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### Emergency Medical Services Regulatory Board

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**AT A GLANCE**

- 12% of Minnesota's population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 264 licensed ambulance services operating 823 ground and 21 air ambulances across the state
- 317 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 191 approved emergency medical services education programs
- 30,259 certified and registered emergency medical services personnel
- Nearly 400 applicant disclosures reviewed annually
- 46 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency's jurisdiction
- 65% of the 270 licensed ambulance services have either a volunteer or combination paid / volunteer staffing model.
- 71% of the EMS Regulatory Board's total budget is disbursed to the emergency medical services community

**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, registering medical response units, 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 senior population, generally requiring more frequent and complex care, is increasing. We work with EMS agencies and communities to implement realistic solutions to these issues thereby improving the timely delivery of quality patient care.

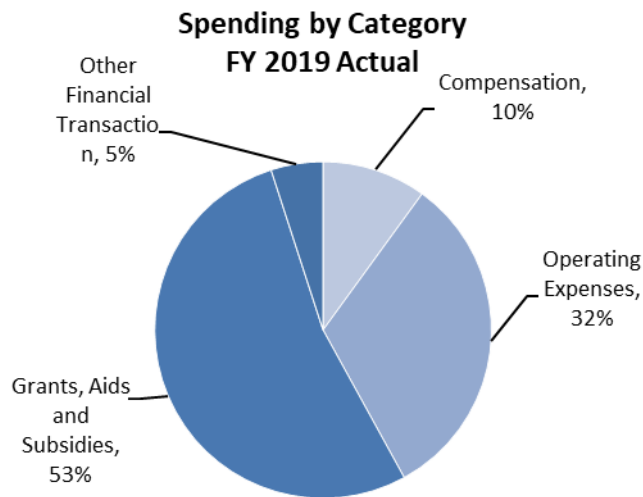
We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

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.

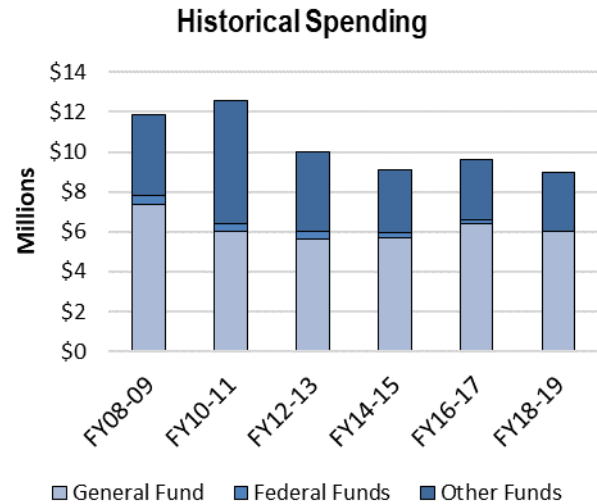
Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery 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 in both a disciplinary and non-disciplinary nature.

## BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The board budget is from a variety of sources: general fund, federal funds, and other funding sources such as revenue from citations issued 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 EMS personnel certification or medical response unit registration. A majority of the agency's budget is dedicated to grant programs that support emergency medical services statewide.

## 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

- Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs.
- License ambulance services, registered medical response units, credential EMS personnel, and approve education programs.

### 2. Prevention

- Conduct educational compliance seminars.
- Communicate compliance requirements to medical and ambulance service directors to reduce non-compliance issues.
- Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success.

### 3. Compliance and Discipline

- Conduct on-site inspections of ambulance services and vehicles and education programs.
- 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 EMS providers experiencing mental health or substance abuse issues.

#### **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 a 24/7 online application and renewal process, no-cost license and certification look-up, and no-cost 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	27,488	30,259	FY 2018 & FY 2020
Quality	Average time from receipt of completed EMS personnel application to issuance of credentials	1 day	1 day	FY 2018 & FY 2020
Quantity	Requests for ambulance services statewide	607,608	649,697	FY 2018 & FY 2020
Quality	First-Time Pass Rate - Minnesota Students National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	75%	67%	FY 2018 & FY 2020
Quality	First-Time Test Pass Rate – National Average National Registry of Emergency Medical Technicians Certification Cognitive Examination -- Paramedic	70%	72%	FY 2018 & FY 2020
Quality	Prompt Payments to Grantees (within 45 days)	97%	96%	FY 2018 & FY 2020

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The Emergency Medical Services Regulatory Board's legal authority comes from Minnesota Statute 144E and Minnesota Rules 4690 (<https://www.revisor.mn.gov/statutes/cite/144E> and <https://www.revisor.mn.gov/rules/4690/>).

