

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Executive Committee Meeting Agenda**

December 15, 2016 – 10:00 a.m.

EMSRB Offices – 4<sup>th</sup> Floor Conference Room

[Map and Directions](#)

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**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.**

- Approval Executive Committee Meeting Minutes from October 20, 2016

Attachments

A1

**5. Board Chair Report – 10:20 a.m.**

- POLST follow-up discussion

- EMT Renewal – Options and Requirements According to Statute

BC1

- Internal Operating Procedure – Annual Self-Assessment

BC2

- Critical Care Paramedic and Critical Care Flight Paramedic – Follow-up from July 17, 2014

BC3

- Community EMT Education Programs

BC4

**6. Executive Director Report – 10:30 a.m. – Tony Spector**

- Agency Report

**7. Committee Reports – 11:00 a.m.**

**8. Closed Session– 11:20 a.m.**

Closed per Minn. Stat. § 13D.05, subd. 3(d) (*Security Briefing*)

**9. New Business – 11:45 a.m.**

**10. Adjourn – 11:50 a.m.**

**Next Executive Committee Meeting: February 16, 2016 -- Minneapolis**

*If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802 or at [melody.nagy@state.mn.us](mailto:melody.nagy@state.mn.us). 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>*

**State of Minnesota  
Emergency Medical Services Regulatory Board  
Executive Committee Meeting Minutes  
October 20, 2016**

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**Attendance:** J.B. Guiton, Board Chair; Kevin Miller, Vice-Chair; Megan Hartigan, Secretary; Jeffrey Ho, M.D.; Matt Simpson; Tony Spector; Executive Director; Melody Nagy, Office Coordinator; Chris Popp, Compliance Supervisor; Greg Schaefer, Assistant Attorney General

**Absent:** Aaron Burnett, M.D.

**1. Call to Order – 10:00 a.m.**

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

**2. Public Comment – 10:05 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 – 10:07 a.m.**

Mr. Guiton asked for a motion to approve the agenda. Ms. Hartigan asked if data transition deadlines for the MNSTAR upgrade need to be discussed. Mr. Spector responded the work is progressing and no Board action is needed at this time.

Motion: Dr. Ho moved to approve the agenda. Mr. Miller seconded. Motion carried.

**4. Approve Minutes – 10:10 a.m.**

Approval of Executive Committee Meeting Minutes from June 16, 2016. The Committee did not meet in August.

Motion: Mr. Miller moved to approve the minutes from the June 16, 2016 Executive Committee. Ms. Hartigan seconded. Motion carried.

**5. Board Chair Report – 10:15 a.m.**

2017 Board Meeting Schedule

Mr. Guiton said it was previously discussed that the Board would plan to have two meetings outside the metro area. The handout provided is the meeting schedule for 2017. The January meeting date has been changed so that it does not conflict with the Arrowhead EMS Conference. The March meeting will be held in Rochester.

Motion: Dr. Ho moved to accept the 2017 Board meeting schedule. Ms. Hartigan seconded. Motion carried.

**6. Executive Director Report – 10:25 a.m.**Board of Nursing- House File 3929

Mr. Spector said he was contacted by Shirley Brekken, the Executive Director of the Board of Nursing, to discuss concerns regarding this legislation. The legislation would allow EMTs and paramedics to provide home care services under 144A. Mr. Spector asked Ms. Brekken to provide an executive summary document for the Board to consider this topic. Ms. Brekken is out-of-town and not able to provide the document today. Mr. Spector suggested this topic be deferred until further information is received.

Mr. Guiton asked Buck McAlpin to comment on the subject. Mr. McAlpin, representative of the Minnesota Ambulance Association and in attendance, said he had discussions with several legislators regarding this subject last year and he shared with the legislators the concerns of the MAA regarding regulation of this. The legislation was not passed but may be brought up again during this session.

Agency Report

Mr. Spector reported that he continues with the process for hiring of the Southwest EMS Specialist, a full-time Office Specialist, and a temporary Office Specialist. The temporary employee will be assisting with data entry during the time our system is offline.

Mr. Spector shared with the Committee that EMSRB staff have attended EMS conferences throughout the state, providing an opportunity for staff to answer questions on the education transition process and be visible to our customers. Mr. Spector asked the Board members present if they had any feedback to provide on conference participation. The general consensus of the committee members is that this was a very positive experience for the conference attendees. Mr. Guiton said he appreciated the extra effort from staff.

Mr. Spector provided a handout after having obtained permission from the Board Chair (the document had not been included in the Board packet). The handout is entitled a Data Inventory, a document required under Minn. Stat. 13.025, subd. 1. The EMSRB, like all state agencies, is required to have a data inventory. This document will be posted on the EMSRB website.

