

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Executive Committee Meeting Agenda**  
**April 16, 2020, 10:00 a.m.**

**Note:** Minnesota Statutes section 13D.021 requires a public body to determine that an in-person meeting is "not practical or prudent because of a health pandemic or an emergency declared under chapter 12." At this time, the Governor has declared a peacetime emergency under Minnesota Statutes chapter 12.31. The EMSRB Board Chair has determined that this board meeting may be attended via telephone. The Board Chair and Vice Chair will be attending in-person. Other board members and members of the public are encouraged to attend via telephone using the following number:

**Telephone: 1-888-742-5095 Code: 3908550771#**

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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.**

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

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

**7. New Business – 10:45 a.m.**

**8. Adjourn – 10:50 a.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:**

**June 18, 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**  
**February 20, 2020**

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**Attendance:** J.B. Guiton, Board Chair, Aaron Burnett, M.D.; Kevin Miller; Megan Hartigan; Matt Simpson; Tony Spector; Executive Director; Melody Nagy, EMS Staff; Dave Rogers, EMS Staff; Brian Shorten, EMS Staff; Charles Soucheray, EMS Staff; Greg Schaefer, Assistant Attorney General

**Absent:** Jeffrey Ho, M.D.

**1. Call to Order – 10:00 a.m.**

Mr. Guiton called the meeting to order and asked for introductions from Board members and guests.

**2. Public Comment – 10:05 a.m.**

None.

**3. Approval of Agenda – 10:10 a.m.**

Mr. Guiton asked for approval of the agenda.

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

**4. Approval of Minutes – 10:15 a.m.**

Mr. Guiton asked for approval of the minutes.

Motion: Mr. Miller moved to approve the December 19, 2019, minutes. Mr. Simpson seconded. Motion carried.

**5. Presentation by Biospatial, Inc. – David Zaiman – 10:20 a.m.**

Mr. Guiton welcomed Dave Zaiman who is going to provide a presentation on Biospatial. Mr. Zaiman provided a power point presentation. He said Biospatial originated as a grant from homeland security for bio surveillance. A unique business model was developed to provide data to states at no charge. He said they are working to provide real-time data. This will allow states to look at trends in near real time. Mr. Zaiman said he has also been discussing trauma data with the Minnesota Department of Health (MDH) and can discuss linking of this data if requested. Mr. Zaiman said there are currently 23 states that have contracts in place with and Biospatial would he love to have Minnesota join. Mr. Zaiman said Minnesota is the data owner and summary data is shared at the county level. At the state level the agency can decide who has access to the data. He said there is never a charge to the state.

Dr. Burnett asked for the practical use for a rural service. Mr. Zaiman provided an example of data usage. Dr. Burnett said Mr. Zaiman will be presenting information at the Medical Direction Standing Advisory Committee meeting (MDSAC).

**6. Board Chair Report – 10:50 a.m.**

Mr. Guiton said the professionalism and thoroughness of the current EMSRB employees is exceptional. He thanked the staff for their hard work.

*The Mission of the EMSRB is to protect the public's health and safety through regulation and support of the EMS system.*

**7. Executive Director Report – 11:00 a.m.**

Mr. Spector said the new staff came from organizations and industries that were operating at peak levels and they were operating at unconscious competency. He said there is a steep learning curve at the EMSRB, and these employees are working as a collaborative team. The playbook is still being developed for some things. He thanked Ms. Nagy also and said he is working on adding additional staff.

Mr. Spector said staff are hearing comments regarding legislation that would move the EMSRB to the Minnesota Department of Health. This is not something I have answers for.

Mr. Spector said the office remodel stalled and there is some unfinished business. He said he and Mr. Miller attended a meeting at the Department of Administration to discuss a code violation related to the remodeling. The goal is to finish the North office. The door must swing out to meet code. Mr. Spector said the drywall would need to be redone and the electro-locks would need to be relocated.

Mr. Spector said a Request for Proposals (RFP) was issued for leasing office space for the next 10-years, this topic will be discussed further later.

Mr. Spector said there are proposed revisions to the National EMS Education Standards and one of the concerns raised is that this would increase EMT education to 220 hours. Would this be more challenging to rural services? He said staff are requesting a stakeholder group meet to discuss this and provide recommendations on the proposed changes. Mr. Spector named potential members to be invited to the meeting. Mr. Guiton asked for a motion.

Motion: Ms. Hartigan moved to authorize staff to hold a stakeholder meeting as soon as possible. Mr. Simpson seconded. Motion carried.

**HealthEast Ambulance Licensure Transfer of Ownership – Staff Report**

Mr. Spector referred to the memo in the handouts regarding the transfer of ownership matter for HealthEast to Fairview. Mr. Spector said this memo was developed by staff regarding the timeline for actions taken. Mr. Spector said HealthEast approached the EMSRB requesting to re-brand their ambulances and submitted a request for a name change. Mr. Spector provided details of the service's licenses and locations. He said an ownership change and a name change are different things. The requirements for an ownership change involve a more complex process. He said that staff researched the history of the reported base of operations for HealthEast. He said staff also conducted inspections of several locations. Staff took pictures during a site visit and sought answers to questions on staffing and staging of vehicles. Mr. Spector said staff met with HealthEast management and legal counsel to discuss potential issues.

