

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
FOR THE OFFICE OF EMERGENCY MEDICAL SERVICES

In the Matter of Ringdahl Ambulance Service – Fergus Falls, Applicant for Licensure as a Part Time Advanced Life Support Ambulance Service

**FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND RECOMMENDATION**

This matter came before Administrative Law Judge Kimberly Middendorf for a public contested case hearing on February 27, 2025. The record in this matter closed on March 3, 2025, upon receipt of the hearing transcript.

Jamal Zayed, Assistant Attorney General, appeared on behalf of the Minnesota Office of Emergency Medical Services (OEMS) and Executive Director Dylan Ferguson (Director).¹ R. Adam Parker, Esq., appeared on behalf of Ringdahl Ambulance Service (Ringdahl), along with Ken Krupich, General Manager.

STATEMENT OF THE ISSUES

1. Should the Director grant Ringdahl's Application for a part-time advanced life support ambulance service license?
2. If so, should the license granted be modified in any way from the license Ringdahl requested?

SUMMARY OF RECOMMENDATION

Based on the evidence in the hearing record, the Director should **DENY** the Application. If the Director determines that the license should be granted, the license should be modified with conditions addressing the stakeholder concerns of advanced life support availability and notice.

¹ This matter was initiated by the Minnesota Emergency Medical Services Regulatory Board. See Notice and Order for Prehearing Conference and Hearing (Notice and Order) (Dec. 10, 2024). During the pendency of this matter, the Board was reorganized as the Minnesota Office of Emergency Medical Services. For clarity and ease of reading, this report refers only to OEMS. See 2024 Minn. Laws ch. 122, art. 1, § 3; ch. 127, art. 63, § 3.

FINDINGS OF FACT

I. OEMS and Regulation of Ambulance Service Licensing

1. OEMS regulates ambulance service licensing and operations.² OEMS also licenses ambulance service personnel, including paramedics, emergency medical technicians (EMTs), and others.³

2. OEMS licenses several different kinds of ambulance services: basic life support (BLS), advanced life support (ALS), part-time ALS, and specialized life support.⁴ Each of these license classifications designates a different level of service provided; staffing and skill level requirements vary between the types of licenses, and certain medical procedures may only be performed at higher levels of licensure.⁵

3. BLS “means rendering basic-level emergency care, including, but not limited to, basic airway management, cardiopulmonary resuscitation, controlling shock and bleeding, and splinting fractures[.]⁶

4. BLS licensees may not transport patients who are receiving intravenous therapy, unless transportation is provided only between health care facilities and the intravenous therapy was established by the facility from which the patient is transported. In addition, a physician, registered nurse, or paramedic must accompany the patient and ride in the patient compartment.⁷

5. Under a BLS license, an ambulance provider may carry and administer only nonprescription drugs; oral sugar solutions and pharmaceutically prepared oral glucose; and, after consulting with poison control or medical control, pharmaceutically prepared oral emetics, including syrup of ipecac, or pharmaceutically prepared stabilizing agents, including activated charcoal.⁸ OEMS may grant a variance to carry and to administer beta agonist by metered dosed inhalation or nebulization, or both, premeasured subcutaneous epinephrine, sublingual nitroglycerin, or premeasured intramuscular or subcutaneous glucagon, under certain conditions.⁹

6. Without a variance, the minimum staffing level for a BLS ambulance includes one certified EMT and a driver who has attended an emergency vehicle driving course.¹⁰

² Minn. Stat. § 144E.10 (2024).

³ See generally Minn. Stat. ch. 144E.

⁴ Minn. Stat. § 144E.101, subd. 5 (2024).

⁵ Minn. Stat. § 144E.101, subds. 6-9 (2024).

⁶ Minn. Stat. § 144E.001, subd. 4b (2024).

⁷ Minn. R. 4690.0800, subp. 3 (2023).

⁸ Minn. R. 4690.0800, subp. 4 (2023).

⁹ See Minn. R. 4690.8300, subp. 7 (2023).

¹⁰ Minn. Stat. § 144E.101, subds. 6, 10.

7. ALS is “rendering basic life support and rendering intravenous therapy, drug therapy, intubation, and defibrillation as outlined in the United States Department of Transportation paramedic standards or its equivalent, as approved by the director.”¹¹

8. Minn. Stat. § 144E.101, subd. 7, establishes staffing requirements for an ALS ambulance. An ALS ambulance must be staffed, at a minimum, by one EMT and one paramedic.¹² With required training and certification, registered nurses and physicians assistants may be substituted for paramedics.¹³ For interhospital and interfacility transfers, licensees may substitute for one of the required ambulance service personnel a physician, a registered nurse, or physician assistant who has been trained to use the equipment in the ambulance and is knowledgeable of the licensee's ambulance service protocols.¹⁴

9. Under an ALS license, an ambulance service may staff additional ambulances to provide BLS.¹⁵

10. An ALS ambulance must provide advanced airway management, manual defibrillation, administration of intravenous fluids and pharmaceuticals, and administration of opiate antagonists, in addition to BLS.¹⁶

11. An ambulance service providing ALS must have a written agreement with its medical director to ensure medical control¹⁷ for patient care 24 hours a day, seven days a week. The agreement must include a written policy on the administration of medical control, which addresses (1) two-way communication for physician direction of ambulance service personnel; (2) patient triage, treatment, and transport; (3) use of standing orders; and (4) the means by which medical control will be provided 24 hours a day.¹⁸

12. Minn. Stat. § 144E.101, subd. 7(g), allows an ALS licensee to dispatch a BLS ambulance when its ALS ambulance is responding to another emergency.

