

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Executive Committee Meeting Agenda**  
**December 19, 2019, 10:00 a.m.**  
**2829 University Avenue Southeast**  
**University Room, First Floor**  
**Minneapolis MN 55414**

[Map and Directions](#)

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- 1. Call to Order – 10:00 a.m.** Attachments
  
- 2. Public Comment – 10:05 a.m.**  
The public comment portion of the Board meeting is where the public is invited to address the Board 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. Review and Approve Agenda – 10:10 a.m.**
  
- 4. Review and Approve Meeting Minutes – 10:15 a.m.** **M 1**
  
- 5. Board Chair Report – 10:20 a.m.**
  - Presentation by the Minnesota Department of Health on its use of MNSTAR Pre-Hospital Care Data – Tim Held
  
- 6. Executive Director Report – 11:15 a.m.**
  - Agency Report
  - Ambulance Service Licensure Changes of Ownership Update
    - Centra Care Health Systems and Carris Health/Rice Memorial Hospital
    - Granite Falls Health and Avera Health
    - HealthEast and Fairview
  
- 7. New Business – 12:00 Noon**
  
- 8. Adjourn – 12:10 p.m.**

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: <https://mn.gov/emsrb>

**Next Meeting:**

**February 20, 2020, 10:00 a.m.**  
**2829 University Avenue Southeast**  
**University Room, First Floor**  
**Minneapolis, MN 55414**

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Executive Committee Meeting Minutes**  
**October 22, 2019**

**M 1**

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**Attendance:** Megan Hartigan, Board Chair; Aaron Burnett, M.D.; Jeffrey Ho, M.D.; Tony Spector; Executive Director; Dave Rogers, EMS Staff; Brian Shorten, EMS Staff; Charles Soucheray, EMSRB Staff; Melody Nagy, EMSRB Staff; Greg Schaefer, Assistant Attorney General

**1. Call to Order – 10:00 a.m.**

Ms. Hartigan called the meeting to order at 10:02 a.m. She asked for introductions from Board members and EMSRB staff.

**2. Review and Approve Agenda – 10:05 a.m.**

Ms. Hartigan asked for a motion to approve the agenda. She said there would be a closed session at the end of the meeting to discuss a legal matter.

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

**3. Public Comment – 10:10 a.m.**

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None.

**4. Approve Minutes – 10:15 a.m.**

Ms. Hartigan asked for a motion to approve the minutes.

Motion: Dr. Burnett moved to approve the minutes from the June 20, 2019, Executive Committee meeting. Dr. Ho seconded. Motion carried.

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

Ms. Hartigan announced that Debra Teske, former EMSRB staff member, passed away. Ms. Hartigan shared pleasant memories of interactions with her.

Ms. Hartigan said she is receiving questions about regional grants. She said she has had conversations with regional program directors regarding their concerns. She said it has been suggested there be a listening session with the regional programs. There needs to be communication both ways. Ms. Hartigan said she wanted to make Executive Committee members aware of the issue and that communication efforts are underway.

Dr. Ho said he attends the Southwest Regional Board meetings. He said there needs to be a communication of the rules. Ms. Hartigan said most companies are used to working within a set budget. This agency needs to make sure the grant dollars are spent for the best interest of the public. Dr. Ho suggested a retreat with the regional programs.

**6. Executive Director Report – 10:25 a.m.**Regional Program Grant Contracts Update

Mr. Spector asked Mr. Klein to speak on this topic.

Mr. Klein said he has communicated with the regional programs about their funds available. Some regions have offered suggestions for use of funds. Mr. Rogers, Mr. Shorten, and Mr. Soucheray will be meeting with the Southwest Region next week. Mr. Klein said he has had other conversations that have not been so optimistic. Dr. Ho asked for an example. Mr. Klein cited one example: why the regions are being questioned on how they spend this money. Mr. Klein said he is assuring the funding is being spent appropriately within state contract/state statute. Mr. Klein said establishing trust is important. Mr. Klein said at the end of this week he expects to receive information on seat belt funding receipts for the EMSRB. He will be communicating this to the regional programs. Mr. Klein said there will be a monthly update of all fund categories communicated to the regional programs. Mr. Klein said he feels progress is being made. Mr. Klein said all support and relief contracts have been executed. The invoices are being paid. The contracts that are not yet executed are the volunteer training reimbursement funds and the carryover funds.

