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Emergency Medical Services Regulatory Board

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mn.gov/boards/emsrbl/

AT A GLANCE

- 10% of Minnesota's population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 285 licensed ambulance services operating 846 vehicles across the state
- 323 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 161 ambulance services and 423 vehicles are inspected annually
- 157 approved emergency medical services education programs
- 29,378 certified emergency medical services personnel
- Nearly 900 applicant disclosures reviewed annually
- 54 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency's jurisdiction
- 62% of the 285 licensed ambulance services are estimated to be volunteer or combination paid / volunteer
- 71% of the EMS Regulatory Board's total budget is disbursed to the emergency medical services community
- 11 full-time employees across the state

PURPOSE

The mission of the Minnesota Emergency Medical Services (EMS) Regulatory Board (Board) is to protect the public's health and safety through regulation and support of the EMS system. We are the lead agency in Minnesota responsible for certifying EMS personnel, licensing and inspecting ambulance services, and approving and auditing education programs. We also investigate all complaints and allegations of misconduct involving those individuals and entities subject to our jurisdiction. Our services start prior to the 9-1-1 call requesting response to a medical emergency: we safeguard the quality of care delivered by EMS personnel by ensuring the delivery of nationally-recognized education and testing standards.

We make certain that ambulance services are safe, reliable, and available around-the-clock in metropolitan areas and in Greater Minnesota. Areas with small population bases often rely on volunteer EMS personnel to cover the cost of providing continuous ambulance service. Recruitment and retention of these volunteers continues to be stretched by an anticipated decrease in population in 74 counties through 2025. At the same time, the elderly population, which generally requires more complex care, is increasing. We work with these services and communities to implement realistic solutions proven successful by other services assisted by this agency.

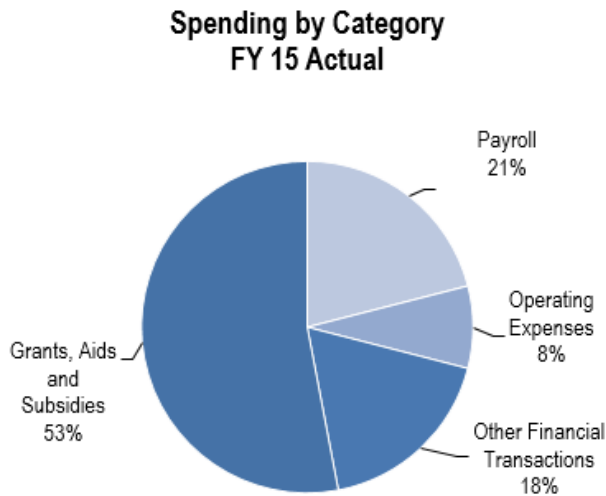
We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

The Board has formed committees and workgroups to aid in the execution of its mission. One such committee is the Medical Direction Standing Advisory Committee, which is comprised of physicians experienced in emergency medicine and emergency medical services and is led by a Board member/emergency physician who serves as the State's EMS Medical Director. This committee discusses, evaluates, and recommends improvements in matters pertaining to the delivery of pre-hospital emergency care.

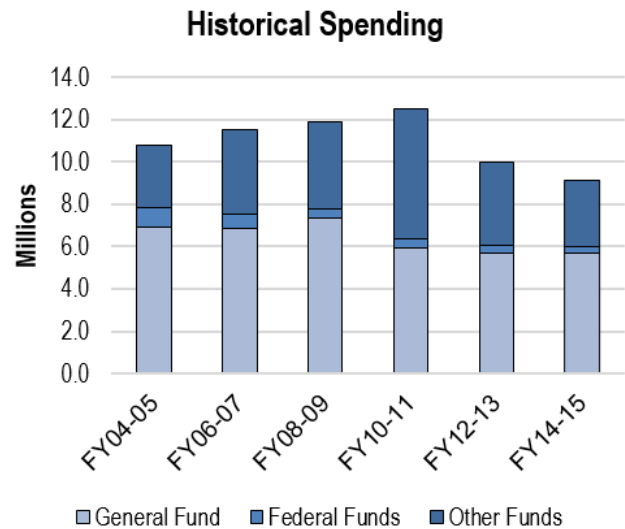
Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery continues with assessing and advising rural ambulance services and their managers, and it concludes with reinforcing quality care through inspections and audits, complaint reviews and investigations, and intervention of both a discipline and non-discipline nature.