13. A part-time ALS service must meet the minimum staffing requirements and may provide ALS service “for less than 24 hours every day[.]”¹⁹

14. OEMS also licenses scheduled ambulance services, which are basic or advanced ambulance services that operate under a schedule approved by OEMS that

¹¹ Minn. Stat. § 144E.001, subd. 1b.

¹² Minn. Stat. § 144E.101, subd. 7(a).

¹³ Minn. Stat. § 144E.101, subd. 7(a)(2),(3).

¹⁴ See Minn. Stat. § 144E.127, subds. 1, 2.

¹⁵ Minn. Stat. § 144E.101, subd. 7(c).

¹⁶ Minn. Stat. § 144E.101, subd. 7(b).

¹⁷ Minn. Stat. § 144E.001, subd. 8a defines “medical control” as “direction by a physician or a physician's designee of out-of-hospital emergency medical care.”

¹⁸ Minn. Stat. § 144E.101, subd. 7(d).

¹⁹ Minn. Stat. § 144E.101, subd. 8.

restricts services to specified periods of time or to a specified group of people, or restricts the type of services to a specified medical category.²⁰

15. Generally, licensed ambulance services are assigned to a primary service area (PSA), in which a particular ambulance service responds to 911 calls and may also provide interfacility transfers.²¹

16. A PSA is the geographic area that can reasonably be served by an ambulance service.²² OEMS requires PSAs for ambulance services that provide 911 services.²³

17. Currently in Minnesota, there are 256 PSAs. OEMS reports there are 266 unduplicated licensed ambulance services, almost all of which are owned by government entities or hospitals.²⁴ The number of actively credentialed emergency medical services (EMS) personnel in Minnesota declined in 2023, with more EMS personnel leaving the field than entering it.²⁵ EMS staffing and workforce shortages are matters of concern locally and nationally.²⁶

18. Since 2022, OEMS's predecessor granted part-time ALS licenses to ambulance services that had held full-time ALS licenses, including: Essentia Health EMS in Ada; North Ambulances in Aitkin, Park Rapids, Faribault and Waseca; and Northfield Hospital EMS.²⁷

19. The legislature has established the Emergency Medical Services Advisory Council, the Emergency Medical Services Physician Advisory Council, the Labor and Emergency Medical Service Providers Advisory Council. These councils are charged with reviewing various aspects of emergency medical services and making recommendations to OEMS.²⁸

II. Ringdahl

20. Ringdahl is a private for-profit corporation that provides emergency medical services (Ringdahl EMS) and private ambulance contracting (ParaCorp) in Minnesota.²⁹ Ringdahl also operates in North Dakota.³⁰

²⁰ See Minn. Stat. § 144E.16, subd. 4 (2024).

²¹ See Minn. Stat. § 144E.06, .07, .10.

²² Minn. Stat. § 144E.001, subd. 10 (2024).

²³ Minn. Stat. § 144E.017, subd. 5.

²⁴ Exhibit (Ex.) 9.

²⁵ Ex. 9 at 159.

²⁶ See Exs. 1-4, 9.

²⁷ Exs. 11-16; Public Hearing Transcript (Tr.) at 27 (Feb. 27, 2025).

²⁸ Minn. Stat. §§ 144E.03, .035, .04; see Ex. 9.

²⁹ Ex. A at 14; see Ex. F at 22-24. Exhibits identified by letter are attached to the Notice and Order.

³⁰ Exs. 21, 23.

21. In Minnesota, Ringdahl EMS operates from bases in Fergus Falls and Pelican Rapids. These locations are separately licensed to provide full-time BLS and ALS service.³¹

22. Ringdahl is currently licensed to provide full-time ALS and BLS ambulance service in the Fergus Falls PSA.³² Its base of operations in Fergus Falls is located at 214 East Junius Avenue in Fergus Falls.³³ The manager is Tollef Ringdahl, who is also an owner of Ringdahl.³⁴

23. The hospital primarily served by Ringdahl in the subject PSA is Lake Region Health in Fergus Falls (Lake Region).³⁵ Lake Region is a Level III Trauma and Stroke-ready hospital.³⁶

24. Ringdahl operates four ambulances in the Fergus Falls PSA.³⁷

25. Ringdahl seeks a change in its ALS licensure from full-time to part-time.³⁸ Ringdahl believes a part-time ALS license is needed to operate under a "Tiered Deployment" model and triage dispatch of its ALS and BLS trucks based on patient needs.³⁹

