

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Agenda
December 21, 2017 - 10:00 AM
2829 University Avenue S.E.
Conference Room A - Fourth Floor
Minneapolis MN 55414
Map and Directions

1. Call to Order -- 10:00 a.m.

2. Public Comment -- 10:05 a.m.

The public comment portion of the Executive Committee meeting is where the public is invited to address the committee on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

3. Approve Agenda -- 10:10 a.m.

4. Approve Minutes -- 10:15 a.m.

Approve Minutes from August 17, 2017

5. Board Chair Report -- 10:20 a.m.

- Transition to Small Agency Resource Team (SMaRT)

6. Executive Director Report -- 10:45 a.m.

- EMSRB eLicensing System Report
- Agency Report

7. Education Standards Standing Advisory Committee -- 11:15 a.m.

- Charge/Membership (Handout)

8. Committee Reports -- 11:30 a.m.

- Complaint Review Panel Report - Matt Simpson
- DPSAC Committee Report - Megan Hartigan
- Legislative Ad-Hoc Work Group Report - Kevin Miller (Handout)
- Medical Direction Standing Advisory Committee Report - Dr. Burnett

9. New Business -- 11:45 a.m.

10. Adjourn -- 11:55 a.m.

Lunch will be provided to Board members and guests during a break to be determined by the Board Chair.

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 agenda is posted at: <http://www.emsrb.state.mn.us>

Next Executive Committee Meeting

Thursday, February 15, 2017 -- 10 a.m.

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Minutes
August 17, 2017

Attendance: J.B. Guiton, Board Chair; Aaron Burnett, M.D; Jeffrey Ho, M.D.; Megan Hartigan; Kevin Miller; Matt Simpson; Tony Spector; Executive Director; Melody Nagy, Office Coordinator; Greg Schaefer, Assistant Attorney General

1. Call to Order – 10:18 a.m.

Mr. Guiton called the meeting to order at 10:18 a.m.

2. Public Comment – 10:19 a.m.

The public comment portion of the meeting is where the public is invited to address the Committee on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

None.

3. Approve Agenda – 10:20 a.m.

Mr. Guiton asked for a motion to approve the agenda.

Dr. Burnett asked to report on the request for a variance to the trauma triage transport guidelines.
Mr. Spector asked to reorder his presentation.

Motion: Dr. Ho moved to approve the agenda as amended. Mr. Simpson seconded.
Motion carried.

4. Approve Minutes – 10:25 a.m.

Approval of Executive Committee Meeting Minutes

Motion: Mr. Miller moved to approve the minutes from the April 20, 2017, Executive Committee meeting. Ms. Hartigan seconded. Motion carried.

5. Board Chair Report – 10:27 a.m.

None.

6. Executive Director Report – 10:30 a.m.

Agency Report

Mr. Spector said that the agency has been dealing with the challenges of multiple tasks and deadlines, especially as they relate to building the forms, triggers, and components of the new eLicensing system.

Mr. Spector said the Northwest EMS Specialist position was posted and applications were received. He said that in retrospect he would not have posted the position when he did because the time and commitment to build the eLicense system would not allow staff adequate time to train a new staff person. He said his timeline is to hire in September and have Mr. Armon do the training for the new staff person in October.

Mr. Spector said that after Rose Olson's departure, the EMSRB was able to acquire an employee from the Chiropractic Board through an interagency agreement. This employee's is on complaints and investigations.

Mr. Spector said that in May 2016 he asked staff to develop a critical task checklist. This information is needed for each position due to the need for a knowledge capture and succession planning. A general report was provided by a consultant (Julie Rapacki). Mr. Guiton said that there was staff resistance in change and a negative perception of why questions were asked.

Mr. Miller asked for a timeline of staff changes and work plan perspective. Mr. Spector said the backlog of investigations was shared with outside investigators. Mr. Spector said he is evaluating how staff will be able to handle these tasks in the future. He said he is looking at a Senior Investigator position. Mr. Spector said that Ms. Olson was managing complaints and investigations and ambulance licensing. He said he is looking evaluating whether complaints and investigations should be handled separately from ambulance licensure.

