

**State of Minnesota
Emergency Medical Services Regulatory Board**

Legislative Ad-Hoc Work Group Meeting

**October 27, 2016 – 1:00 p.m.
EMSRB Conference Room
2829 University Avenue Southeast, Suite 310
Minneapolis, Minnesota 55414-3222**

[Directions & Parking](#)

Agenda

- 1. Call to Order – (1:00 p.m.) – Kevin Miller, Ad-Hoc Work Group Chair**
- 2. Approval of Agenda**
Motion: To approve the agenda for the October 27, 2016 Legislative Ad-Hoc Work Group meeting.
- 3. Approval of Meeting Notes**
Motion: To approve the meeting notes from February 11, 2016 and October 10, 2016
- 4. Chair’s Comments**
- 5. Statutes to consider for amendment**
 - a. Identify work flow/stakeholder group for each
 - b. Set timelines for each
- 6. Discuss key legislative dates**
- 7. Other Work Group business**
- 8. Meeting schedule 2016**
- 9. Adjourn Meeting**
Motion: To Adjourn

Note: Some committee members may be attending this meeting by conference call. In accordance with Minn. Stat. § 13D.015, subdivision 4, the public portion of this meeting, therefore, may be monitored by the public remotely. If you wish to attend by conference call, please contact Melody Nagy by email at melody.nagy@state.mn.us or at (651) 201-2802 for connection information. Please make contact no later than 10:00 a.m. on Wednesday, October 26, 2016 to ensure a response in time to connect to the meeting.

The public may also attend this meeting in person at the location identified at the top of the agenda.

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>

State of Minnesota
Emergency Medical Services Regulatory Board
Board Legislative Ad-Hoc work Group Meeting
Thursday February 11, 2016
EMSRB Offices – 4th Floor Conference Room A

Members Present: Chair – Kevin Miller, JB Guiton, Robert Norlen, Mary Zappetillo, Chris Popp.
Absent: Tom Vanderwal, Tom Fennell, Tony Spector, Lisa Consie, Lisa Brodsky, Jill Ryan Schultz,
Rep. Jeff Backer, Senator Kathy Sheran

1. Meeting called to order at 13:10
2. Agenda Approval – Guiton motioned, Zappetillo Second, Passed
3. Approval of Meeting notes –Guiton Motion, Norlen Second, Passed
4. No Chair Comments
5. Legislator update
 - a. Miller, Spector, and MAA lobbyist Buck McAlpin met with Representative Zerwas and Representative Albright to introduce the idea of having a technical/ cleanup bill and a legislative request to base funding and infrastructure needs. Met with the Representatives separately over two days. They were very supportive of the technical bill idea, and had an interest in discussing the funding request, but indicated that this could be difficult in a non-funding year. However, didn't completely dismiss the idea. Representative Albright has an HLB bill that may be a good avenue to increase funding to the EMSRB, but wanted more information.
6. Reviewed technical bills as they were placed in Reviser format.
 - a. Agreed that language to 144E.50 and 144E.275, which are technical corrections, would be jacketed together. This is to be considered the Board's "Technical Bill."
 - b. Agreed that Language changes to 144E.270, 144E.283, and 144E.285 could be jacketed together. This is to be considered the Boards cleanup bill. This cleanup adds the "Primary Instructor" definition to 144E.001. The term exists in statute but is not defined.

Language cleanup adds clarity to the 50% primary instructor requirement. Which had applied to EMT and Paramedic, and would now also apply to EMR instructors. Although new to EMR training, it synchronizes EMR instructor's requirements with EMT and Paramedic to primary instructors. Essentially requires a credentialed instructor(s) to teach 50% of an EMR, EMT or Paramedic class.

