

**State of Minnesota**  
**Emergency Medical Services Regulatory Board**  
**Medical Direction Standing Advisory**  
**Committee Meeting Minutes**  
**March 1, 2019, 9:00 a.m.**  
**Minneapolis Marriott Northwest**  
**Brooklyn Park, Minnesota**

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**Attendance:** Aaron Burnett, M.D. (Chair); John Hick, M.D.; Pat Lilja, M.D.; John Lyng; M.D.; John Pate, M.D.; Kevin Sipprell, M.D.; Andrew Stevens, M.D.; Peter Tanghe, M.D.; Tony Spector; EMSRB Executive Director; Lucy Ross, Grants and Financial Manager; Melody Nagy, EMSRB staff; Greg Schaefer, Assistant Attorney General.

**1. Call to Order**

Dr. Burnett called the meeting to order at 9:08 a.m.

**2. Public Comment**

None.

**3. Approve Agenda**

Dr. Lilja moved approval of the agenda. Dr. Sipprell seconded. Motion carried.

**4. Approve Minutes**

Dr. Lilja moved approval of the September 6, 2018, minutes. Dr. Stevens seconded. Motion carried.

**5. MDSAC Committee Chair Report**

National Association of EMS Physicians (NAEMSP) State Chapter Formation

Dr. Burnett said this is an opportunity for physicians in Minnesota to shape EMS.

State Trauma Advisory Council (STAC) Motion Regarding Air Ambulances and Dispatching the Closest Available Asset Discussion

Dr. Burnett read the motion from December 4, 2018, STAC meeting:

*“Dr. Hick moved that the STAC support coordination between aeromedical services to ensure that the closest available helicopter is dispatched to the scene when requested. Dr. Paulson seconded.”* The motion carried unanimously.

Dr. Lyng asked why the scope of the motion is limited to scene flights only. Dr. Burnett said the discussion was because scene flights are not controlled compared to inter-facility transfers. Dr. Hick said there are competitive issues for companies. This is a beginning step for management of patients that need advanced services. Dr. Lilja said this should be for both scene and inter-facility. Dr. Lilja said he would like to see the evidence supporting this. He said that he does not want to set up more bureaucratic oversight.

Dr. Pate said there are multiple flight services available in his area. If the nature of the call suggests a helicopter is needed, the paramedic on scene calls the sheriff's office to dispatch a helicopter. He said he does not see significant delays depending on who responds. Sometimes the helicopter is diverted to the hospital for intercept. Dr. Hick said there does not seem to be objection to the closest available unit being dispatched. Dr. Lyng asked how this would be accomplished. Different areas have different dispatch centers for their point of contact now. The solution would be to have a single point of contact for dispatch.

Dr. Burnett asked if there is consensus to make a motion.

Dr. Lilja moved that MDSAC support the concept of the closest air medical resource being sent for care of critical trauma patients both at the scene and for inter-facility transports. Dr. Lyng seconded. Motion carried.

Dr. Sipprell said in some areas they refer to a service by name and dispatch the company not the closest available resource. Mr. Spector said some services advertise "Don't call 911 call us". There is a competing interest in market share. Dr. Stevens said STAC made a unanimous motion and this is the right thing to do.

Dr. Lyng asked if a statutory change would be required. The goal is to provide a higher level of care in a time sensitive manner. Dr. Hick said he would like to see this occur in a voluntary fashion. He said he would like to see other services commit to this.

#### EMS Providers not working at Ambulance Services

Dr. Burnett said EMS providers (i.e., EMTs and paramedics) are working in non-traditional environments. The Board's Complaint Review Panel reviews issues regarding EMS providers working in other locations. Minnesota Statutes are outdated in this respect. This needs to be kept in mind as the industry changes. Dr. Stevens asked if there should be legislative action. Mr. Spector suggested a policy discussion with the possibility of a recommendation brought to the Board. Dr. Stevens asked if a subcommittee should be formed to discuss this topic.

Dr. Stevens moved to form a committee to discuss changes to Minnesota Statutes 144E. Dr. Tanghe seconded. Motion carried.

## **6. Executive Director Report – Tony Spector**

### Agency Report

Mr. Spector presented a PowerPoint presentation as part of his report which included the updated organization chart and an update on the hiring process for several positions. Mr. Spector introduced Lucy Ross, Grants and Financial Manager, and Ms. Ross provided background information which included previous employment and experience. Mr. Spector said that interviews have been conducted for the Data Manager position. He said that he hopes to make an offer for the position in the future. He said he will want this person to provide information to this committee and data analysis to ambulance services. Mr. Spector said the EMS Specialist position is posted. The position has been reclassified with an appropriate salary increase.

Mr. Spector provided statistical information for the elicencing update. Mr. Spector complimented Holly Jacobs on her work in the development of the elicense system.

Legislative Report

Mr. Spector provided handouts for discussion of pending legislation.