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
<b><u>Expenditures by Fund</u></b>								
1000 - General	3,253	3,224	3,012	4,646	3,776	3,776	3,803	3,829
2000 - Restrict Misc Special Revenue	923	632	703	657	655	655	655	655
2001 - Other Misc Special Revenue	659	632						
3000 - Federal	129	120	116	130	130	130	130	130
4900 - 911 Emergency			683	683	683	683	683	0
<b>Total</b>	<b>4,963</b>	<b>4,608</b>	<b>4,514</b>	<b>6,116</b>	<b>5,244</b>	<b>5,244</b>	<b>5,271</b>	<b>4,614</b>
Biennial Change			1,058		(142)		(745)	
Biennial % Change			11		(1)		(7)	
Governor's Change from Base							(603)	
Governor's % Change from Base							(6)	

**Expenditures by Program**

Emergency Medical Services Bd	4,963	4,608	4,514	6,116	5,244	5,244	5,271	4,614
<b>Total</b>	<b>4,963</b>	<b>4,608</b>	<b>4,514</b>	<b>6,116</b>	<b>5,244</b>	<b>5,244</b>	<b>5,271</b>	<b>4,614</b>

**Expenditures by Category**

Compensation	714	459	684	1,081	1,397	1,399	1,422	1,449
Operating Expenses	1,582	1,471	1,285	2,653	1,467	1,465	1,469	1,468
Grants, Aids and Subsidies	2,664	2,458	2,549	2,379	2,377	2,377	2,377	1,694
Capital Outlay-Real Property		1						
Other Financial Transaction	3	219	(4)	3	3	3	3	3
<b>Total</b>	<b>4,963</b>	<b>4,608</b>	<b>4,514</b>	<b>6,116</b>	<b>5,244</b>	<b>5,244</b>	<b>5,271</b>	<b>4,614</b>

**Full-Time Equivalents**

<b>7.78</b>	<b>4.04</b>	<b>6.07</b>	<b>9.43</b>	<b>12.35</b>	<b>12.35</b>	<b>12.35</b>	<b>12.35</b>
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(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In	78	936	102	837				
Direct Appropriation	3,667	3,598	3,747	3,809	3,776	3,776	3,803	3,829
Receipts	203							
Cancellations		1,310	0					
Balance Forward Out	695		837					
Expenditures	3,253	3,224	3,012	4,646	3,776	3,776	3,803	3,829
Biennial Change in Expenditures				1,181		(106)		(26)
Biennial % Change in Expenditures				18		(1)		(0)
Governor's Change from Base								80
Governor's % Change from Base								1
Full-Time Equivalents	7.20	3.87	6.07	9.33	12.25	12.25	12.25	12.25

**2000 - Restrict Misc Special Revenue**

Balance Forward In	487	206	417	215	184	155	184	155
Receipts	25	14	11	8	8	8	8	8
Transfers In	615	618	490	618	618	618	618	618
Balance Forward Out	205	206	215	184	155	126	155	126
<b>Expenditures</b>	<b>923</b>	<b>632</b>	<b>703</b>	<b>657</b>	<b>655</b>	<b>655</b>	<b>655</b>	<b>655</b>
Biennial Change in Expenditures				(195)		(50)		(50)
Biennial % Change in Expenditures				(13)		(4)		(4)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents				0.10	0.10	0.10	0.10	0.10

**2001 - Other Misc Special Revenue**

Balance Forward In	40	64						
Receipts		17						
Transfers In	683	683						
Transfers Out		133						
Balance Forward Out	64							
<b>Expenditures</b>	<b>659</b>	<b>632</b>						
Biennial Change in Expenditures				(1,291)		0		0
Biennial % Change in Expenditures				(100)				

# Emergency Medical Services Regulatory Board

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.45	0.17						

## 2403 - Gift

Balance Forward In	9	9	10	10	10	10	10	10
Receipts	0	0	0					
Balance Forward Out	9	10	10	10	10	10	10	10

## 3000 - Federal

Receipts	129	120	116	130	130	130	130	130
<b>Expenditures</b>	<b>129</b>	<b>120</b>	<b>116</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>
Biennial Change in Expenditures				(3)		14		14
Biennial % Change in Expenditures				(1)		6		6
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.13							

## 4900 - 911 Emergency

Transfers In			683	683	683	683	683	0
<b>Expenditures</b>			<b>683</b>	<b>683</b>	<b>683</b>	<b>683</b>	<b>683</b>	<b>0</b>
Biennial Change in Expenditures				1,366		0		(683)
Biennial % Change in Expenditures						0		(50)
Governor's Change from Base								(683)
Governor's % Change from Base								(50)