Dr. Ho asked about the funding difference with seat belt funds. Mr. Klein answered that SmART looked at the funding available and provided an alternate amount than the information in EMSRB records. Dr. Ho said the projected funding has been considerably less for seat belt funding and the Southwest region has decided that saving money is needed. Mr. Klein said he would be willing to do a prioritization exercise with the regional programs. Mr. Klein said he is also suggesting based on recent collections he can offer a projection of funds for this fiscal year.

Dr. Burnett said the challenge is how to plan and how to move forward. He suggested giving the regions a forecast. Dr. Ho said the goal is to get the rollover down to zero. Ms. Hartigan said this is a reimbursement model. Regional programs are paid based on submission of invoices. Dr. Burnett asked how big the challenge for the regions is to identify how they spend the money. Mr. Spector said he has been discussing this with SmART. This is not a rainy-day fund. This is a reimbursement model. He mentioned there was a bill at the legislature asking for more money for the regional programs. He said the Department of Public Safety could have concerns about how the seat belt funds are spent. Ms. Hartigan said she sees this as opportunities to discuss what is needed. To build trust and to find the global picture of EMS in the state. Dr. Burnett said recruitment and retention are the most needed issues in the rural area.

Mr. Spector said he wants to communicate the message in a clear way. He said he wants to assure the decisions being made are the decisions of the Board. Not the decisions of Tony. The grant contracts contain conflicting language. He said the dollar amounts were shared with the Board in September. There are two questions: Can the EMSRB violate its own contract? What are the consequences? He said he would like these policy decisions to be made by the Board.

Mr. Spector said a concern has been discussed with SmART about regions using grant dollars to fund conferences. Some expenses are appropriate, such as speakers' fees. He said he was asked about the large amount on an invoice for food, that may not be appropriate spending for education. He said the State is underwriting the conference and the region is charging admission for the conference. Is this shifting of funds to have funds available for unrestricted access? The EMSRB is being scrutinized at a high level.

Ms. Hartigan said the current contracts do not have the language regarding disbursement of unspent funds. Ms. Hartigan asked for Mr. Schaefer's opinion. Mr. Schaefer said the agency must abide by statute. This needs to be a Board decision and then the contracts can be amended appropriately.

Dr. Burnett said he would like to see an analysis of how the funds are spent to improve EMS in Minnesota. Dr. Burnett asked if the rural assessment approach can be taken to visit and analyze the regional programs.

#### MNSTAR Pre-Hospital Care Data Update

Mr. Spector said data sharing with the Minnesota Department of Health has been halted with support of the Executive Committee. Mr. Rogers said he had a discussion with ImageTrend regarding data received from the ambulance services. He said that anything documented was being shared. This is a concern for the EMSRB.

Dr. Ho asked if this is a data breach? Mr. Spector said he is researching this with the Data Practices Office.

Dr. Burnett asked if the trauma data base is having issues? He said he has been attending STAC meetings and there are a lot of discussions about data sharing. Mr. Spector said that MDH has made some decisions on use of the data that would concern the EMSRB. He said that MDH has not shared data outcomes with the EMSRB. The EMSRB needs to discuss data liability.

Mr. Spector said the EMSRB has been researching a solution. Minnesota Statute 144E.123, subd. 2 allows sharing data with hospitals. This would allow the EMSRB to share the pre-hospital care data with an export to the hospital to match the MNSTAR data with the hospital data. Mr. Rogers said there can be an integration account to merge this data. Mr. Rogers said he has been speaking to hospital data managers regarding their use and sharing of this data. Dr. Ho asked how to limit their access. Mr. Rogers said this is set in the permissions. This would assure compliance with statute and sharing of data with MDH from the hospital. Dr. Ho said this would cause him concerns. MDH feels they have a right to this data. He said he would be uncomfortable on who and how they access this data. Ms. Hartigan asked how the agency moves forward.