Our contribution to ensuring continuous, consistent and safe emergency medical services in Minnesota supports the statewide outcomes of: **All Minnesotans have optimal health and the people in Minnesota are safe.**

BUDGET



Source: BPAS



Source: Consolidated Fund Statement

The board budget is from a variety of sources: general fund, dedicated funds, federal grants and fines for seat-belt violations. Because the EMS system in Minnesota is heavily dependent on a diminishing pool of volunteers, particularly in rural areas, there is no fee for certification. A majority of the agency's budget is dedicated to grant programs that support emergency medical services statewide. Administrative expenses of the EMSRB account for 29% of its budget expenditures (11 full-time equivalent employees).

STRATEGIES

To accomplish its mission of protecting the public's health and safety, the Emergency Medical Services (EMS) Regulatory Board uses the following strategies:

1. **Regulation**
 - a. Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs.
 - b. License ambulance services, credential EMS personnel, and approve education programs.
2. **Prevention**
 - a. Conduct educational compliance seminars.
 - b. Communicate compliance requirements to medical and ambulance service directors to reduce compliance issues.
 - c. Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success.
3. **Compliance and Discipline**
 - a. Conduct on-site inspections of ambulance services and vehicles.
 - b. Investigate complaints, allegations of misconduct, and self-reported violations in a fair and timely manner, ensuring that the subjects of those investigations receive the necessary due process.
 - c. Review evidence to determine appropriate action through the agency's Complaint Review Panel, which is a subset of our Board and supported by advice from the Attorney General's Office and agency staff.
 - d. Collaborate with the Health Professionals Services Program for matters involving impaired professionals.
4. **Support of the EMS System**
 - a. Educate the public, EMS personnel, ambulance services, and education programs about certification and licensing requirements and responsibilities, ethical standards, and the complaint resolution process.
 - b. Distribute state and federal grant funds that support the EMS community with retention and recruitment of personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure.

- c. Continue to reach out to our wider audience: the general public, employers, and ethnically-diverse populations.
- 5. **Maximize Technology and Online Services**
 - a. Use technology to maximize efficiencies, improve customer service, increase data security, and decrease costs.
 - b. Provide free, 24/7 online application and renewal process, license and certification look-up, and access to public data on adverse license and certification actions.
- 6. **Risk Assessment and Continuous Improvement**
 - a. Evaluate performance through customer surveys, research, and data analysis.
 - b. Identify trends in the EMS industry that may need new or improved support, standards, or oversight to ensure the public is protected.
 - c. Conduct system reviews and audits of fees, expenditures, receipts, and disbursements; improve systems as appropriate.
 - d. Engage public and private expertise and input. Our board, committees, and work groups are comprised of volunteers representing EMS physicians and personnel, educators, and stakeholders from public, private, and non-profit organizations. This is important because EMS has touch points in every part of the health care system, and these subject matter experts help identify issues and craft solutions.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of EMS Personnel credentialed by the Emergency Medical Services Regulatory Board	31,902	29,378	FY 2014 & FY 2016
Quality	Average time from receipt of completed application to issuance of credentials	3 days	3 days	FY 2014 & FY 2016
Quantity	Requests for ambulance services statewide	542,462	596,536	FY 2014 & FY 2016
Quantity	Number of ambulance services receiving correction orders	78	39	FY 2014 & FY 2016
Quality	Percentage of correction orders resolved within 60 days	80%	88%	FY 2014 & FY 2016
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Examination	80%	80%	FY 2014 & FY 2016
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Examination	72%	72%	FY 2014 & FY 2016
Quality	Prompt Payments to Grantees (within 45 days)	72%	96%	FY 2014 & FY 2016
Quantity	Number of investigations completed in response to allegations of misconduct	72	54	FY 2014 & FY 2016
Quality	Resolution Cycle: Percentage of investigations resolved within 12 months	100%	100%	FY 2014 & FY 2016