**7. Committee Reports – 10:45 a.m.**Post Transition Education Work Group

Mr. Guiton said Ms. Consie informed him that she is stepping down as the chair of the work group. Mr. Guiton said he will oversee the work group going forward. The mission of the work group is almost completed. Mr. Guiton said that he would speak to Mr. Miller regarding any recommendations from the work group for legislative changes.

Ambulance Standards Work Group Report

Mr. Spector said he would report for the work group as Mr. Coyne and Mr. Norlen are not at the meeting today. The work group is recommending to the Board that Minn. Rule 4690.1500 be changed to adopt the CAAS standards with certain exemptions. The projected expenses that ambulance services would incur for these changes were included in the handout. Mr. Spector said the focus was to create standards for safety of patients and EMS personnel, with the goal of reducing the severity of injury and likelihood of death in the event of a crash.

Mr. Guiton asked if this only impacts new vehicle purchases. Mr. Spector said the rule change would address new vehicles and would specify an effective date; the rule change as proposed does not include re-chassis vehicles. Mr. Guiton asked that this topic be discussed at the November Board meeting.

Legislative Ad-Hoc Work Group Report

Mr. Miller said the work group will be meeting on October 27, 2016, at 1:00 p.m. at the EMSRB office. Mr. Miller said he had a conversation with Mr. Spector regarding changes to statute or rule. Mr. Spector said changes to rule would allow greater flexibility as a state agency. Mr. Miller said Board members did not receive the same information in the past regarding rule changes.

Mr. Miller said some of the changes can be done with a Revisor's recommendation. Some of the subdivisions need to be clarified and reorganized. The radio rules should not be changed yet, as the entire state is not yet on the ARMER system.

Mr. Spector said that certain statutes found in Chapter 144E at times uses the phrase "as approved by the Board." Staff are working on a document that will provide clarification as to of what it means "as approved by the Board." Put another way, staff are researching previous Board minutes to relate back to specific references of "as approved by the Board." A document is being developed that provides a listing of the Board actions by topic and date. This information will be posted on the EMSRB website.

**8. New Business – 10:50 a.m.**

None.

**9. Adjourn**

Motion: Dr. Ho moved to adjourn. Mr. Miller seconded. Motion carried.

Meeting adjourned at 10:54 a.m.



## Emergency Medical Technician (EMT) Renewal Options and Requirements for EMTs with Certification Expiring on March 31, 2017

There are four (4) renewal options for EMTs with certification expiring on March 31, 2017. Depending on your situation, you may be able to use any of the four renewal options.

By way of background, earlier this year, the EMSRB's Board approved the National Continued Competency Program (NCCP) of the National Registry of Emergency Medical Technicians (NREMT) as a renewal model for all EMTs (as well as Advanced EMTs and Paramedics).

Even so, Minnesota statute<sup>1</sup> still allows for the following EMT renewal options:

1. Take the United States Department of Transportation EMT refresher course **and** pass the practical skills test portion of the course, or
2. Successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards **and** pass a practical skills test approved by the board and administered by an education program approved by the board, or
3. Successfully complete the equivalent of 48 hours of continuing education as approved by the board **and** pass a practical skills test approved by the board and administered by an education program approved by the board, or
4. Successfully complete the equivalent of 48 hours of continuing education as approved by a licensed ambulance medical service's medical director **and** pass a practical skills test that is approved by the board and administered by an education program approved by the board.

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<sup>1</sup> Minn. Stat. § 144E.28, subd. 7

## So what does this mean?

To answer that question, the following breaks down the options and requirements:  
(of course, please do not hesitate to call the EMSRB with your questions)

1. **Take the United States Department of Transportation EMT refresher course and pass the practical skills test portion of the course, or**

*The EMT refresher course was commonly known as the 24-hour refresher course. It also has been referred to as the “traditional style” refresher. On May 29, 2013, the Board approved the National Education Standards, which took this course from hourly-based to competency-based with a minimum of 24 classroom hours. In addition, the Board adopted the NREMT Psychomotor Exam as the practical skills exam for the refresher course through March 31, 2016.*

*The Board has not defined a practical skills test that is separate from the practical skills test portion of the refresher course. **So if an EMT wishes to renew using the EMT refresher course, that EMT must pass the practical skills test portion of that course. The components of the required practical skills test are determined by the education program and must be consistent with the course content.***

**Please note the following:**

**For EMTs with certification expiring in 2017 and who are Nationally Registered, this “traditional style” refresher will meet the NCCR component requirement for the NCCP Model. When renewing on the NREMT web site, please note in the *Class Detail*, that the NCCR component is a Minnesota-Approved Refresher for 20 hours. Additional classroom hours may be applied to the requirements of the LCCR or ICCR components.**

2. **Successfully complete 48 hours of continuing education** in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards **and pass a practical skills test approved by the board** and administered by an education program approved by the board, or