Dr. Ho asked about access to patient social security numbers. Mr. Rogers said third party vendors have limited access to data.

Mr. Spector said it was brought to the attention of the EMSRB that BCA is asking for data and MDH is offering to provide MNSTAR data.

Dr. Burnett said a good job has been done in identifying the problems. Now the agency needs to research fixing the issues identified.

Mr. Spector another issue that was brought to his attention was that a billing service was receiving MNSTAR data. There was a conversation with this service that the billing service should only receive billing information. Mr. Spector said some ambulance services were putting social security numbers in the narrative field and this is not appropriate.

Mr. Rogers reported on his contacts with both small and large agencies. He said he has been fixing data loading issues. Some agencies are re-tasking elements for their own use. He said he has been fixing issues of patient contacts with no transport. He said the transition between version 2 and version 3 is progressing. Small agencies are taking advantage of the state's version at no cost. He said he traveled to Bois Forte to meet with their director regarding their transition. Mr. Rogers said he attended the Northwest EMS Regional Conference in Mahanomen and discussed upgrade to version 3 with ambulance services attending that conference. Ms. Hartigan emphasized that the agency needs quality information in MNSTAR.

Mr. Klein said the regional programs can be made aware of the requirements for services to move to version 3 can assist with funding for hardware/software for this transition.

Mr. Schaefer said data can only be shared as allowed by State Statute. What hospitals are sharing needs to be determined by statute. He said summary data is permitted and then matching patient records is less effective.

Dr. Burnett said MDSAC is a designee of the Board. Not another state agency. Dr. Burnett said the Board should support that the agency not share data until we figure this out.

Dr. Ho said he is concerned about a data breach. What is the corrective action? Mr. Schaefer said there is a state agency to report this to. They would launch an investigation and communicate with the affected persons. Some issues are reported and sometimes no action is taken.

Motion: Dr. Ho moved that the potential data breach be reported. Dr. Burnett seconded. Motion carried.

#### Regional Program Discussion (continued)

Mr. Spector said the statute says “may” and the contract says “shall” distribute the funds. He said staff are working on an amendment to the contract with a one-year timeline to spend the rollover funds. This was discussed at the September meeting, but no action was taken.

Ms. Hartigan said strategic planning is a good suggestion. Dr. Burnett suggested meeting with the regional boards. The EMSRB has the options to reallocate the funds but may not want to do so.

Dr. Ho said he would support education activities at the regional level. He said most of the persons in the rural area are volunteers. Mr. Spector said there is not a prohibition on refreshments, but a large expense may be questioned. He is asking for a definition from SmART about what is allowed. Mr. Klein said he is asking the regional programs to ask him questions pro-actively on what would be approved. He said he is anticipating a conversation with the Office of Grants Management. Dr. Burnett said he sees this as a recruitment tool to bring people to the education session.

Mr. Spector said questions need to be asked about payment of expenses for conferences. Is the EMSRB sponsoring regional conferences. What is the Board’s decision? What is the regional program using the money for generated by conference fees? Mr. Spector said he has been having conversations with Rep. Huot regarding regional programs. He said staff are working hard to communicate with the regional programs.

Mr. Klein said the question is: If the regional programs are spending money on a conference and then the regional program makes money on the conference the State is funding the regional program to make money. Mr. Spector said one example that he can share was \$5,000.00 for a cadaver lab. The participants were charged \$50 to attend and this generated \$1,000.00 in revenue. The reimbursement could have been limited to \$4,000.00 to just offset the expense. Mr. Spector said this needs to be a Board decision.

Ms. Hartigan said that the State must prove good accounting in spending of these funds. Mr. Spector said the amendments that are being drafted for spending of the rollover funds will meet statutory requirements.

Dr. Burnett said he wants the question asked how a specific expense benefits the public health and safety of the citizens of Minnesota.

Dr. Ho said he does not feel the funds should be reallocated unless there is a severe shortage. The EMSRB has not previously held the regional programs to this standard. The EMSRB should not be punitive.