(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
<b>Direct</b>				
<b>Fund: 1000 - General</b>				
FY2021 Appropriations	3,809	3,809	3,809	7,618
Base Adjustments				
Current Law Base Change		(33)	(33)	(66)
Forecast Base	3,809	3,776	3,776	7,552
Change Items				
Operating Adjustment		27	53	80
<b>Total Governor's Recommendations</b>	<b>3,809</b>	<b>3,803</b>	<b>3,829</b>	<b>7,632</b>
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	657	655	655	1,310
Forecast Base	657	655	655	1,310
<b>Total Governor's Recommendations</b>	<b>657</b>	<b>655</b>	<b>655</b>	<b>1,310</b>
<b>Fund: 3000 - Federal</b>				
Planned Spending	130	130	130	260
Forecast Base	130	130	130	260
<b>Total Governor's Recommendations</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>260</b>
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	8	8	8	16
<b>Total Governor's Recommendations</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>16</b>
<b>Fund: 3000 - Federal</b>				
Forecast Revenues	130	130	130	260
<b>Total Governor's Recommendations</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>260</b>
<b>Non-Dedicated</b>				
<b>Fund: 1000 - General</b>				
Forecast Revenues	73	73	73	146
<b>Total Governor's Recommendations</b>	<b>73</b>	<b>73</b>	<b>73</b>	<b>146</b>

## Emergency Medical Services Regulatory Board

### FY 2022-23 Biennial Budget Change Item

#### Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
General Fund					
Expenditures	0	27	53	53	53
Revenues	0	0	0	0	0
Other Funds					
Expenditures	0	0	0	0	0
Revenues	0	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	27	53	53	53
FTEs	0	0	0	0	0

#### Recommendation:

The Governor recommends additional funding of \$27,000 in FY 2022 and \$53,000 in each subsequent year from the general fund to maintain the current level of service delivery at the Emergency Medical Services Regulatory Board (EMSRB). This represents a 1% increase in FY 2022-2023 to the agency's biennial base budget in the general fund.

#### Rationale/Background:

The operating increases recommended in FY 2022 and FY 2023 fund a portion of the projected cost increases in the upcoming biennium. Each year, the cost of doing business rises—including growing costs for employer-paid health care contributions and other salary and compensation-related costs. Other operating costs, like rent and lease, fuel and utilities, IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year without enacted increases. The EMSRB is funded through the general fund and is not supported by fees.

#### Proposal:

The Governor recommends increasing agency operating budgets to support the delivery of current services. This increase is below the assumed level of inflation, acknowledging continued efficiencies achieved by agencies. For the Emergency Medical Services Regulatory Board, this funding will cover employee compensation growth, rent increases, fuel and utilities, and IT services.

#### Results:

This proposal is intended to allow the Emergency Medical Services Regulatory Board to continue to provide current levels of service and information to the public.

## Emergency Medical Services Regulatory Board

### FY 2022-23 Biennial Budget Change Item

#### Change Item Title: Medical Resource Communication Centers

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
911 Special Revenue Fund – Emergency Medical Services Regulatory Board				
Transfer In from DPS	0	(683)	(683)	(683)
Expenditures	0	(683)	(683)	(683)
Department of Public Safety				
Transfer Out to EMSRB	0	(683)	(683)	(683)
Expenditures – Public Safety Answering Points	0	683	683	683
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	0	0	0	0

#### Recommendation:

The Governor recommends eliminating grants to the Medical Resource Communication Centers (MRCC) from the 9-1-1 special revenue fund starting in FY 2023 and reallocating the \$683 thousand annually to the Public Safety Answering Points (PSAPs). The funding will support six existing secondary EMS PSAPs that are supporting multiple primary PSAPs with accepting 9-1-1 call transfers to provide pre-arrival medical instructions, including telephone CPR.

#### Rationale/Background:

The grants to the MRCCs was offered as a contingency while the statewide radio system was built out. Prior to having the statewide ARMER system (Allied Radio Matrix for Emergency Response), the MRCCs provided communication between hospitals and ambulances.

The ARMER system is fully operational across the state of Minnesota and there is no longer a need for MRCC communication between hospitals and ambulances. Both hospitals and ambulances have statewide land mobile radio (ARMER) communication capability, and ambulances also rely on cell phones and navigation systems in the normal course of business.

The Emergency Communication Networks Division is examining the distribution of 9-1-1 fees to ensure this funding is being spent in order to advance the next generation 9-1-1 system in the state of Minnesota. Grants like these to MRCCs result in the FCC classifying Minnesota as a diversionary state, which could jeopardize federal grants.

Next generation 9-1-1 deployment is not moving quickly enough across the nation due to inadequate and/or misdirected funding. The public expects to communicate with 9-1-1 using all the various communication methods available to them on their smart phones. These methods include voice calls, texting 9-1-1, and sharing photos and video with 9-1-1. While MN has implemented a statewide text-to-9-1-1 system, we must award continue to advance to an end state next generation 9-1-1 solution. Any loss in federal fund would further delay next generation 9-1-1 advancement in Minnesota.