*On May 29, 2013, the Board approved and adopted the NREMT Psychomotor Exam as the practical skills test for renewal through March 31, 2016.*

*The Board did not approve a practical skills test for EMTs renewing after March 31, 2016 and who do so using 48 hours of continuing education. **So if an EMT wishes to renew using 48 hours of continuing education, that EMT may do so without the need to pass a practical skills test approved by Board; no such test has been approved.***

**Please note the following:**

**For EMTs with certification expiring in 2017 and who are Nationally Registered, renewal using 48 hours of continuing education will meet the NCCR component requirement of the NCCP Model. When renewing on the NREMT web site, please indicate in the *Class Detail* that the NCCR component is a Minnesota-Approved Refresher at 20 hours. The remaining 28 hours may be used to meet the requirements of the LCCR and ICCR components.**

3. **Successfully complete the equivalent of 48 hours of continuing education as approved by the board and pass a practical skills test approved by the board** and administered by an education program approved by the board, or

*On February 18, 2016, the Board approved the 40-hour NREMT National Continued Competency Program (NCCP) as the equivalent of 48 hours of continuing education.*

*The Board did not approve a practical skills test for EMTs renewing after March 31, 2016 and who do so using the NCCP Model (i.e., the equivalent of 48 hours of continuing education). **So if an EMT wishes to renew using the NCCP Model, that EMT may do so without the need to pass a practical skills test approved by the Board; no such test has been approved.***

**Please note the following:**

- If you are a Nationally-Registered EMT, you must renew using the NCCP Model. The NCCR component may be satisfied by completing:
  - 20 hours of the NREMT NCCR component (2012 or 2016 versions);
  - The “traditional style” refresher as discussed in Option No. 1 (found on page two);
  - 48 hours of continuing education as discussed in Option No. 2 (found on page three); or
  - Option No. 4, if applicable (found on the next page)
- If you plan to renew your National Registry through the Mark King Initiative (MKI), you must renew using the NCCP Model.
- If you are not a Nationally-Registered EMT and do not intend on renewing through the Mark King Initiative, you are able to renew your Minnesota EMT certification using the NCCP Model, if you wish.
- If you are not Nationally-Registered, it still is possible to maintain Minnesota-only EMT certification through the EMSRB. That option, however, ends in 2036 (that’s right, in about twenty years) at which time all EMS personnel must be Nationally-Registered with the NREMT.

4. **Successfully complete the equivalent of 48 hours of continuing education as approved by a licensed ambulance medical service's medical director and pass a practical skills test approved by the board** and administered by an education program approved by the board.

*This option gives the ambulance service's medical director the ability to approve an EMT renewal program. Please note that this option is solely at the discretion of that ambulance service's medical director.*

**This option is available only to the EMT who:**

- a) is on the roster of a licensed ambulance service;**
- b) has the ambulance service's medical director approving this option.**

*On May 29, 2013, the Board adopted the NREMT Psychomotor Exam as the practical skills exam for renewal through March 31, 2016.*

*The Board did not approve a practical skills exam for EMTs renewing after March 31, 2016 and who do so using the equivalent of 48 hours of continuing education as approved by a licensed ambulance medical service's medical director. **So if an EMT wishes to renew using the equivalent of 48 hours of continuing education as approved by the ambulance medical director, that EMT may do so without the need to pass a practical skills exam approved by Board; no such exam has been approved.***

**Please note the following:**

**For EMTs with certification expiring in 2017 and who are Nationally Registered, renewal using the equivalent of 48 hours of continuing education as approved by the ambulance medical director will meet the NCCR component requirement for the NCCP Model. When renewing on the NREMT web site, please indicate in the *Class Detail*, that the NCCR component is a Minnesota-Approved Refresher. These EMTs still must meet the requirements of the LCCR and ICCR components.**

We hope this document has been helpful in explaining EMT renewal options and requirements for those who expire on March 31, 2017. Again, please do not hesitate to contact the EMSRB office at (651) 201-2800 or your EMS Specialist with any questions.

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

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; and

(3) complete a board-approved application form.

- 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.