26. Lake Region is Ringdahl's affiliated medical institution or base hospital.⁴⁰ Joseph Dinsmore, M.D., is a doctor at Lake Region and also serves as medical director for Ringdahl EMS and ParaCorp.⁴¹

27. Dr. Dinsmore prepared Ringdahl's current Medical Guidelines as medical control orders to direct ambulance operations and emergency responses.⁴²

28. Ringdahl has a variance that allows EMTs to administer some medications only paramedics are otherwise authorized to provide.⁴³

29. Ringdahl has mutual aid agreements to provide backup coverage for several Minnesota ambulance services, including Henning Ambulance (EMS No. 0105),⁴⁴ Barnesville Ambulance (EMS No. 1830),⁴⁵ and Perham Area EMS (EMS No. 194).⁴⁶

³¹ See Ex. A; Tr. at 41.

³² Ex. A at 1.

³³ Ex. A at 1.

³⁴ Ex. A at 1.

³⁵ Ex. A.

³⁶ Tr. at 82.

³⁷ Ex. A at 13.

³⁸ Ex. A.

³⁹ See Tr. at 14-19; see Ex. 10.

⁴⁰ Ex. A; see Ex. F.

⁴¹ Ex. A at 4, 14.

⁴² Ex. A at 14.

⁴³ Ex. 26; but see Ex. A at 20 (identifying additional medications administered by Ringdahl EMTs).

⁴⁴ Ex. A at 6.

30. Ringdahl's agreement with Barnesville Ambulance requires it to respond in the event of a disaster or when additional resources are needed, so long as its PSA maintains sufficient personnel and resources.⁴⁷

31. Henning Ambulance is a BLS ambulance service that relies on Ringdahl to provide ALS intercept.⁴⁸

32. Perham Area EMS and Ringdahl are parties to a mutual aid agreement. Upon request by either service, among other things, the requested service:

[. . .] shall cooperate in lending additional emergency medical care, provided that the requested service is not otherwise engaged in response to another emergency, and has advanced life support resources to provide a minimum of one Advanced Life Support vehicle with Advanced Level Staff remaining to respond in their Primary Service Area unless waived by the Director of EMS.⁴⁹

33. Ringdahl anticipates making 2541 ambulance runs annually in the Fergus Falls PSA. Of these, 1728 are basic runs and 813 are advanced runs.⁵⁰

34. According to Ringdahl, its average response time is six minutes, and its maximum response time is 34 minutes.⁵¹ Ringdahl reports the maximum distance from its Fergus Falls base to the most distant point in the PSA is 28.5 miles.⁵²

35. In addition to serving the PSA, Ringdahl operates ParaCorp, providing ambulance service for events like races at Brainerd International Raceway and for disaster services for entities like the Federal Emergency Management Agency (FEMA).⁵³

36. Ringdahl, like many medical providers, has experienced a staffing shortage.⁵⁴ In 2023, it experienced turnover rates of 23 percent of its paramedic roster and 48 percent of its EMT roster.⁵⁵ Despite turnover, Ringdahl's active roster includes 30 EMTs and 27 paramedics employed in Fergus Falls or Pelican Rapids in full-time, part-time or leadership roles.⁵⁶

37. Ringdahl holds an "ALS/BLS Staffing Hardship" variance, based upon its claim of losing staff to surrounding agencies that are offering larger sign on bonuses

⁴⁵ Ex. A at 5.

⁴⁶ Ex. A at 7.

⁴⁷ Ex. A at 5.

⁴⁸ Ex. A at 6, 132-134.

⁴⁹ Ex. A at 7.

⁵⁰ Ex. A at 8.

⁵¹ Ex. A at 8.

⁵² Ex. A at 8.

⁵³ See Ex. F at 22-24.

⁵⁴ See Exs. 1, 3, 4.

⁵⁵ Ex. 4.

⁵⁶ Ex. A at 10, 11; compare to Ex. 4 (2023 roster included 26 paramedics and 23 EMTs).

and higher wages.⁵⁷ In September 2024, some of Ringdahl's EMS-credentialed "leadership" were required to work ambulance shifts to meet required staffing for ALS ambulances.⁵⁸

38. Ringdahl also has a variance to administer premeasured subcutaneous epinephrine, beta agonist by nebulization or metered dose inhalation, sublingual nitroglycerin, and premeasured intramuscular or subcutaneous glucagon.⁵⁹

39. Ringdahl posts job openings on indeed.com to hire paramedics and EMTs.⁶⁰ It offers a signing bonus for paramedics and training to become an EMT for new hires.⁶¹

40. In October 2024, Ringdahl increased wages in an effort to keep up with industry. Paramedic pay was increased 9.56 percent, with an hourly starting wage of \$25. EMT pay increased by seven percent, to \$18 per hour.⁶² Ringdahl's reported pay scale is roughly approximate to wages paid by Sanford Ambulance, another provider in greater Minnesota.⁶³

