

State of Minnesota
Emergency Medical Services Regulatory Board
Legislative and Rules Committee Meeting Agenda
February 21, 2024, 12:00 PM
335 Randolph Avenue, Suite 220, St. Paul, Minnesota

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>

Conflict of Interest: As specified in Minnesota Statutes §144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

Microsoft Teams meeting

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Please email dylan.ferguson@state.mn.us if you plan to attend the meeting in person.

- 1. Call to order and introductions – 12:00 PM**
- 2. Review and approve agenda**
- 3. Strategy session to discuss potential workplan and potential deliverables**
 - 3.1. Continue conversation related to technical and editorial bill related to 144E (Clean up bill)
- 4. Determine next meeting date**
- 5. Adjourn – 1:00 PM**

Next Committee Meeting
TBD

This draft takes version 1 and removes all references to national certification requirements, removes primary instructor changes, leaves in education program reorganization changes. Adds driver variance process for BLS agencies.

1 A bill for an act

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA

3
4 Section 1. Minnesota Statutes 2023, section 144E.001 subdivision 3a is amended to read:

5 Subd. 3a. **Ambulance service personnel.** "Ambulance service personnel" means
6 individuals who are authorized by a licensed ambulance service to provide
7 emergency care for the ambulance service and are:

8 (1) EMTs, AEMTs, or paramedics;

9 (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing,
10 and ~~have passed a paramedic practical skills test, as approved by the board and~~
11 ~~administered by an educational program approved by the board~~ have been approved by
12 an ambulance service medical director; (ii) on the roster of an ambulance service on or
13 before January 1, 2000; ~~or~~ (iii) after petitioning the board, deemed by the board to have
14 training and skills equivalent to an EMT, as determined on a case-by-case basis; ~~iv. or~~ is a
15 registered nurse who meets the requirements of staffing an air ambulance in 144E.121
16 subdivision 2; or is Board certified as a Certified Flight Registered Nurse or Certified
17 Emergency Nurse by the Board of Certification for Emergency Nursing.

18 (3) Minnesota licensed physician assistants who are: (i) EMTs, are currently
19 practicing as physician assistants, and ~~have passed a paramedic practical skills test~~ has
20 been approved by an ambulance service medical director, as approved by the board and
21 administered by an educational program approved by the board; (ii) on the roster of an
22 ambulance service on or before January 1, 2000; ~~or~~ (iii) after petitioning the board,
23 deemed by the board to have training and skills equivalent to an EMT, as determined on a
24 case-by-case basis; or is a physician assistant who meets the requirements of staffing an
25 air ambulance in 144E.121 subdivision 2.

26

27 Sec. 2. Minnesota Statutes 2023, section 144E.101, is amended to read:

28 Subd. 6. **Basic Life Support**

29 (a) Except as provided in paragraph (f), a basic life-support ambulance shall be
30 staffed by at least two individuals certified as EMTs, or nurses meeting the
31 requirements of 144E.001 subdivision 3a paragraph 2, or a currently practicing
32 physicians assistant that meets the requirements of 144E.001 subdivision 3a
33 paragraph 3, one of whom must accompany the patient and provide a level of
34 care so as to ensure that:

- 35 (1) life-threatening situations and potentially serious injuries are recognized;
- 36 (2) patients are protected from additional hazards;
- 37 (3) basic treatment to reduce the seriousness of emergency situations is administered;
- 38 and
- 39 (4) patients are transported to an appropriate medical facility for treatment.
- 40 (b) A basic life-support service shall provide basic airway management.
- 41 (c) A basic life-support service shall provide automatic defibrillation.
- 42 (d) A basic life-support service shall administer opiate antagonists consistent with

43 protocols established by the service's medical director.

44 (e) A basic life-support service licensee's medical director may authorize ambulance
45 service personnel to perform intravenous infusion and use equipment that is
46 within the licensure level of the ambulance service. Ambulance service
47 personnel must be properly trained. Documentation of authorization for use,
48 guidelines for use, continuing education, and skill verification must be
49 maintained in the licensee's files.

50 (f) For emergency ambulance calls and interfacility transfers, an ambulance service
51 may staff its basic life-support ambulances with one EMT, who must accompany
52 the patient, and one registered emergency medical responder driver. For purposes
53 of this paragraph, "ambulance service" means either an ambulance service whose
54 primary service area is mainly located outside the metropolitan counties listed in
55 section [473.121, subdivision 4](#), and outside the cities of Duluth, Mankato,
56 Moorhead, Rochester, and St. Cloud; or an ambulance service based in a
57 community with a population of less than 2,500.