Motion to approve as outlined by Zappetillo, Seconded by Guiton. Passed without opposition

7. Workgroup discussion regarding on File 1. (EMS hardship)
 - a. Document was updated to reflect agreed upon changes from the last meeting. However, there are a few of areas that remain did not reach consensus. The workgroup agreed to table this, focus on the agreed upon 2016 items and get them into the pipeline.
 - b. The group agreed that the issue required greater discussion with partners like the MAA that is also working to shore up rural ambulance sustainability. It was agreed that hardship issues for ambulance coverage should not be a final resolve to staffing issues. Rather a signal to potential serious issues that may impact the ability of the

service, and ultimately the residents. We will pick this up, and target legislative a consensus for changes, if possible, in 2017.

8. Other Workgroup Business

- a. EMT drawing up Epi, rather than using a premeasured dose. During the last Executive committee meeting we agreed that this issue needs to go back to the MDSAC. Dr. Conterato from North Memorial would like to see this as an allowable skill for an EMT.
 - i. Concerns about EMT “scope creep” and could this introduce a level of harm if there was an error.
 - ii. Agreed the MDSAC should have agreement and agree that this could be an EMT Skill. If so how would we
 - iii. Concerned that this would be opposed by other paraprofessional agencies like the MNA.
 - b. MDSAC indicated that they would like the Legislative Workgroup to look into amending the Health Peace Officer Hold to allow a paramedic to be added to the “health officer” list. Likely in conjunction with the online physician medical director.
 - i. The workgroup discussed, and concluded that the Peace Officer/Health Officer hold statute is one that is not within the jurisdiction of the EMSRB. We agreed that making a proposal here that is overseen by another agency of Minnesota may not be in the best interest of the Board.
 - ii. The group agreed that such a proposal may be best carried by the industry rather than the EMSRB. It may be something for MN-ACEP or the MAA would be better off championing.
 1. The group did agree that if a bill was introduced, then testimony regarding the matter from some of our MDSAC & Board leaders would be germane to the Board as it would include a certification that we statutory authority.
9. The next meeting was not set, but will likely follow the next full Board meeting.
10. Motion to Adjourn by Zappetillo, second by Norlen. Passed. Adjourn at 15:32.

State of Minnesota
Emergency Medical Services Regulatory Board
Board Legislative Ad-Hoc work Group
Thursday October 10, 2016
Unofficial Conference call

Attendees: Kevin Miller, Tom Vanderwal, Tom Fennel, Buck McAlpin

This was a call to look discuss if the committee was missing any areas of 144E, not previously discussed by the group. There was no action taken. The group agreed that the current outline looks good, and that we should look at the Cooper/Sams statutes with the full committee to assure it remains strong and solvent.

The phone call lasted approximately 10mn.

Prepared by – Kevin Miller

**Emergency Medical Services Regulatory Board
Legislative Work Group
Tracking Log of Proposed Legislative Changes -- 2017 Session**

File #	Proposed Statute or Rule Change	Regulatory Area	EMSRB Priority	Rational for Proposed Changes	Action Taken
1	MS 144E.101, subd. 12b	Ambulance Staffing, Staffing Hardship variances, Continual Service, Ambulance Service Licensure.		Amendments would assure there is not contradictory language, and clearly define ambulance hardship requirements.	Policy Bill
2	MS 144E.001	Definitions		Add and define the terms and requirements for "Primary EMS Instructor."	Policy Bill
3	MN 144E.27	EMR Requirements		Remove and move EMR requirement to 144E.285; insert as a renewal requirement that the person successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director.	Policy Bill
4	MN 144E.28	Classification of a pre-hospital provider, EMT, AEMT, Paramedic (and would move EMR here).		Move EMR language to this certification section. Thus keeps all Certifications together. Updates to recertifications standards for all classifications.	Policy Bill
5	MS 144E.283	Education Program Instructor Requirements.		Rational: This change moves all education program instructors under one statutory requirement.	Policy Bill
6	MS 144E.285	Education Program Requirements at all Levels EMR, EMT,AEMT, Paramedic.		Rational: This change moves all education program approval requirements under one statutory area.	Policy Bill
7	Emergency Medical Responder	This is an intex heading recommended change.		Recommend that we change from "Emergency Medical Responder" to a term that doesn't conflict with EMR. Something more descriptive.	Does not require legislative action rather request to the Revisor's Office