41. Ringdahl has hired 15 employees from other states that are flying back and forth to Minnesota to meet Ringdahl's staffing needs.⁶⁴

III. Procedural Background

42. On or about June 20, 2024, Ringdahl applied to OEMS for a license to operate its Fergus Falls ALS ambulance service on a part-time basis (the Application). Ringdahl seeks to provide ALS service "whenever possible" rather than continue its current license requirement of 24 hours per day, seven days per week.⁶⁵ Ringdahl asserts that its proposed licensing change is required so it may operate a "tiered deployment" system, where an ALS ambulance is dispatched only if a BLS ambulance would be inadequate.⁶⁶

43. OEMS requested additional information from Ringdahl, including a statement addressing any deleterious effect anticipated if the Application were granted and any letters of support for the Application.⁶⁷ Ringdahl produced one letter of support, from another ambulance company.⁶⁸

⁵⁷ Ex. 26 at 331.

⁵⁸ Ex. 27.

⁵⁹ Ex. 26 at 333.

⁶⁰ Ex. 5.

⁶¹ Ex. 5; see Ex. 6, Ex. 26 at 331. The signing bonus amount is not in the record.

⁶² Ex. 7; see Tr. at 23.

⁶³ Exs. 7, 8.

⁶⁴ Tr. at 23.

⁶⁵ Ex. A.

⁶⁶ Tr. at 24-27; see also Exs. 10, 29.

⁶⁷ See Ex. A at 131.

⁶⁸ Ex. A at 135.

44. After receiving the requested information, OEMS deemed the Application complete on or about July 8, 2024.⁶⁹

45. In early August 2024, OEMS prepared a Notice of Completed Application.⁷⁰

46. On August 10, 2024, the Notice of Completed Application was published in the Fergus Falls Daily Journal.⁷¹

47. The Notice of Completed Application was published in the *State Register* on August 12, 2024.⁷²

48. On August 12, 2024, OEMS sent the Notice of Completed Application to each county board, community health board, governing body of a regional emergency medical services system designated under Minn. Stat. § 144E.50, ambulance service, and municipality in the Fergus Falls PSA.⁷³

49. OEMS received 33 comments in opposition to Ringdahl's Application.⁷⁴ OEMS provided the letters to Ringdahl on or about September 10, 2024.⁷⁵

50. On September 19, 2024, Ringdahl informed OEMS that it would attempt to resolve the objections.⁷⁶

51. Ringdahl was unable to resolve the objections. On October 14, 2024, Ringdahl requested that OEMS initiate a contested case proceeding.⁷⁷

52. OEMS filed a Notice and Order for Prehearing Conference and Hearing on December 10, 2024.⁷⁸

53. The Judge held a prehearing conference on January 13, 2025, at which Ringdahl and OEMS appeared.⁷⁹ On January 14, 2025, the Judge issued a Prehearing Order establishing the procedure and schedule for prehearing proceedings and the hearing.⁸⁰

⁶⁹ Ex. A.

⁷⁰ See Ex. B.

⁷¹ Ex. E.

⁷² Ex. B.

⁷³ Exs. C, D.

⁷⁴ Ex. F. Note that OEMS counts written comments by the number of signatures rather than letters.

⁷⁵ See Ex. G.

⁷⁶ Ex. G.

⁷⁷ Ex. H.

⁷⁸ See Notice and Order.

⁷⁹ Prehearing Conference Audio Recording (Jan. 13, 2025) (on file with the Minn. Office Admin. Hearings).

⁸⁰ See Prehearing Order (Jan. 14, 2025).

54. OEMS issued a Notice of Public Hearing, dated January 30, 2025, which was sent by mail and email to interested persons and organizations.⁸¹

55. OEMS published the Notice of Public Hearing in the *State Register* on February 3, 2025.⁸²

56. The Notice of Public Hearing was published in the Fergus Falls Daily Journal on February 1 and 8, 2025.⁸³

57. A public contested case hearing was held on February 27, 2025, at the Otter Tail County Courthouse in Fergus Falls.⁸⁴ OEMS and Ringdahl were parties to the proceeding, with OEMS acting in a neutral capacity. Additionally, three interested persons testified at the hearing: Otter Tail County Commissioner Robert Lahman, Otter Tail County Sheriff Barry Fitzgibbons, and Chief Nursing Officer for Lake Region, Patty Roth.⁸⁵ One of Ringdahl's owners, Bjorn Ringdahl, also offered comments.⁸⁶

58. None of the individuals and organizations who commented in opposition to Ringdahl's Application withdrew their opposition.⁸⁷

IV. Minn. Stat. § 144E.11, subd. 6 Statutory Factors

A. *The recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system designated under section 144E.50 in which the service would be provided*

59. The Otter Tail County Board of Commissioners, on behalf of the County, recommends denying the Application. The Commissioners initially opposed the Application primarily to require a public hearing and more information about what Ringdahl's proposal to staff ALS "whenever possible" and how a part-time license would allow Ringdahl to better utilize its paramedics. The County's year-round population is approximately 28,780 residents. The Board has concerns that transitioning to part-time ALS will put these residents and the County's many visitors at increased risk by delaying response times, especially in cases of cardiac arrest, severe trauma, and respiratory emergencies.⁸⁸

⁸¹ See Notice of Public Hearing (Jan. 30, 2025); *see also* Ex. D.

