration of an opiate antagonist.  
 1.23 Ambulance service personnel must be properly trained. Documentation of authorization  
 1.24 for use, guidelines for use, continuing education, and skill verification must be maintained  
 1.25 in the licensee's files.

2.1 (e) ~~Upon application from an ambulance service that includes evidence~~  
2.2 ~~demonstrating hardship, the board may grant a variance from the staff requirements in~~  
2.3 ~~paragraph (a) and may authorize a basic life-support ambulance to be staffed by one EMT~~  
2.4 ~~and one registered emergency medical responder driver for all emergency ambulance calls~~  
2.5 ~~and interfacility transfers. The variance shall apply to basic life-support ambulances~~  
2.6 ~~operated by the ambulance service until the ambulance service renews its license. When a~~  
2.7 ~~variance expires, an ambulance service may apply for a new variance under this paragraph.~~  
2.8 For emergency ambulance calls and interfacility transfers, an ambulance service may  
2.9 staff its basic life-support ambulances with one EMT, who must accompany the patient,  
2.10 and one registered emergency medical responder driver. For purposes of this paragraph,  
2.11 "ambulance service" means either an ambulance service whose primary service area is  
2.12 mainly located outside the metropolitan counties listed in section 473.121, subdivision 4,  
2.13 and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an  
2.14 ambulance service based in a community with a population of less than ~~1,000~~ 2,500.

2.15 (f) ~~After an initial emergency ambulance call, each subsequent emergency ambulance~~  
2.16 ~~response, until the initial ambulance is again available, and interfacility transfers, may~~  
2.17 ~~be staffed by one registered emergency medical responder driver and an EMT. The~~  
2.18 ~~EMT must accompany the patient and provide the level of care required in paragraph~~  
2.19 ~~(a). This paragraph applies only to an ambulance service whose primary service area is~~  
2.20 ~~mainly located outside the metropolitan counties listed in section 473.121, subdivision~~  
2.21 ~~4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an~~  
2.22 ~~ambulance based in a community with a population of less than 1,000 persons.~~

2.23 Sec. 2. Minnesota Statutes 2014, section 144E.101, subdivision 12, is amended to read:

2.24 Subd. 12. **Mutual aid agreement.** (a) A licensee shall have a written agreement  
2.25 with at least one neighboring licensed ambulance service for the preplanned and organized  
2.26 response of emergency medical services, and other emergency personnel and equipment,  
2.27 to a request for assistance in an emergency when local ambulance transport resources have  
2.28 been expended. The response is predicated upon formal agreements among participating  
2.29 ambulance services. A copy of each mutual aid agreement shall be maintained in the  
2.30 files of the licensee.

2.31 (b) A licensee may have a written agreement with a neighboring licensed ambulance  
2.32 service, including a licensed ambulance service from a neighboring state if that service is  
2.33 currently and remains in compliance with its home state licensing requirements, to provide  
2.34 part-time support to the primary service area of the licensee upon the licensee's request.  
2.35 The agreement may allow the licensee to suspend ambulance services in its primary

3.1 service area during the times the neighboring licensed ambulance service has agreed to  
3.2 provide all emergency services to the licensee's primary service area. The agreement may  
3.3 not permit the neighboring licensed ambulance service to serve the licensee's primary  
3.4 service area for more than 12 hours per day. This paragraph applies only to an ambulance  
3.5 service whose primary service area is mainly located outside the metropolitan counties  
3.6 listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato,  
3.7 Moorhead, Rochester, and St. Cloud, or an ambulance based in a community with a  
3.8 population of less than 2,500 persons.

3.9 Sec. 3. **EFFECTIVE DATE.**

3.10 Sections 1 and 2 are effective the day following final enactment.