Mr. Spector said he is evaluation other staff positions including the need for a certification specialist and a grants specialist to manage grants and office activities.

Mr. Miller asked what the Board can do to assist. He asked for a written work plan. Mr. Spector said he would share the work plan. Mr. Spector said that he is seeking guidance from the Board.

eLicense Portal

Mr. Spector announced that the anticipated go live date for the new eLicensing Portal is September 7, 2017. This will be a "soft opening." Mr. Spector said that a message is posted on the website and has been sent to all ambulance services and education programs. The legacy data from the former system was successfully migrated by the vendor and incorporated into the new eLicense Portal.

Mr. Spector demonstrated that the lookup feature of the new eLicense Portal.

Mr. Schaefer asked if the history of the person is available. Mr. Spector said there will be additional information displayed. Some testing is still being conducted.

Mr. Simpson asked if there can be a link for persons that have a revoked certification that goes directly to the Board Order. Mr. Spector said that this is being explored.

Mr. Spector provided several samples of certification cards for consideration as part of the agency's plan for redesign. The old card issued by the EMSRB was cluttered. Mr. Spector said that the effective date in our old system was card issue date. This created an employment problem for some people. In the future, cards will not have issue date, just an expiration date. Mr. Spector asked for input from the committee members on the format of the card. Dr. Ho asked if the logo is needed. Mr. Simpson asked if the information is noted "as of". Mr. Spector said the system is live.

Mr. Spector said another change that is being made is to the payment gateway. He said that when services are applying for renewal the EMSRB was paying the ACH fees for the credit card transaction. The transaction fee payment should be the responsibility of the requestor. Dr. Ho suggested that you do not use the term convenience fee. Mr. Spector said that this is a bank processing fee. It will be changed.

Mr. Spector said Central Region Board sent a letter invitation to its meeting in September to discuss their funding situation. Mr. Spector said he will respond to this letter and attend the meeting. Mr. Guiton asked why they are short of money. Dr. Burnett asked about their financial information they report to the Board. Mr. Spector said the EMSRB collects financial information for all regional expenses. A large portion of their expenses are salaries. Dr. Burnett said the regions can seek other revenue sources such as distracted driving fines.

Mark King Initiative

Mr. Spector said Ms. Zappetillo provided an update on the status of applications for the Mark King Initiative. Mr. Spector said he is seeking direction from the Board for persons who expired March 31, 2017, and still want to apply for the Mark King Initiative. Mr. Simpson asked how many chances we give. Mr. Guiton said there were comments from outstate Minnesota that they did not hear about this opportunity or understand it.

Dr. Ho asked about the notification to apply for the program. Mr. Spector said he asked this question of staff. Some EMTs do not have email or access to a computer. There should be criteria for approval of this change. Mr. Guiton suggested discussing expiration date exceptions at the next Board meeting.

Administrative Services Unit

Mr. Spector said the Administrative Services Unit provides several functions for the EMSRB for a fee. They assist with HR, purchasing, payment and budget functions. For FY 2014-2015, the ASU fee was \$110,000.00 per year. For FY2016-2107 the ASU fee was \$140,000.00. For FY 2018-2019, ASU is proposing a fee of \$300,000.00 per year. To calculate this fee, ASU explains that they use a “complicated formula” that was approved by the other executive directors. Mr. Spector said he did not feel comfortable signing this agreement.

Mr. Spector said there is an alternative agency that could provide these services for the EMSRB: The Small Agency Resource Team (“SmART”). SmART will provide a quote as to how much it would charge to deliver the same services.

ASU has stated if the EMSRB were to move to SmART, the EMSRB could not continue to use the board room or conference rooms even if the EMSRB agrees to pay a use fee.

Mr. Guiton said that the fee determination was explained based on revenue received by the agency. Mr. Spector said the fees paid by the EMSRB to ASU is deposited into a special revenue fund. Mr. Spector said the Board chair has been invited to a meeting with SmART.