⁸² 49 Minn. Reg. 949 (Feb. 3, 2025).

⁸³[https://www.mnpublicnotice.com/\(S\(rosh0npbjmkibo2nifak3fkv\)\)/Details.aspx?SID=rosh0npbjmkibo2nifa3fkv&ID=746611](https://www.mnpublicnotice.com/(S(rosh0npbjmkibo2nifak3fkv))/Details.aspx?SID=rosh0npbjmkibo2nifa3fkv&ID=746611;);

[https://www.mnpublicnotice.com/\(S\(rosh0npbjmkibo2nifak3fkv\)\)/Details.aspx?SID=rosh0npbjmkibo2nifak3fkv&ID=750315](https://www.mnpublicnotice.com/(S(rosh0npbjmkibo2nifak3fkv))/Details.aspx?SID=rosh0npbjmkibo2nifak3fkv&ID=750315)

⁸⁴ Under Minn. Stat. § 144E.11, subd. 4(c) (2024), the hearing in an ambulance service licensing matter must be held "in the municipality in which the applicant's base of operation is or will be located."

⁸⁵ See Tr. at 72-87.

⁸⁶ See Tr. at 88.

⁸⁷ See Ex. H at 1.

⁸⁸ Ex. F at 8, 10-11, 13-14; Otter Tail County Commissioners' Letter (Feb. 18, 2025); Tr. at 72-75.

60. The Otter Tail County Sheriff's Department recommends the Application be denied.⁸⁹ Sheriff Barry Fitzgibbons is the chief safety officer for Otter Tail County and has worked with Ringdahl since he was a patrol deputy in 2000. Sheriff Fitzgibbons recognized that "no matter what call I was on, I knew I could always count on the highly skilled ambulance response from Ringdahl" on any call requiring medical intervention.⁹⁰ The Sheriff believes the Application should be denied because of the County's dispersed population, the seasonal influx of tourists who rely on advanced EMS for complex medical needs, and the lengthy distances between many emergency scenes and a hospital.⁹¹ Sheriff Fitzgibbon's training and experience as an important stakeholder in the PSA lead him to conclude that a reduction in the level of service may be "fatal for some, whether it is our residents or our visitors."⁹²

61. Jody Lien, Public Health Director for Otter Tail County Public Health (OTCPH), wrote to express the local health department's opposition and concerns. Contrary to the Application, Lien believes that offering ALS service on a part-time basis will have harmful effects for the community. Among the concerns OTCPH raised is that granting the license leads to delayed response times, reduced access to specialized care, and increased strain on BLS services. These concerns have the potential to result in poorer outcomes during emergencies and "exacerbate healthcare disparities" in underserved or rural areas.⁹³ Lien observed:

The absence of full-time paramedic-level EMS also disproportionately affects our rural communities, where hospitals and specialty care facilities are farther away. This distance to hospitals or trauma centers makes the availability of paramedic -level services even more critical. Rural residents already face barriers to accessing timely medical care, and a reduction in access to paramedic services further exacerbates these challenges. Concerns include longer transport times, increased reliance on volunteer or EMT-level care, and limited availability to the specialized treatments that paramedics can provide.⁹⁴

62. The City of Fergus Falls recommends the Application be denied. Benjamin Schierer, Mayor of Fergus Falls, submitted comments in opposition to Ringdahl's Application. Ringdahl's plan to "continue to staff ALS whenever possible" and to "better utilize" its paramedics diminishes the community's ability to depend on ALS in times of crisis. The Mayor notes that "emergencies do not occur around anyone's "schedule." Fergus Falls, a community of 14,000 residents, relies on full-time ALS and supports Ringdahl's service by continuously advancing the training of its police and fire departments to augment Ringdahl. Full-time ALS, in Mayor Schierer's view, is

⁸⁹ Tr. at 78.

⁹⁰ Tr. at 76.

⁹¹ Tr. at 75-81.

⁹² Tr. at 77.

⁹³ Ex. F at 12; Jody Lien Letter (Feb. 18, 2025).