58 (g) Upon application from an ambulance service that includes evidence
59 demonstrating hardship, the board may grant a variance from the staff
60 requirements in paragraph (a), and may authorize a basic life-support ambulance
61 to be staffed by one individual to drive the ambulance with a EMT, who must
62 accompany the patient, for all emergency calls and interfacility transfers. The
63 variance shall apply to basic life-support ambulance services until the ambulance
64 service renews its license. When the variance expires, an ambulance service may
65 apply for a new variance under this paragraph. This paragraph applies only to an
66 ambulance service whose primary service area is mainly located outside the
67 metropolitan counties listed in section [473.121, subdivision 4](#), and outside the
68 cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance
69 based in a community with a population of less than 1,000 persons.

70 (1) Any driver used under this section must hold a valid driver's license
71 from any state, must have attended an emergency vehicle driving course
72 approved by the ambulance service, must have completed a course on
73 cardiopulmonary resuscitation approved by the ambulance service, and register
74 with the board with an application to be prescribed by the board.

75 (2) If an individual serving as a driver under this subdivision commits or has a record
76 of committing an act listed in Minnesota Statutes, section 144E.27, subdivision 3,
77 paragraph (a), the board may temporarily suspend or prohibit the individual from
78 driving an ambulance or place conditions on the individual's ability to drive an
79 ambulance using the procedures and authority in Minnesota Statutes, section
80 144E.27, subdivisions 3 and 4.

81 Subd. 7. **Advanced life support.**

82 (a) Except as provided in paragraphs (f) and (g), an advanced life-support ambulance
83 shall be staffed by at least:

84 (1) one EMT or one AEMT and one paramedic;

85 (2) one EMT or one AEMT and one registered nurse who is an EMT or an AEMT, is
86 currently practicing nursing, and meets the requirements of 144E.001 subdivision 3a
87 paragraph 2 has passed a paramedic practical skills test approved by the board and
88 administered by an education program; or

89 (3) one EMT or one AEMT and one physician assistant who is an EMT or an
90 AEMT, is currently practicing as a physician assistant, and meets the requirements of
91 144E.001 subdivision 3a paragraph 3 has passed a paramedic practical skills test
92 approved by the board and administered by an education program.

93 (b) An advanced life-support service shall provide basic life support, as specified
94 under subdivision 6, paragraph (a), advanced airway management, manual defibrillation,
95 administration of intravenous fluids and pharmaceuticals, and administration of opiate
96 antagonists.

97 Sec. 3. Minnesota Statutes 2023, section 144E.27, is amended to read:

98 **144E.27 EDUCATION PROGRAMS; BOARD APPROVAL EMERGENCY**
99 **MEDICAL RESPONDER REGISTRATION.**

100 ~~Subdivision 1. **Education program instructor.** An education program instructor must~~
101 ~~be an emergency medical responder, EMT, AEMT, paramedic, physician, physician~~
102 ~~assistant, or registered nurse.~~

103 ~~Subd. 1a. **Approval required.** (a) All education programs for an emergency medical~~
104 ~~responder must be approved by the board.~~

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

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

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

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

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

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

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

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

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

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

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

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

124 Subd. ~~2~~1.Registration.

125 To be eligible for registration with the board as an emergency medical responder, an
126 individual shall complete a board-approved application form and:

127 (1) successfully complete a board-approved initial emergency medical responder
128 education program. Registration under this clause is valid for two years and expires on
129 October 31; or

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

133

134 Subd. ~~2a~~ 1a.Registration dates.

135

136 Registration expiration dates are as follows:

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

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

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

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

145

146 Subd. ~~3~~ 2. **Renewal.** (a) The board may renew the registration of an emergency
147 medical responder who:

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

149 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
150 board or the licensee's medical director, which may be a component of a board-approved
151 refresher course; and

152 ~~—(2)~~ (3) submits a completed renewal application to the board before the registration
153 expiration date.

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

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

157 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
158 board or the licensee's medical director, which may be a component of a board-approved
159 refresher course; and

160 ~~—(2)~~ (3) submits a completed renewal application to the board within ~~12~~ 48 months
161 after the registration expiration date.