Ms. Hartigan said she is looking for a recommendation. Dr. Ho said this should be a discussion at the next full Board meeting and he would suggest executing contracts for one year to spend the rollover money.

Mr. Klein said the contracts should not be held up. Mr. Klein said the timeline for execution of a contract is a week at SmART for contract encumbrance and then two or three weeks for signatures and final encumbrance at the State is the last step. Mr. Klein said the regions want to spend the money.

Ambulance Service Licensure Change of Ownership in the Environment of Acquisitions and Mergers of Health Care Systems

Mr. Spector quoted Minnesota Statute 144E.14 and said when this statute was written health care was a little different. Health care systems have changed considerably. He explained the difference between a merger and an acquisition. Mr. Spector referred to the process for a change of ownership. He asked what the test is for the agency to determine the difference between a change of ownership and a merger. He said there are a lot of legal questions. Who owns the service, is there a contract with another entity for day to day operations? He said a change of ownership has statutory requirements that must be followed. Ms. Hartigan said she wants to know the legal interpretation of this change.

Mr. John Swenson, of Lino Lakes Public Safety, said they are concerned how this change will affect their citizens. The service level could change (drop or increase). There is no local control. The PSA is being served by two different ambulance providers what happens if this changes. What is the mechanism to know how this change will affect the citizens of Lino Lakes.

Dr. Burnett said he would see a fundamental shift if there is a new set of patient guidelines and/or a new medical director. That would affect the fundamental care for the citizens. Dr. Ho asked is this a question for the EMSRB? If the service is operating within statute what is the role for the EMSRB. Mr. Spector said this is a question of a name change or a change in ownership. There needs to be an analysis is what is a change of ownership. If this is a change in ownership, then the statutory requirements would need to be met.

Ms. Hartigan asked for Mr. Schaefer's opinion. Mr. Schaefer said the statute did not anticipate acquisitions/mergers. He said changing a name would not cause a change of ownership. The Board should review each scenario on a case by case basis.

Mr. Soucheray said additional information is needed for the Fairview/HealthEast scenario. Mr. Spector said Fairview has expanded its PSA in this scenario. He asked if there is a change/expansion for base of operations.

Dr. Burnett said citizens can speak to the Board with their concerns regarding change of ownership. Dr. Ho what is the Board's liability?

Ms. Joan Mellor, of Allina EMS asked how would this affect the Allina license?

Ms. Hartigan said there are several potential similar issues that will be soon coming before the Board. Dr. Ho said the Board must be objectively following the statute.

Mr. Swenson said he sees this as a new application for service. He said Fairview owns the license (PSA) and contracts to provide service. Dr. Ho asked for clarification of the question. He said there is not a problem for the service to determine who they contract with. Mr. Spector said there needs to be a review the statute to see if this is a change of ownership. He said Fairview would acquire everything HealthEast owned. HealthEast is requesting to change the name on the ambulances to Fairview.

Mr. Schaefer said there is a difference between a name change and a new type of service. This scenario is different. Is the service going to continue to do business as usual and change the name on the ambulance? Dr. Ho said staff should conduct an inspection to determine compliance. Mr. Spector again said if this is a change of ownership, then a change of ownership process must be followed. Mr. Schaefer said the service is acquiring another PSA by purchase.

Dr. Burnett said the community is concerned about this potential change. The only remedy is to bring this before the Board. Mr. Schaefer said the service must provide the same level of service. If this does not occur, then the Board would take action.

Mr. Swenson said he sees a larger problem with the PSA law. There is no mechanism for public entities to provide input into this transaction. He sees there needs to be public input.

Mr. Spector said that when Fairview acquires HealthEast; now Fairview has a new base of operations. Does this trigger a statute review? If the analysis shows a change of ownership but not an expansion of service, then a Board order is created and brought to the Board for approval and that is the end of it. If someone is aggrieved, then they will sue. Mr. Souchery said there needs to be communication before this change happens.