Mr. Spector said there was approximately \$300,000 left in the EMSRB budget at the end of fiscal year 2017 that was proposed to be transferred to ASU so it would not go back to general fund and be used to pay for ASU fees for future year’s contracts.

Mr. Simpson suggested meeting at different locations throughout the state.

Community EMT Course

Mr. Spector said he attended the first day of the Community EMT course conducted by Hennepin Technical College. In addition, Ms. Zappetillo provided a written report of this program. The next discussion that is needed is renewal requirements.

Mr. Guiton said the EMSRB did not endorse the bill that created this level of certification. Dr. Burnett said that there is no change in the scope of practice. This provides additional reimbursement for fire departments.

Ms. Hartigan asked for a report on employment in the field.

7. Medication Shortages – Aaron Burnett, M.D. – 12:10 p.m.

Dr. Burnett said the issue is not new but is not going away. He asked what physicians are authorized to do in this situation. There was a motion adopted by the Board to accept peer review literature. He said their needs to be a discussion with the Board of Pharmacy and a statement needs to be provided to medical directors regarding when medication is unable to be provided or is expired.

Mr. Guiton said there is also a related discussion of maintenance of medications.

Dr. Burnett said this will be discussed at the MDSAC meeting in September in Alexandria and then he is going to request a meeting with the Pharmacy Board Executive Director.

Dr. Burnett said the Joint Policy Committee met with STAC on August 25 to discuss a variance request to trauma triage standards for Cuyuna Regional Medical Center. The request is to transport trauma patients to a non-designated hospital. This is a decision for the Board. There are two other level 3 trauma centers within the 30 minute area. This will also be discussed at the MDSAC meeting in September in Alexandria.

8. New Business – 12:20 p.m.

None.

9. Adjourn – 12:24 p.m.

Motion: Dr. Ho moved to adjourn. Dr. Burnett seconded. Motion carried.

The meeting adjourned at 12:24 p.m.

Recommendation to the full Emergency Medical Services Regulatory Board (EMSRB)
from the Post-Transition Education Work Group (PTEWG).

The PTEWG respectfully recommends that a new Education Standing Advisory Committee (EdSAC) be added to the EMSRB. Suggested language for the Internal Operating Procedures (IOP):

The EdSAC shall recommend policy and procedure to the Board regarding initial and recertification education standards, education institution and educator licensing. The Committee chair and members of the Education 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 EMS Education. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from education providers (both private and public), ambulance services (both rural and metro), and those representing public interests. At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service, education institution 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.

Possible committee members discussed include: a member of the MDSAC member and/or Education Institution Medical Director, Regional Program Director(s), Law Enforcement (extend invitation to MN Police Chiefs Assoc. and the MN Sheriff's Assoc.), and Fire (MN Fire Chiefs Assoc.) representatives. The Board Chair is encouraged to create a committee with a balance of representation including metro and greater MN representatives, MNSCU schools, non-MNSCU institutions, for profit and not for profit ambulance services and institutions, and institutions that focus on specific provider levels (paramedic only or EMT/EMR only institutions).

Issues that the EdSAC would impact include: identifying needs and providing resources in EMS Education, liaison between end users and board on education issues, monitor changes in EMS Education including the NREMT NCCP guidelines including the scheduled revisions every 4 years with possible input to those changes, consider LCCR recommendations (if any), effects of changes on EMR recertification, monitoring the audit process for education institutions, instructor requirements, suggestions on implementation or acceptance by the Board of any future education methods, and monitoring/recommendations related to any new certification levels and associated education programs (community EMT, etc.)

Proposed Housekeeping Changes to MS 144E.001 Definitions

Key: (1) ~~language to be deleted~~ (2) new language

Rationale: *This addition provides a definition of a primary instructor's responsibilities when referred to in applicable statutes. Please see proposed housekeeping changes to MS 144E.283 and 144E.285.*

144E.001 DEFINITIONS.

Subd. 14b. Education program primary instructor.

"Education program primary instructor" means an individual who serves as the lead instructor of an emergency medical care course who is responsible for planning and/or conducting the course according to the most current version of the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation.