162 Subd. ~~5~~ 3. **Denial, suspension, revocation.**

163 (a) The board may deny, suspend, revoke, place conditions on, or refuse to renew the
164 registration of an individual who the board determines:

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

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

- 169 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
170 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
171 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
172 alcohol;
- 173 (4) is actually or potentially unable to provide emergency medical services with reasonable
174 skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other
175 material, or as a result of any mental or physical condition;
- 176 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
177 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
178 welfare, or safety of the public;
- 179 (6) maltreats or abandons a patient;
- 180 (7) violates any state or federal controlled substance law;
- 181 (8) engages in unprofessional conduct or any other conduct which has the potential for
182 causing harm to the public, including any departure from or failure to conform to the
183 minimum standards of acceptable and prevailing practice without actual injury having to be
184 established;
- 185 (9) provides emergency medical services under lapsed or nonrenewed credentials;
- 186 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
187 jurisdiction or by another regulatory authority;
- 188 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted by the
189 patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a
190 patient; or
- 191 (12) makes a false statement or knowingly provides false information to the board, or fails to
192 cooperate with an investigation of the board as required by section [144E.30](#).

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

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

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

203 Subd. 6 4. **Temporary suspension.**

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

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

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

215 (d) At the time the board issues a temporary suspension order, the board shall schedule a
216 hearing, to be held before a group of its members designated by the board, that shall begin
217 within 60 days after issuance of the temporary suspension order or within 15 working days of
218 the date of the board's receipt of a request for a hearing from the individual, whichever is

219 sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to
220 continue, modify, or lift the temporary suspension. A hearing under this paragraph is not
221 subject to chapter 14.

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

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

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

232

233 Sec. 4. Minnesota Statutes 2023, section 144E.28, subdivision 3, is amended to read:

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

240

241 Section 5. Minnesota Statutes 2023, section 144E.28, subdivision 8, is amended to read:

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

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

247 (2) a board-approved application form.

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

250 (c) A Community Paramedic as defined in 144E.28 subdivision 9 may reinstate that
251 certification under this subdivision upon submission of evidence to the board of training
252 equivalent to the continuing education requirements of 144E.28 subdivision 9 (c)

253 (d) for a period not to exceed 18 months from enactment the Board, may reinstate the
254 certification of any EMT, AEMT, or paramedic whose certification has expired greater
255 than four years, but less than ten years under the provisions of this subdivision and the
256 recommendation of an ambulance service medical director.

257 Sec. 6. Minnesota Statutes 2023, section 144E.285, subdivision 1, is amended to read:

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

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

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

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

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

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

267 ~~—(iv) (iii) admission criteria for students; and~~

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

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

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

273 (4) utilize instructors who meet the requirements of section 144E.283 for teaching at least
274 50 percent of the course content. The remaining 50 percent of the course may be taught by
275 guest lecturers approved by the education program coordinator or medical director;

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

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

279 ~~—(7)~~ (5) retain documentation of program approval by the board, course outline, and
280 student information;

281 ~~(8)~~ (6) notify the board of the starting date of a course prior to the beginning of a
282 course; and

283 ~~—(9)~~ (7) submit the appropriate fee as required under section 144E.29; ~~and.~~

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

293

294 Sec. 7. Minnesota Statutes 2023, section 144E.285, is amended by adding a subdivision to
295 read:

296 Subd. 1a. **EMR requirements.** The National EMS Education Standards established
297 by the National Highway Traffic Safety Administration, United States Department of
298 Transportation specifies the minimum requirements for knowledge and skills for emergency
299 medical responders. A medical director of an emergency medical responder group may
300 establish additional knowledge and skill requirements for EMRs.

301 Sec. 8. Minnesota Statutes 2023, section 144E.285, is amended by adding a subdivision to
302 read:

303 Subd. 1b. **EMT requirements.** In addition to the requirements under subdivision 1,
304 paragraph (b), an education program applying for approval to teach EMTs must:

305 (1) include in the application prescribed by the board, names and addresses of clinical
306 sites, including a contact person and telephone number;

307 (2) maintain a written agreement with at least one clinical training site, that is of a
308 type that is recognized by the National Highway Transportation Safety Administration
309 National EMS Education Standards. ~~licensed hospital or licensed ambulance service~~
310 ~~designating a clinical training site; and~~

311 (3) maintain a minimum average yearly pass rate as set by the board. An education
312 program not meeting this standard shall be placed on probation and shall comply with a
313 performance improvement plan approved by the board until the program meets the pass
314 rate standard. While on probation, the education program may continue to provide classes
315 if the program meets the terms of the performance improvement plan, as determined by the
316 board. If an education program that is on probation status fails to meet the pass rate standard
317 after two years in which an EMT initial course has been taught, the board may take
318 disciplinary action under subdivision 5.