Ms. Hartigan said will be questions for other potential service changes in the near future. Ms. Hartigan asked for a recommendation to move this to the full Board. Dr. Burnett said he would look to legal counsel for an opinion. Mr. Schaefer said he would want to review the scenario in detail. Dr. Ho said this needs to be a public legal process. Mr. Spector said he will be communicating to the affected parties that this will be brought before the Board.

#### Minimum Age Requirements for EMTs

Mr. Spector said the National Registry shared a communication regarding eliminating the age requirements for EMTs. Mr. Spector said Minnesota Statutes do not address an age requirement. EMRs do not have an age requirement. Mr. Spector said what is the Board's decision from a policy perspective. Dr. Burnett said he sees this as a positive change. It may be an employment issue.

Mr. Spector said he would have questions about a 16 year old on scene being the lead caregiver. Dr. Ho said he does not see that change when someone is 18. Dr. Ho said he would be alright with this change because the National Registry is. Dr. Burnett said he would like to track this in the e-license system. Mr. Spector said he has asked for a 50-state survey and will have information to share with the Board. Ms. Hartigan said she sees this as an employment issue. Dr. Burnett said he would see this as an opportunity for EMT classes in high school.

Mr. Shorten said most states did have an age requirement in rules. Some relied on what National Registry is requiring. Dr. Ho said that the Board should have a public statement that the responsibility is on the ambulance service.

Tiered Response/ALS License ALS PSA BLS Response

Mr. Spector asked what the legal requirements for BLS response for an ALS service are. He quoted statute for BLS service for staffing and equipment. He asked who makes this judgement call. Is it the decision at dispatch? What is the EMSRB's authority. This is a policy question for the Board. Dr. Ho said the national standard is priority dispatch with protocols written by a medical director. Mr. Spector said dispatch is calling the service and describing the call for service. What are the checks and balances for the EMSRB?

Dr. Burnett said the responsibility is that an ALS license should always be available to respond. You can still supplement with a BLS dispatch. That is an operational issue at the service level. Dr. Burnett said this is the responsibility of the service medical director.

Field Activity

Mr. Spector said that Mr. Soucheray and Mr. Shorten have been reaching out to services and doing inspections. Mr. Soucheray said he is still learning the process but has been conducting inspections. Mr. Soucheray said most services are doing a good job. Most things are in compliance. He has seen small issues such as expired gauze pads. Mr. Shorten said staff are providing education for services. Mr. Soucheray said BLS services are struggling with the expense of medications. Mr. Spector said part-time ALS applications are being reviewed for approval for two services.

Mr. Spector said tomorrow is the inspection for Children's Minnesota.

Mr. Spector said he had a discussion with Rep. Huot regarding appointment of Board members and regional program issues. Mr. Spector said Rep. Huot said the regions are seeking his council. Mr. Spector said he wanted this to be communicated to Executive Committee. Dr. Burnett asked that the letter he sent be provided to the full Board. Dr. Burnett will provide this letter to Mr. Spector for inclusion in the Board packet. The Board positions are open because the Governor's office is seeking diversity and inclusion of Board members. Mr. Spector said he did not make specific recommendations for board membership. These are recommendations from board membership. Mr. Spector commented that there are 483 appointments open on the Secretary of State's website. He said many of the boards have open seats. Dr. Ho asked if this could be a media contact. Mr. Spector said that would not be a position for staff of the Board.

Dr. Burnett said there was a motion passed by MDSAC regarding D10W and asked that this moved to the Board for the November meeting. He asked if this would require legislative action or can there be a change now so that services can implement a patient care change. Dr. Burnett said this would be a significant savings to ambulance services.

Mr. Spector invited board members to see the remodeled office.

**7. New Business– 11:50 a.m.**

None.

**8. Closed Session – 11:55 a.m.**

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) (*Complaint Review Panel*)

Legal issues were discussed in closed session.

**9. Re-Open Meeting – 12:55 p.m.**

Ms. Hartigan re-opened the meeting.

**10. Adjourn – 1:00 p.m.**

The meeting adjourned at 1:00 p.m.

Reviewed and Approved By

\_\_\_\_\_ (by email)  
Board Chair

\_\_\_\_\_  
Date