## 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/treasurer, Complaint Review Panel chair, Medical Direction Standing Advisory Committee 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

*MISSION: To protect the public's health and safety through regulation and support of the EMS system.  
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	<p>Mr. Simpson moved to combine the Finance Committee and Legislative Committee to the Executive Committee. Ms. Deschaine seconded. Motion carried.</p> <p>Mr. Jordan moved approval of the consent agenda. Mr. Guiton seconded. Motion carried.</p> <p>Motion: To extend the August 1, 2014 sunset date for the Inter-state Data Use Agreement Process approved in the July 31, 2013 minutes, by one year to a new sunset date of August 1, 2015.</p>	7/17/2014
<p><b>Critical Care Definition for 2015</b></p>	<p>Mr. Guiton moved the following: In response to the letter from the MAA the EMSRB offers the following motion: Specialty Care Transport (SCT) According to CMS (Center for Medicare and Medicaid Services,) to be eligible to provide Specialty Care Transport, the paramedic of the Minnesota licensed ambulance service shall be certified as an EMT-Paramedic, and have completed education beyond the training of the EMT-Paramedic. The Minnesota EMSRB recognizes that the Ambulance Medical Director under Minnesota Statutes 144E.265, subdivision 2, will approve the additional education and training necessary in furnishing higher level medical services required by critically ill or critically injured patients.</p> <p>Ms. Deschaine seconded. Motion carried.</p>	7/17/2014
<p><b>Consent Agenda</b></p>	<p>Ms. Deschaine moved approval of the consent agenda. Dr. Fink Kocken seconded. Motion carried.</p> <p>The Board moves to approve an amendment, effective May 15, 2014, to the State of Minnesota Grant Contract, dated July 1, 2013 to June 30, 2015, between the Emergency Medical Services Regulatory Board and the Metropolitan Emergency Services Board, associated with the EMS Systems Support Act [Minn. Stat. §144E.50] as follows:          Decrease the line amount at Attachment III.B. Expenses, A.1., column by \$30,000 to \$85,277.50 for Fiscal Year 2014. Increase the line amount at III.B. Expenses, A.2. to \$30,000.00 for Fiscal Year 2014.          Decrease the line amount at Attachment III.B. Expenses, A.1., column by up to \$115,277.50 for Fiscal Year 2015. Increase the line amount at III.B. Expenses, A.2. up to \$115,277.50 for Fiscal Year 2015.          The Total EMS System Management line at the EMS Systems Support Act column I remains \$146,250.00 for Fiscal Years 14 – 15, per contract.</p>	5/15/14

**144E.275 MEDICAL RESPONSE UNIT REGISTRATION.**

Subdivision 1. **Definition.** For purposes of this section, the following definitions apply:

(a) "Medical response unit" means an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service. Medical response units may also provide CEMT services as permitted under subdivision 7.

(b) "Specialized medical response unit" means an organized service recognized by a board-approved authority other than a local political subdivision that responds to medical emergencies as needed or as required by local procedure or protocol.

Subd. 2. **Registration.** The board may establish registration for medical response units and specialized medical response units.

Subd. 3. **Medical response unit qualifications.** To be registered with the board, a medical response unit must:

(1) submit an application form prescribed by the board;

(2) have a medical director according to section 144E.265;

(3) be staffed by at least one emergency medical responder or one emergency medical technician, as appropriate to the level of care given;

(4) submit a letter from the appropriate municipality, township, or county governing body recognizing the medical response unit as the unit in its geographical area designated to respond to a medical emergency; and

(5) be dispatched to the scene of a medical emergency on a routine basis by a public safety answering point, as defined under section 403.02, subdivision 19, or an ambulance service.

Subd. 4. **Specialized medical response unit qualifications.** To be registered with the board, a specialized medical response unit must:

(1) meet the qualifications described in subdivision 3, clauses (1) to (3); and

(2) submit documentation from a board-approved authority other than a local political subdivision recognizing the specialized medical response unit as a unit designated to respond to medical emergencies as needed or required by local procedure or protocol.

Subd. 5. **Expiration.** The medical response unit registration expires two years from the date it is issued. The board may stagger expiration dates in order to be consistent with the provisions of Minnesota Rules, part 4690.7900.

Subd. 6. **Renewal.** The board may renew the registration of a medical response unit or specialized medical response unit upon:

(1) submission, before the registration expiration date, of a completed renewal application form as prescribed by the board;

(2) compliance with subdivision 3, clauses (2) to (5), for a medical response unit or compliance with subdivision 3, clauses (2) and (3), and subdivision 4, clause (2), for a specialized medical response unit; and

(3) the provision of any other information as requested by the board.

Subd. 7. **Community medical response emergency medical technician.** (a) To be eligible for certification by the board as a CEMT, an individual shall:

(1) be currently certified as an EMT or AEMT;

(2) have two years of service as an EMT or AEMT;

(3) be a member of a registered medical response unit as defined under this section;

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

(5) successfully complete an education program that includes education in providing culturally appropriate care; and

(6) complete a board-approved application form.

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit medical director in accordance with section 144E.265.

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with 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.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section 144A.471, subdivisions 6 and 7, except a CEMT may provide verbal or visual reminders to the patient to:

(1) take a regularly scheduled medication, but not to provide or bring the patient medication; and

(2) follow regularly scheduled treatment or exercise plans.

**History:** 2002 c 310 s 1; 2012 c 193 s 32; 2015 c 71 art 9 s 9,10; 2016 c 88 s 3