Proposed Housekeeping Changes to MS 144E.27 Education Programs; Board Approval

Key: (1) ~~language to be deleted~~ (2) new language

Rational: *This change moves the education program instructor and program requirements for EMR under one statutory area; to MS 144E.285. Please see proposed housekeeping changes to MS 144E.285. Also, these changes clarify the statute as pertaining to EMR.*

~~144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.~~

~~Subdivision 1. Education program instructor.~~

~~An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.~~

~~Subd. 1a. Approval required.~~

~~(a) All education programs for an emergency medical responder must be approved by the board.~~

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

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

~~(i) type and length of course to be offered;~~

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

~~(iii) admission criteria for students; and~~

~~(iv) materials and equipment to be used;~~

~~(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;~~

~~(3) have a program medical director and a program coordinator;~~

~~(4) have at least one instructor for every ten students at the practical skill stations;~~

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

~~(6) submit the appropriate fee as required under section 144E.29.~~

~~(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.~~

144E.27 EMERGENCY MEDICAL RESPONDER REGISTRATION

Subd. ~~2~~ 1. **Registration.** To be eligible for registration with the board as an emergency medical responder, an individual shall: ~~complete a board-approved application form and:~~

~~(1) successfully complete a board-approved initial emergency medical responder education program. Registration under this clause is valid for two years and expires on October 31~~ the United States Department of Transportation course, or its equivalent as approved by the board, specific to the EMR classification; or

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

(3) complete a board-approved application form.

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

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

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

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

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

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

(1) successfully completes a board-approved refresher course; and

(2) successfully completes a course in cardiopulmonary resuscitation as approved by the board or the licensee's medical director; and

~~(2)~~ (3) submits a completed renewal application to the board before the registration expiration date.

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

(1) successfully completes renewal requirements set forth in paragraph (a) ~~a board-approved refresher course~~; and

(2) submits a completed renewal application to the board within 12 months after the registration expiration date.

Subd. 4. [Repealed, [2004 c 144 s 9](#)]

Subd. 5. Denial, suspension, revocation. (a) The board may deny, suspend, revoke, place conditions on, or refuse to renew the registration of an individual who the board determines:

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

(2) misrepresents or falsifies information on an application form for registration;

(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition;

(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;

(6) maltreats or abandons a patient;

(7) violates any state or federal controlled substance law;

(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(9) provides emergency medical services under lapsed or nonrenewed credentials;

(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;

(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or

(12) makes a false statement or knowingly provides false information to the board, or fails to cooperate with an investigation of the board as required by section [144E.30](#).

(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's registration for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

Subd. 6. Temporary suspension. (a) In addition to any other remedy provided by law, the board may temporarily suspend the registration of an individual after conducting a preliminary inquiry to determine whether the board believes that the individual has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

(c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or the individual's designee may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

(g) If an individual requests a contested case hearing within 30 days after receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

Proposed Housekeeping Changes to MS 144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC.

Key: (1) ~~language to be deleted~~ (2) new language

Rational: *This change implements the initial and renewal requirements for Minnesota certification at the EMT, AEMT and Paramedic levels approved by the Board for EMS certification in Minnesota.*

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

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

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

(2) obtain National Registry of Emergency Medical Technicians, or its successor, certification ~~pass the written and practical examinations approved by the board and administered by the board or its designee,~~ specific to the EMT, AEMT, or paramedic classification; and

(3) complete a board-approved application form.

Subd. 2. Expiration dates. Certification expiration dates are as follows:

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

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

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

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

Subd. 3. Reciprocity. The board may certify an individual who possesses a current National Registry of Emergency Medical Technicians certification ~~registration~~ from another jurisdiction if the individual submits a board-approved application form. The board certification classification shall be the same as the National Registry's classification. Certification shall be for the duration of the applicant's registration period in another jurisdiction, not to exceed two years.

Subd. 4. Forms of disciplinary action. When the board finds that a person certified under this section has violated a provision or provisions of subdivision 5, it may do one or more of the following:

(1) revoke the certification;

(2) suspend the certification;

(3) refuse to renew the certification;

(4) impose limitations or conditions on the person's performance of regulated duties, including the imposition of retraining or rehabilitation requirements; the requirement to work under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(5) order the person to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or

(6) censure or reprimand the person.