Mr. Spector said staff are seeking input from the Executive Committee and Board on what is required for a transfer of ownership for HealthEast. Mr. Spector that a question to the Board is the ability to grant a waiver to the base of operations requirements. Mr. Spector said staff would appreciate the Board's support and guidance in this matter. He said staff are available to answer questions on what occurred during their inspections.

Mr. Guiton asked how this differs from other changes of ownership recently discussed. Mr. Soucheray said the criteria for change of ownership was reviewed by staff for each case. The answers to the questions in statute that determine a change of ownership were less clear in this case. There were many factors to research for this application. Mr. Soucheray said he wants a definition of base of operations. Staff have discussed how strictly to interpret the statute. Mr. Guiton commented these statutes have not been revised since the 1970's.

Mr. Spector said the other ownership change requests were submitted and discussed before the completion of the transaction. Mr. Spector said if this was a new license application and staff visited this location would staff consider this a base of operations.

Ms. Hartigan asked how to encourage transparency in these scenarios. What is best for the public? How can the company maintain a business model? What is the effect of a delay on a decision to HealthEast and Fairview areas they serve and will serve?

Mr. Guiton said most ambulance services would meet the requirements for a base of operations. Mr. Miller asked what are the facts? He said the statute is clear. The base of operation in this scenario is unclear. The Board cannot approve this change with these unanswered questions.

Dr. Burnett said his definition of base of operation is that it is an address where the public would know that an ambulance is available. Dr. Burnett said the Board does not want to discourage dynamic deployment.

Mr. Schaefer provided the definition of a substation. Mr. Schaefer said it is appropriate for the Board to have this discussion regarding personnel staging, equipment availability and resupply. He asked what the affect for public health and safety is.

Mr. Guiton suggested this be referred to the full Board or can this be handled administratively.

Motion: Dr. Burnett moved that this topic be referred to the full Board for review. Mr. Simpson seconded. Motion carried.

Ms. Hartigan asked for clarification of why this was not addressed in 2017.

Mr. Simpson said there needs to be an agreement within the company of the base of operations.

Mr. McAlpin said Medicare payments are tied to a specific address. The base of operation is a primary location where you receive mail and post your ambulance license.

Mr. Guiton said an email response was received and asked that this email be added to the record for the meeting.

Mr. Jungmann provided a memo from 2017. He asked that stakeholders be allowed to provide input.

Mr. Schaefer quoted the statute that allows local government powers to be able to express concerns to the Board.

Mr. Swenson said he would echo comments made previously and said there was a motion made at his city council meeting and he provided a document to EMSRB staff. Mr. Swenson said local municipalities need a seat at the table to discuss potential ambulance changes.

#### Light-but-no-Siren Legislative Language

Mr. Spector said Senator Westrom is proposing a change to statutes for lights but no siren. He provided a handout with the proposed legislative language. (Minnesota Statutes section 169.17) The senator is asking the EMSRB to provide guidance on this issue. Mr. Guiton said the Board has three options: to endorse this, to not take an opinion, or to oppose this.

Dr. Burnett said this would be different in downtown Minneapolis than it would be in rural Minnesota. Mr. Miller said he sees this as neutral. Mr. Simpson said there are liability issues to consider. Mr. Miller said this is optional language.

Mr. McAlpin said the Minnesota Ambulance Association will be opposing this for questions of safety. This could cause increases to insurance.

Mr. Simpson suggested the Board remain neutral regarding this potential legislation. Mr. Miller suggested an amendment to the legislation for non-metro agencies or cities of certain populations. Ms. Hartigan said there are a lot of opinions that the senator should hear. Mr. Miller said there is not consensus in the industry. Dr. Burnett suggested the Board should remain neutral. Mr. Spector said he wants to provide a response to the senator. Mr. Spector said he would develop a memo that would be distributed to the Executive Committee members to provide the Board's feedback.

#### MNSTAR Transition from Version 2 to Version 3

Mr. Rogers provided a presentation on the number of services reporting in version 2 versus version 3. He said there is a concerted effort being made by staff to assist services in this transition. Staff are making phone calls to ask services their plans and barriers to this transition. Mr. Spector said staff are working with regional programs on this transition. Mr. Rogers said this technology will help ambulance services provide better patient care.

#### Hospital Integration Accounts

Mr. Spector said staff have been assisting ambulance services in setting up hospital integration accounts. He said 77 accounts have been developed. Mr. Rogers said this is a way for hospitals to share information with the trauma registry.

Dr. Burnett said the EMSRB would like to receive information from the Minnesota Department of Health as a result of this data sharing. Mr. Spector named services that are using hospital integration accounts.

#### Data Requests

Mr. Spector said staff are looking at a software program "Gov QA" for tracking of data requests.

#### Legislative Information

Mr. Spector said bills introduced by the Minnesota Ambulance Association were shared with him and Mr. Miller. He provided a handout.

#### Legislative Committee Report

Mr. Miller said the cleanup language was slightly revised with input from Board members. It was suggested to add physician assistant back into the language (a physician assistant with emergency medical care experience). Mr. Schaefer suggested a meeting to discuss options and/or solutions.

Mr. Schaefer provided clarification of questions from Mr. Miller regarding a decision of the Board.

### **8. New Business – 12:35 p.m.**

None.

**9. Adjourn – 12:36 p.m.**

Mr. Guiton asked for a motion to adjourn.

Motion: Ms. Hartigan moved to adjourn. Mr. Miller seconded. Motion carried.

Reviewed and Approved By:

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Board Secretary/Treasurer

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Date