⁹⁴ Jody Lien Letter.

necessary to respond to area acute events, such as cardiac arrest, respiratory distress, severe trauma, allergic reaction, stroke or diabetic emergencies.⁹⁵

63. The City of Clitherall opposes the Application, indicating the need for more information about how Ringdahl plans to staff ALS service “whenever possible” to “better utilize” its paramedics. Clitherall’s governing body believes response times will increase and patient outcomes will worsen if ALS service is available on a part-time basis. As a rural community, Clitherall is particularly concerned about increased response times as the distance to the nearest ALS ambulance will increase when Ringdahl is not operating its own.⁹⁶

64. Buse Township submitted its opposition to the Application, to allow its 500 residents to learn more about Ringdahl’s proposal. This township believes that when Ringdahl does not have an ALS ambulance staffed, time will be lost searching for and dispatching an available ALS provider. This in turn places Buse Township’s residents and visitors at greater exposure for lasting healthcare impacts in cases of cardiac arrest, severe trauma, and respiratory emergencies.⁹⁷

65. Carlisle Township, a rural community of approximately 156 year-round residents in Otter Tail County, submitted a letter in opposition to the Application. Like other remote areas of the County, Carlisle Township is concerned that an ALS ambulance will not be available when one is needed, if the Application is approved. Carlisle Township worries the effect of staffing ALS “whenever possible” will leave its residents, many of whom are elderly, especially vulnerable to greater risks of negative health impacts.⁹⁸

66. Aurdal Township shares the concerns raised by other townships. The Township has an estimated population of approximately 1,500 year-round residents. In particular, Aurdal questions what is meant by Ringdahl’s request to be allowed to “staff ALS whenever possible” and by Ringdahl’s claim that a part-time license would allow it to better utilize its paramedics. The Township anticipates increased response times and harmful effects on public health if the Application is granted.⁹⁹

67. Friberg Township is another concerned local government unit in the PSA. This Township is home to approximately 831 year-round residents. Friberg objects to the vague representation to provide ALS service as much as possible. Friberg is concerned about the potential for detriment to the public health and believes that the Application should be denied if its concerns are not adequately addressed.¹⁰⁰

68. Like other area townships, Leaf Mountain Township in Otter Tail County opposed the Application. It too is concerned about ALS service being available only

⁹⁵ Ex. F at 2.

⁹⁶ Ex. F at 5.

⁹⁷ Ex. F at 6.

⁹⁸ Ex. F at 7.

⁹⁹ Ex. F at 18.

¹⁰⁰ Ex. F at 19.

when Ringdahl finds it possible to staff an ALS ambulance. This Township has an estimated year-round population of 329. Residents of Leaf Mountain Township are approximately 40 minutes from the nearest hospital.¹⁰¹

69. The township of Star Lake also opposed the Application. Star Lake has a population of 481, which increases seasonally to 1,380. The Township requested that the Application be denied and their concerns over longer response times and lasting health impacts be addressed.¹⁰²

70. Cody Lehmann is a firefighter who wrote to express “strong opposition” to the Application. This commenter finds it extremely concerning that a community the size of Fergus Falls and the surrounding area may be without full-time ALS service. If Ringdahl cannot provide full-time ALS service, Lehmann believes another provider who can meet the community’s needs should be allowed to serve the area.¹⁰³

B. The deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license

71. Ringdahl does not propose a duplication in service. Rather, it seeks approval to operate a reduced service.¹⁰⁴

72. Addressing deleterious effects, Ringdahl stated:

Transitioning to part-time advanced life support (ALS) will not have harmful effects on public health. Due to the current financial hardships and staffing shortages facing the EMS industry, ambulance services need scheduling flexibility to maintain adequate coverage. The intent for Ringdahl EMS is to continue to staff ALS whenever possible. We are actively recruiting and hope that the part-time ALS license is only a “back up” if the current shortage of EMS providers can not [sic] be remedied.

The scheduling flexibility will allow us to increase basic life support (BLS) providers to augment our current staffing model. It is our hope to increase BLS crews and be in a position to better utilize our paramedics.¹⁰⁵

73. Almost all participants expect deleterious effects if ALS service is reduced in the PSA.¹⁰⁶

74. The likely effects of granting the Application are deleterious, particularly as to increased response times and erosion of the overall stability of EMS in the PSA.¹⁰⁷

¹⁰¹ Ex. F at 20.

¹⁰² Ex. F at 21.

¹⁰³ Ex. F at 4.

¹⁰⁴ See Ex. A.

¹⁰⁵ Ex. A at 136.

¹⁰⁶ See generally Ex. F, Transcript.

¹⁰⁷ See e.g. Ex. F.

C. *The estimated effect of the proposed service or expansion in primary service area on the public health*

75. Under its current ALS license in the PSA, Ringdahl is required to have one ALS ambulance staffed and available 24 hours per day, every day.¹⁰⁸

76. Ringdahl's scheduling report shows that Ringdahl exceeds the minimum ALS staffing requirement under its current license by providing three fully staffed and equipped ALS ambulances about 80 percent of the time during the day and 40 percent of the time at night, between the PSA and Pelican Rapids.¹⁰⁹

77. Ringdahl proposes to respond to service requests as it does in its North Dakota operations. Ringdahl itself recognizes that many emergencies are best responded to by an ALS ambulance, which cannot be met if no ALS ambulance is available.¹¹⁰ This approach is summarized as follows¹¹¹:

¹⁰⁸ Tr. at 41. Ringdahl's Pelican Rapids ALS license requires the same for that location.