Subd. 5. Denial, suspension, revocation. (a) The board may deny certification or take any action authorized in subdivision 4 against an individual who the board determines:

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

(2) misrepresents or falsifies information on an application form for certification;

(3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol;

(4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition;

(5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of the public;

(6) maltreats or abandons a patient;

(7) violates any state or federal controlled substance law;

(8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(9) provides emergency medical services under lapsed or nonrenewed credentials;

(10) is subject to a denial, corrective, disciplinary, or other similar action in another jurisdiction or by another regulatory authority;

(11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or

(12) makes a false statement or knowingly provides false information to the board or fails to cooperate with an investigation of the board as required by section 144E.30.

(b) Before taking action under paragraph (a), the board shall give notice to an individual of the right to a contested case hearing under chapter 14. If an individual requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14 and no disciplinary action shall be taken at that time.

(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

(d) After six months from the board's decision to deny, revoke, place conditions on, or refuse renewal of an individual's certification for disciplinary action, the individual shall have the opportunity to apply to the board for reinstatement.

Subd. 6. Temporary suspension. (a) In addition to any other remedy provided by law, the board may temporarily suspend the certification of an individual after conducting a preliminary inquiry to determine

whether the board believes that the individual has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the individual would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting an individual from providing emergency medical care shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

(c) Service of a temporary suspension order is effective when the order is served on the individual personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the individual.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the individual, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board or the individual may be in the form of an affidavit. The individual or individual's designee may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the individual of the right to a contested case hearing under chapter 14.

(g) If an individual requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

Subd. 7. Renewal. (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

(1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;

~~(2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by an education program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; maintain National Registry of Emergency Medical Technicians certification following the requirements of its National Continued Competency Program, or equivalent as approved by the board. The cardiopulmonary resuscitation course may be included as part of the continuing education renewal requirements; and~~

(3) those holding only Minnesota certification prior to April 1, 2016 and until April 1, 2036 may maintain Minnesota only certification by completing the required hours of continuing education as determined in the National Registry of Emergency Medical Technician's National Continued Competency Program, or its equivalent as approved by the board. The cardiopulmonary resuscitation course may be included as part of the continuing education renewal requirements; and

(4) complete a board-approved application form.

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

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

~~(2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's AEMT or paramedic certification, that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course, the cardiopulmonary resuscitation course, and the advanced cardiac life support course counts toward the 48-hour continuing education requirement; maintain National Registry of Emergency Medical Technicians certification following the requirements of its National Continued Competency Program, or equivalent as approved by the board. The cardiopulmonary resuscitation course and advanced cardiac life support course may be included as part of the continuing education renewal requirements; and~~

(3) those holding only Minnesota certification prior to April 1, 2016 and until April 1, 2036 may maintain Minnesota only certification by completing the required hours of continuing education as determined in the National Registry of Emergency Medical Technician's National Continued Competency Program, or its equivalent as approved by the board. The cardiopulmonary resuscitation course and advanced cardiac life support course may be included as part of the continuing education renewal requirements; and

(4) complete a board-approved application form.

(c) Certification shall be renewed every two years.

(d) If the applicant does not meet the renewal requirements under this subdivision, the applicant's certification expires.

Subd. 8. Reinstatement. (a) Within four years of a certification expiration date, a person whose certification has expired under subdivision 7, paragraph (d), may have the certification reinstated upon submission of:

(1) evidence to the board of training equivalent to the continuing education requirements of subdivision 7; and

(2) a board-approved application form.

(b) If more than four years have passed since a certificate expiration date, an applicant must complete the initial certification process required under subdivision 1.

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

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

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

(3) complete a board-approved application form.

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

(c) A community paramedic is subject to all certification, disciplinary, complaint, renewal, and other regulatory requirements that apply to paramedics under this chapter. In addition to the renewal requirements in subdivision 7, a community paramedic must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director.