319

320 Sec. 9. Minnesota Statutes 2023, section 144E.285, subdivision 2, is amended to read:

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

324 _____ (1) be administered by an educational institution accredited by the Commission of
325 Accreditation of Allied Health Education Programs (CAAHEP).;

326 _____ (2) include in the application prescribed by the board, names and addresses of clinical
327 sites, including a contact person and telephone number; and

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

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

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

339 ~~—(1) covers a rural primary service area that does not contain a hospital within the~~
340 ~~primary service area or contains a hospital within the primary service area that has been~~
341 ~~designated as a critical access hospital under section 144.1483, clause (9);~~

342 ~~—(2) has tax exempt status in accordance with the Internal Revenue Code, section~~
343 ~~501(c)(3);~~

344 ~~—(3) received approval before 1991 from the commissioner of health to operate a~~
345 ~~paramedic education program;~~
346 ~~—(4) operates an AEMT and paramedic education program exclusively to train~~
347 ~~paramedics for the local ambulance service; and~~
348 ~~—(5) limits enrollment in the AEMT and paramedic program to five candidates per~~
349 ~~biennium.~~

350

351 Sec. 10. Minnesota Statutes 2023, section 144E.285, subdivision 4, is amended to read:

352 Subd. 4. **Reapproval.** An education program shall apply to the board for reapproval
353 at least ~~three months~~ 30 days prior to the expiration date of its approval and must:

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

358 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to
359 ~~(4)-(7)~~;

360 (3) be subject to a site visit;

361 (4) for education programs that teach EMTs, comply with the requirements in
362 subdivision 1b; and

363 (5) for education programs that teach AEMTs and paramedics, comply with the
364 requirements in subdivision 2 and maintain accreditation with the Commission on
365 Accreditation of Allied Health Education Programs (CAAHEP).

366

367 Sec. 11. Minnesota Statutes 2023, section 144E.35, is amended to read:

368 **144E.35 REIMBURSEMENT TO AMBULANCE SERVICES FOR**
369 **VOLUNTEER EDUCATION COSTS**

370 **Subdivision 1, Repayment for volunteer education.** A licensed ambulance service
371 or Medical Response Unit or Specialized Medical Response Unit as defined in M.S.
372 144E.275 shall be reimbursed by the board for the necessary expense of the initial
373 education of a volunteer ambulance attendant, or a certified Emergency Medical
374 Responder or Emergency Medical Technician affiliated with an MRU or SMRU who
375 does not exceed the income limits as outlined in M.S. 144E.001 Subd. 15, or a continuing
376 education course for EMT EMS care, or both, which has been approved by the board,
377 pursuant to section 144E.285. Reimbursement may include tuition, transportation, food
378 lodging, hourly payment for the time spent in the education course, and other necessary
379 expenditures, except that in no instance shall a volunteer ambulance attendant or a
380 certified Emergency Medical Responder or Emergency Medical Technician meeting the
381 requirements of this section be reimbursed more than \$900 for successful completion of
382 an initial education course, and \$375 for successful completion of a continuing education
383 course.

384 **Subd. 2. Reimbursement provisions.** Reimbursement must be paid under
385 provisions of this section when documentation is provided to the board that the individual
386 has served for ~~one year~~ six months from the date of the final certification exam as an
387 active member of a Minnesota licensed ambulance service, Medical Response Unit or
388 Specialized Medical Response Unit. Effective July 1, 2026 reimbursement will not be
389 permitted for continuing education if the individuals certification required a reinstatement
390 application to be submitted in order to regain certification.

391

392 Sec. 12 Minnesota Statutes 2023, section 144E.35, is amended by adding a subdivision to
393 read:

394 Subd. 3. **Carry forward provisions.** Effective for fiscal year 2025 and succeeding
395 fiscal years, any unspent portion of the appropriation for volunteer education costs shall
396 not cancel but shall carry forward and be used in the following fiscal year for the
397 purposes of Minnesota Statutes, section 144E.50. The board shall not retain any portion
398 of the appropriation carried forward for administrative costs.