¹⁰⁹ Ex. 27; see Tr. at 41.

¹¹⁰ Ex. 22.

¹¹¹ Ex. 22.

ALS / BLS Response Guideline Based on Dispatch Information

ALS	BLS
ALS Facility Transfer	Abdominal Pain
ALS Intercept	Allergies
Breathing Problems	Animal Bite
Burns	Assault
Cardiac Arrest	Back Pain
Chest Pain	BLS Facility Transfer
Choking	Body Transfer
CO Poisoning/Hazmat	Eye Problem
Convulsions/Seizures	Fall Victim
Diabetic Problem	Fire/Law Standby (Lisbon)
Drowning	Flight Team Transport
Fire/Law Standby (County)	Headache
Heart Problems	Industrial Accident
Hemorrhage/Laceration	Ingestioning/Poisoning
Psychiatric (Combative)	Medical Alarm
Respiratory Arrest	Pain
Stab/Gunshot Wound	Psychiatric (Non-Combative)
Stroke/CVA	Sick Person
Suicide Attempt	Special Event Standby
Traumatic Injury	Traffic Accident
Unconscious/Fainting	Unknown Problems

The purpose of this guideline is to provide guidance for an appropriate Advanced Life Support (ALS) response (when ALS provider is available) to a call for service in the absence of formal Emergency Medical Dispatching (EMD). An ALS provider should respond to the call for service when ALS criteria is met based on all available dispatch information. A Paramedic level provider is preferred, but an AEMT level provider can be utilized when the call for service can be reasonably managed at that care level. An ALS provider response can be initiated at any point during the call for service shall the need arise. This guideline shall be reviewed and approved by the service Medical Director yearly or on an as needed basis to make adjustments.

78. Although Ringdahl's guidelines, approved by its Medical Director, indicate that an ALS provider should respond when indicated, it does not address how it will

provide an “ALS provider response” when the need arises but it has not staffed any paramedics.¹¹²

79. Under the tiered deployment model used in its Casselton, North Dakota operations, Ringdahl reports it provided an ALS response to 100 percent of calls for ALS service.¹¹³ Ringdahl’s review of its ALS response under that model in Ransom County, North Dakota, indicates it provided an ALS response 78 percent of the time its own dispatch determined an ALS response was required.¹¹⁴ These unmet calls for ALS service included life-threatening events like cardiac arrests, chest pain complaints, strokes and traumatic injuries.¹¹⁵

80. Between June 2024 and February 2025, Ringdahl responded to 1,026 emergency 911 calls in the PSA. Of these, Ringdahl reports performing “ALS procedures” 34 times, or 3.31 percent of these transports.¹¹⁶

81. Ringdahl specifically identifies the following as ALS procedures or responses: Amiodarone, Amiodarone infusion, bilevel positive airway pressure (BiPAP), cardioversion, cardiopulmonary resuscitation (CPR), double sequential defibrillation (DSD), epinephrine 1:10000 administration, epinephrine infusion, direct laryngoscopy, manual defibrillation, external (transcutaneous) pacing, pericardiocentesis, chest decompression needle, Rocuronium administration, chest decompression finger thoracostomy, STEMI alert, stroke alert, surgical cricothyroidotomy, trauma alert, and video laryngoscopy.¹¹⁷

82. Ringdahl’s EMS Medical Guidelines direct EMTs to request ALS Intercept¹¹⁸ in many life-threatening circumstances.¹¹⁹ For example, its guideline for non-traumatic shock requires an EMT to request ALS Intercept, while paramedics are authorized to administer epinephrine.¹²⁰ Cardiac cases provide additional examples of direction to EMTs to request ALS Intercept, with paramedics being authorized to administer a broader range of treatment options.¹²¹

83. A Scandinavian review of studies examining whether ALS provides better patient outcomes than BLS found mixed results. According to the review:

ALS seems to improve survival in patients with myocardial infarction and BLS seems to be the proper level of care for patients with penetrating injuries. Some studies indicate a beneficial effect of ALS among patients

¹¹² Ex. 22.

¹¹³ Ex. 23 at 322-3.

¹¹⁴ Ex. 23 at 320-1.

¹¹⁵ Ex. 23.

¹¹⁶ Ex. 25 at 328.

¹¹⁷ Ex. 25.

¹¹⁸ ALS Intercept is understood to be the addition or substitution of advanced life support (ALS) services on a call already being responded to by a basic life support (BLS) unit.

¹¹⁹ See generally Ex. A at 14-30.

¹²⁰ Ex. A at 71.