Proposed Housekeeping Changes to MS 144E.283 Instructor Qualifications

Key: (1) ~~language to be deleted~~ (2) new language

Rationale: Clarify Minn. Stat. 144E.283 to include instructor requirements for all emergency care course levels, the use of a primary instructor and repeal specific instructor qualifications for an emergency medical responder instructor.

144E.283 INSTRUCTOR QUALIFICATIONS.

(a) An ~~emergency medical technician education program~~ primary instructor must:

(1) ~~possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse; possess current Minnesota certification as an EMR, EMT, AEMT, or Paramedic, which is equal to or higher than the level of certification being taught; and~~

(2) possess National Registry of Emergency Medical Technicians certification as an EMR, EMT, AEMT, or Paramedic, which is equal to or higher than the level of certification being taught, if required by state **certification** requirements; and

(b) ~~have two years of active emergency medical practical experience; have an associate's degree and three years of certification at or above the level teaching; OR have five years of certification at or above the level teaching;~~

(c) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board;

(d) successfully complete

(1) the United States Department of Transportation Emergency Medical Services Instructor Course Education Program; OR

(2) the NAEMSE EMS Instructor (Level 1) Course; OR

(3) the Fire Instructor I Course; OR

(4) hold a Bachelor's Degree in Education; OR

(5) hold a Master's Degree or higher in any field of study; OR

(6) been vetted through the Minnesota State faculty credentialing process; OR

(7) other equivalents as approved by the board; and

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

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

Proposed Housekeeping Changes to MS 144E.285 Education Programs

Key: (1) ~~language to be deleted~~ (2) new language

***Rationale:** Amend Minn. Stat. 144E.285 to add emergency medical responder education program approval requirements. This change moves all education program approval requirements under one statutory area. Clarify requirements to have one primary instructor for EMS education courses at all levels: EMR, EMT, AEMT, and paramedic. Repeal outdated language in Minn. Stat. 144E.285 Subdivision 2 (d) (1-5).*

144E.285 EDUCATION PROGRAMS.

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

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

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

(i) type ~~and length~~ of course to be offered;

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

~~(iii) names and addresses of clinical sites, including a contact person and telephone number;~~

~~(iii)~~(iv) initial admission criteria for students; and

~~(iv)~~(v) materials and equipment to be used;

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

(3) have a program medical director and a program coordinator as defined in 144E.001 Subd. 11 & 14.

(4) utilize primary instructors who meet the requirements of section 144E.283 for teaching at least 50 percent of the course content. The remaining 50 percent of the course may be taught by guest lecturers approved by the education program coordinator or medical director;

~~(5) have at least one instructor for every ten students at the practical skill stations;~~

~~(6) maintain a written agreement with a licensed hospital or licensed ambulance service designating a clinical training site;~~

~~(5)(7) retain documentation of program approval by the board, course outline, and student information;~~

~~(6)(8) notify the board of the starting date of a course prior to the beginning of a course;~~

~~(7)(9) submit the appropriate fee as required under section 144E.29; and~~

~~(10) maintain a minimum average yearly pass rate as set by the board on an annual basis. The pass rate will be determined by the percent of candidates who pass the exam on the first attempt. An education program not meeting this yearly standard shall be placed on probation and shall be on a performance improvement plan approved by the board until meeting the pass rate standard. While on probation, the education program may continue providing classes if meeting the terms of the performance improvement plan as determined by the board. If an education program having probation status fails to meet the pass rate standard after two years in which an EMT initial course has been taught, the board may take disciplinary action under subdivision 5.~~

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.