*House File (HF 85) – Requiring the EMSRB to propose guidelines authorizing patient-assisted medication administration.*

Mr. Spector said the Board supported striking paragraph b; this bill will be advancing to the floor. Dr. Burnett said there will be need to develop guidelines in accordance with this legislation. Dr. Burnett said the bill was modified to add “other rare conditions.”

Darlene Shelton of Danny’s Dose Alliance was present at the MDSAC meeting and requested to speak on the topic. She said that if the legislation is signed into law, Minnesota will be the second state to do so.

Mr. Spector said the initial proposal was for the EMSRB to create administrative rules. The bill was amended to require the EMSRB to propose guidelines. The Board can seek to codify guidelines into rule at a later time. Dr. Stevens said most ambulance services in Minnesota already assist the patients without legislation. This bill empowers the State to provide guidelines. He said there are people willing to help in writing guidelines.

*House File (HF 147) – Allowing community paramedics and community medical response emergency medical technicians to provide telemedicine services.*

Mr. Spector commented that there might be value for those who seek introduction of bills impacting EMS to consult with the EMSRB before such bills are brought forward. He said the House and Senate contacted the EMSRB for comment on proposed legislation. When this bill was introduced there had not been a meeting of this committee or the Board so that he could give the Board’s position on the bill. Mr. Spector said he reached out to Dr. Ho and Mr. Miller to discuss this issue. This issue needs further discussion by MDSAC and the Board.

Dr. Tanghe questioned how EMS providers use telemedicine services. He said he would be supportive that community EMTs be called out as a recognized medical provider.

Dr. Lilja asked if this is face to face with the patient. Dr. Lilja said there is not a model for the physicians to get paid for telemedical care. Dr. Hick asked about scope of practice. Dr. Stevens said there is federal legislation that allows payment. The bill is unclear. Dr. Tanghe said a community paramedic or community EMT can currently facilitate a telemedicine call. The community paramedic can provide the care and be paid for this service call by telemedicine. Dr. Tanghe said that this expands the scope for tele-health.

Mr. Spector said the broadness of the legislation is a concern. Mr. Spector asked if there should be a discussion to define scope of practice. Dr. Tanghe said the intent is to have the community paramedic or community EMT provide care via telemedicine. Dr. Tanghe said this is for Medicare billing.

Dr. Lilja asked Dr. Burnett if he is looking for a motion regarding this legislation. Dr. Burnett asked if the committee can provide a consensus on this legislation so that Mr. Spector can discuss this with the author of the bill. Dr. Lilja asked if the bill can be withdrawn and re-written.

Dr. Tanghe moved that the MDSAC recognize and support community paramedics to provide telemedicine remotely. Dr. Lilja seconded. Motion carried. Dr. Hick opposed.

*House File (HF 148) – Permitting community EMTs to be members of a basic life support ambulance service.*

Dr. Lyng said this should refer to EMTs at any level of service. Mr. Spector said that none of the bills were drafted or introduced by the EMSRB.

*Senate File (SF 953) – additional training requirements for EMT, AEMT, and paramedic certification renewal*

Dr. Lyng said there should not be legislation that requires a specific topic or hour requirement for continuing education topics. Dr. Lyng said this is directed toward training regarding mental illness. And inquired as to the need for the bill.

Mr. Spector said that these bills are introduced in the legislature without input from MDSAC or the Board. He is informed of the bills once they have been introduced and is asked to give the opinion of the Board. Dr. Lyng said all parties should have shared awareness.

*House File (HF 1364) -- Requiring consultation with and approval by affected municipalities before approval or implementation of a change in services provided by an ambulance service.*

Mr. Spector said this involves proposing changes to include local control for ambulances. John Swenson, Director of Public Safety from the City of Lino Lakes, was present at the MDSAC meeting and requested to speak on the topic. He provided his perspective of this legislation. Mr. Swenson said currently that the PSA within which Lino Lakes is located is held by Fairview, but North Memorial provides ambulance services under contract. He said that Lino Lakes is satisfied with the service but would like input in the event a change in service provider is contemplated by Fairview.

Dr. Sipprell said that changes to ambulance deployment has a lot of variables. Mr. Swenson said it was suggested that this could be addressed through rulemaking, but the rulemaking process is not efficient and that is why this legislation was created.

Dr. Hick moved that this be referred back to the EMSRB with no position taken other than legislation should not have an impact on care delivery. This should not be subject to approval of local jurisdictions. Dr. Stevens seconded. Motion carried.

Dr. Lyng said he would like to have a conversation with Mr. Swenson. Dr. Burnett said the boundaries of medical care are constantly evolving.

#### Hennepin Technical College Community EMT Education Program Discussion

Mr. Spector said he is awaiting a curriculum from Hennepin Technical College as part of the education program approval process.

### **7. New Business**

Dr. Tanghe asked for a discussion of Emergency Triage, Treat, and Transport (ET3) Model at a future MDSAC meeting. Dr. Burnett said he also wanted to add mass casualty triage to the agenda for the September meeting.

### **8. Adjourn**

Dr. Lilja moved to adjourn. Dr. Stevens seconded. Motion carried.

Meeting adjourned 11:30 a.m.