**Proposal:**

The Governor recommends reallocating current grant funding for MRCCs to PSAPS starting in FY 2023. These funds will go to six secondary EMS PSAPs that accept 9-1-1 (medical) calls from multiple primary PSAPs in the state, and provide pre-arrival medical instructions until EMS services arrive on scene.

**Impact on Children and Families:**

- ECN is committed to enabling all Minnesota emergency responders, as well as all Minnesota citizens and visitors, to communicate easily and respond immediately in critical emergency situations. ECN is committed to supporting public safety stakeholders by providing reliable and robust systems for interoperable public safety communications across all emergency communication networks platforms across counties, state, federal, and tribal regions. The continued safety of Minnesota's emergency responders, citizens and visitors is accomplished through the state-of-the-art interoperable public safety communications ecosystem.

**Equity and Inclusion:**

- The Red Lake Nation PSAP will benefit by having the opportunity to transfer their cardiac arrest 9-1-1 calls to a secondary EMS PSAP for telephone CPR instruction. 9-1-1 response must be equitable across the state, including for people of color, people with disabilities, people in the LGBTQ community, other protected classes, or veterans.

**IT Related Proposals:**

N/A

**Results:**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	9-1-1 PSAPs next generation IP technology-capable call answering systems	43 of 104	65 of 104	July 2019 to July 2020
Quantity	Geospatial data set preparation to enable full geospatial routing of 9-1-1 calls within next generation 9-1-1 environment		41 out of 88 geospatial data providers have completed or are in Phase 3 of six phases	As of December 2020
Quantity	ARMER Backbone Construction	322 towers out of planned 325	325 towers out of planned 325	July 2019 to Dec 2020
Results	ARMER Backbone construction complete; final bond payment to be paid June 2021			
Quantity	Minnesota Counties migrated to ARMER for Law Enforcement	86 counties out of 87	86 counties out of 87	July 2019 to July 2020
Quantity	Minnesota Counties migrated to ARMER for Fire Departments		77 counties out of 87	July 2019 to July 2020
Results	95% mobile coverage achieved			

<b><i>Type of Measure</i></b>	<b><i>Name of Measure</i></b>	<b><i>Previous</i></b>	<b><i>Current</i></b>	<b><i>Dates</i></b>
Quantity	AT&T/FirstNet tower site construction to augment no coverage geography as commitment to Governor Dayton opting MN into FirstNet	2 towers out of planned 23	7 towers of 23	July 2019 to Dec 2020
Quantity	Minnesota counties approved by FEMA as an Integrated Public Alert and Warning System alerting authority	78 out of 87	81 out of 87	July 2019 to July 2020
Quantity	Testing results for alerting authorities completing required FEMA monthly testing	68%	83%	April-June (Q2) 2020

## Emergency Medical Services Regulatory Board

## Federal Funds Summary

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
US Dept. of Health & Human Services - 93.127	Emergency Medical Services for Children: partner with Children's Minnesota to improve children pediatric emergency care	No	\$ 116	\$ 130	\$ 130	\$ 130	None	0.00
<b>Federal Fund – Agency Total</b>			<b>\$ 116</b>	<b>\$ 130</b>	<b>\$ 130</b>	<b>\$ 130</b>		<b>0.00</b>

### Narrative

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) receives \$130,000.00 per year in federal funding. The Emergency Medical Services for Children project is fully funded at the federal level and there have not been any matching state or local funds. There is no required State Match or Maintenance of Effort levels (MOE) for this grant project. The EMSRB receives no other federal grant funds.

Current federal appropriation levels and continuing resolutions as well as guidance from federal agencies were taken into consideration to determine the EMSRB's level of funding for the fiscal years 2020 and 2021. The level of funding has remained consistent and we anticipate the same base level of funding through the end of the current five-year grant cycle ending February 28, 2022. The basis for awarding the grant is a continuation of past grants and planned budgets of future grants.

The overall mission this grant project is to reduce the prevalence of pediatric morbidity and mortality that may occur as a result of acute illness or severe injury. To accomplish this mission, the EMSRB partners with Children's Minnesota (a/k/a Children's Hospitals and Clinics) to integrate pediatric-centered health care training, access, and delivery into the emergency medical services (EMS) system. The goal is for the EMS system to respond to pediatric emergencies with well-trained personnel, to provide appropriate intervention with equipment and technology tailored to the unique needs of pediatrics, and to transport pediatric emergencies to the most appropriate healthcare facility in the safest manner possible. Simply put, through this funding the EMSRB seeks to solidify the integration of a pediatric focus with in the EMS system.