Subd. 1a. **EMT, AEMT and paramedic requirements.** In addition to the requirements under subdivision 1, paragraph (b), an education program applying for approval to teach EMTs, AEMTs and paramedics must:

(1) include in the application prescribed by the board:

(i)(iii) names and addresses of clinical sites, including a contact person and telephone number;

(2)(6) maintain a written agreement with a licensed hospital or licensed ambulance service designating a clinical training site;

(3)(10) an education program applying to teach EMT must maintain a minimum average yearly pass rate as set by the board. on an annual basis. The pass rate will be determined by the percent of candidates who pass the exam on the first attempt. An education program not meeting this yearly standard shall be placed on probation and shall be on a performance improvement plan approved by the board until meeting the pass rate standard. While on probation, the education program may continue providing classes if meeting the terms of the performance improvement plan as determined by the board. If an education program having probation status fails to meet the pass rate standard after two years in which an EMT initial course has been taught, the board may take disciplinary action under subdivision 5.

Subd. 2. **AEMT and paramedic requirements.** (a) In addition to the requirements under subdivision 1, paragraph (b) and subdivision 1a, an education program applying for approval to teach AEMTs and

paramedics must be administered by an educational institution accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

(b) An AEMT and paramedic education program that is administered by an educational institution not accredited by CAAHEP, but that is in the process of completing the accreditation process, may be granted provisional approval by the board upon verification of submission of its self-study report and the appropriate review fee to CAAHEP.

(c) An educational institution that discontinues its participation in the accreditation process must notify the board immediately and provisional approval shall be withdrawn.

~~(d) This subdivision does not apply to a paramedic education program when the program is operated by an advanced life support ambulance service licensed by the Emergency Medical Services Regulatory Board under this chapter, and the ambulance service meets the following criteria:~~

~~(1) covers a rural primary service area that does not contain a hospital within the primary service area or contains a hospital within the primary service area that has been designated as a critical access hospital under section 144.1483, clause (11);~~

~~(2) has tax exempt status in accordance with the Internal Revenue Code, section 501(c)(3);~~

~~(3) received approval before 1991 from the commissioner of health to operate a paramedic education program;~~

~~(4) operates an AEMT and paramedic education program exclusively to train paramedics for the local ambulance service; and~~

~~(5) limits enrollment in the AEMT and paramedic program to five candidates per biennium.~~

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

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

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

(2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(7)~~(10); and

(3) be subject to a site visit; and

~~(3) (4) for EMT, AEMT and paramedic comply with the requirements under subdivision 1a.~~

(4) (5) for AEMT and paramedic comply with the requirements of and maintain accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

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

(1) violated subdivisions 1 to 4 or rules adopted under sections [144E.001](#) to [144E.33](#); or

(2) misrepresented or falsified information on an application form provided by the board.

(b) Before taking action under paragraph (a), the board shall give notice to an education program of the right to a contested case hearing under chapter 14. If an education program requests a contested case hearing within 30 days after receiving notice, the board shall initiate a contested case hearing according to chapter 14.

(c) The administrative law judge shall issue a report and recommendation within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

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

Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law, the board may temporarily suspend approval of the education program after conducting a preliminary inquiry to determine whether the board believes that the education program has violated a statute or rule that the board is empowered to enforce and determining that the continued provision of service by the education program would create an imminent risk to public health or harm to others.

(b) A temporary suspension order prohibiting the education program from providing emergency medical care training shall give notice of the right to a preliminary hearing according to paragraph (d) and shall state the reasons for the entry of the temporary suspension order.

(c) Service of a temporary suspension order is effective when the order is served on the education program personally or by certified mail, which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the education program.

(d) At the time the board issues a temporary suspension order, the board shall schedule a hearing, to be held before a group of its members designated by the board, that shall begin within 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for a hearing from the education program, whichever is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. A hearing under this paragraph is not subject to chapter 14.

(e) Evidence presented by the board or the individual may be in the form of an affidavit. The education program or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, notify the education program of the right to a contested case hearing under chapter 14.

(g) If an education program requests a contested case hearing within 30 days of receiving notice under paragraph (f), the board shall initiate a contested case hearing according to chapter 14. The administrative law judge shall issue a report and recommendation within 30 days after the closing of the contested case hearing record. The board shall issue a final order within 30 days after receipt of the administrative law judge's report.

Subd. 7. **Audit.** The board may audit education programs approved by the board. The audit may include, but is not limited to, investigation of complaints, course inspection, classroom observation, review of instructor qualifications, and student interviews.