The Emergency Medical Services Regulatory Board's legal authority comes from Minnesota Statute 144E and Minnesota Rules 4690 (<https://www.revisor.mn.gov/statutes/?id=144E&format=pdf> and <https://www.revisor.mn.gov/rules/?id=4690&version=2014-01-18T06:02:28-06:00&format=pdf>).

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base	
					FY18	FY19
1000 - General	2,675	3,009	2,992	3,249	3,037	3,037
2000 - Restrict Misc Special Revenue	1,091	638	871	1,069	673	673
2001 - Other Misc Special Revenue	724	686	819	713	683	683
2403 - Gift	0	0	0	9	0	0
3000 - Federal	123	172	120	130	130	130
Total	4,612	4,504	4,801	5,170	4,523	4,523
<i>Biennial Change</i>				855		(925)
<i>Biennial % Change</i>				9		(9)

Expenditures by Program

Program: Emergency Medical Services Bd	4,612	4,504	4,801	5,170	4,523	4,523
Total	4,612	4,504	4,801	5,170	4,523	4,523

Expenditures by Category

Compensation	838	936	850	1,094	930	932
Operating Expenses	1,079	1,126	1,268	1,544	1,268	1,266
Other Financial Transactions	3	66	17	9	10	10
Grants, Aids and Subsidies	2,692	2,377	2,666	2,523	2,314	2,314
Total	4,612	4,504	4,801	5,170	4,523	4,523

Full-Time Equivalents

	10.0	10.1	9.8	12.5	11.0	11.0
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1000 - General

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	0	138	0	212	0	0
Direct Appropriation	2,741	2,741	2,904	3,037	3,037	3,037
Receipts	69	130	300	0	0	0
Cancellations	0	0	0	0	0	0
Expenditures	2,675	3,009	2,992	3,249	3,037	3,037
Balance Forward Out	136	0	212	0	0	0
<i>Biennial Change in Expenditures</i>				558		(167)
<i>Biennial % Change in Expenditures</i>				10		(3)
Full-Time Equivalents	9.2	9.1	8.7	11.5	10.0	10.0

2000 - Restrict Misc Special Revenue

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	157	240	513	414	0	0
Receipts	21	22	18	23	23	23
Net Transfers	1,091	890	753	632	650	650
Expenditures	1,091	638	871	1,069	673	673
Balance Forward Out	178	513	414	0	0	0
<i>Biennial Change in Expenditures</i>				211		(594)
<i>Biennial % Change in Expenditures</i>				12		(31)

2001 - Other Misc Special Revenue

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	61	21	17	30	0	0
Receipts	0	0	148	0	0	0
Net Transfers	683	683	683	683	683	683
Expenditures	724	686	819	713	683	683
Balance Forward Out	21	17	30	0	0	0
<i>Biennial Change in Expenditures</i>				122		(165)
<i>Biennial % Change in Expenditures</i>				9		(11)
Full-Time Equivalents	0.6	0.8	0.7	0.7	0.7	0.7

2403 - Gift

2403 - Gift

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	9	9	9	9	0	0
Receipts	0	0	0	0	0	0
Expenditures	0	0	0	9	0	0
Balance Forward Out	9	9	9	0	0	0
<i>Biennial Change in Expenditures</i>				9		(9)
<i>Biennial % Change in Expenditures</i>						(99)

3000 - Federal

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Receipts	123	172	120	130	130	130
Expenditures	123	172	120	130	130	130
<i>Biennial Change in Expenditures</i>				(45)		10
<i>Biennial % Change in Expenditures</i>				(15)		4
Full-Time Equivalents	0.2	0.2	0.3	0.3	0.3	0.3