¹²¹ See Ex. A at 57-64.

with blunt head injuries or multiple injuries. There is also some evidence in favour of ALS among patients with epileptic seizures as well as those with a respiratory distress.¹²²

The Scandinavian review concluded that the “overall quality of the analyzed studies was poor” and accordingly, “no conclusions on the effectiveness of advanced prehospital care” can be drawn from them.¹²³

84. Throughout these proceedings, two ambulance services provided the only statements supporting the Application.¹²⁴

85. Ringdahl submitted a letter of support from the CEO of RWF Enterprises, Inc., doing business as Stevens County Ambulance Service, as part of the Application. The letter reads, in its entirety:

I am submitting this letter of support for the license application from Ringdahl Ambulance Service in Fergus Falls, Minnesota. They are requesting a Part-time ALS license with this application. I submit this letter of support for Ringdahl Ambulance application for “Part-time ALS” License with the Minnesota [OEMS].¹²⁵

86. The second letter of support for Ringdahl’s Application was submitted by Kevin Lee, EMS Relationship Specialist for North Memorial Health Ambulance. Lee stated:

While paramedics have a broader scope of practice, EMTs are fully capable of treating life-threatening emergencies. In Minnesota, EMTs can obtain variances to perform advanced skills beyond the standard EMT level, including supraglottic airway management, 12-lead ECGs, IV and intraosseous access, nebulizer treatments, and CPAP. Varianced EMTs can also administer medications such as Albuterol, Aspirin, Benadryl, Epinephrine (for anaphylaxis), Glucagon, IV Dextrose (DIO), IV fluids, Narcan, and Nitroglycerin.¹²⁶

Lee supports Ringdahl’s Application because he believes it is a sound solution to the shortage of paramedics and gives flexibility to Ringdahl for staffing options that do not require paramedics.¹²⁷

87. Speaking for the company, Bjorn Ringdahl, one of its owners, gave the following explanation for the motivation to obtain a part-time license:

¹²² Ex. 17 at 278.

¹²³ Ex. 17 at 289.

¹²⁴ See Ex. A at 135, Kevin Lee Letter (Feb. 7, 2025).

¹²⁵ Ex. A at 135.

¹²⁶ Kevin Lee Letter.

¹²⁷ Kevin Lee Letter.

Ringdahl Ambulance does not intend to go backwards in care or reduce the level of care. We are trying to allow our paramedics to be better utilized, meaning instead of sending every paramedic on every call and then having EMTs pick up the remaining calls, is -- that is where patient care to me is important.¹²⁸

88. While stakeholders like Lake Region and the Otter Tail County Sheriff recognize and appreciate Ringdahl's contribution to public health and service to the community, none support the Application. Apart from the two ambulance services, all participants oppose granting a part-time ALS license to Ringdahl.¹²⁹

89. Senator Jordan Rasmusson opposes the Application as he believes that reducing the level of service will detrimentally affect area residents and visitors. Senator Rasmusson observed:

As the thirty-three (33) written recommendations and comments of opposition submitted during the public comment period show- including three from regional healthcare systems and providers who are the direct recipients of patients initially cared for by Ringdahl Ambulance, and who they rely on to support interfacility transfers for higher-level care - a change in the level of life support care services provided by Ringdahl Ambulance will have significant harmful consequences to the residents and visitors, communities, and healthcare systems in their service area.¹³⁰

Senator Rasmusson also expressed concern about employee reports regarding Ringdahl's agency priorities, staffing practices, and resource management. He noted that the legislature passed legislation during the 2024 session that changed staffing requirements and offers new options for EMS providers, in addition to existing sustainability grants intended to help meet the challenges Ringdahl reports.¹³¹

90. State Representatives Jeff Backer and Tom Murphy shared their concerns that the proposed downgrade in service will negatively impact their constituents' access to lifesaving medical care.¹³²

91. Chuck Hofius, Chief Executive Officer of Perham Health, wrote to oppose the Application on behalf of Perham Health. Perham Health relies on collaboration with Ringdahl as a neighboring provider of emergency care and worries that decreasing the availability of Ringdahl's ALS ambulance will force Perham's service to respond more frequently to Otter Tail's PSA. Perham Health anticipates that granting the Application will result in delayed medical intervention in emergency situations, leading to potentially worse outcomes for patients. Perham Health also points out that Ringdahl assists Perham Health with inter-hospital transfers. Reducing ALS services places added

¹²⁸ Tr. at 88.

¹²⁹ See generally Ex. F, Transcript.

¹³⁰ Senator Jordan Rasmusson Letter (Feb. 18, 2025).

¹³¹ Senator Jordan Rasmusson Letter; see also Ex. F at 3.

¹³² Ex. F at 3, 15.

pressure on Perham Health's emergency room and limit options for urgent patient transport. Perham Health believes maintaining full-time ALS is "essential for safeguarding the health and safety of [its] patients and the broader community."¹³³

92. Lake Region Medical Group, P.A. (LRMG) is a group of physicians and other medical professionals in the PSA. LRMG does not support the Application. LRMG opposed the Application to find out more about Ringdahl's concept of operations that would include staffing ALS only when possible. LRMG's concern is that granting a part-time license will have harmful effects on public health, especially when the nearest tertiary care center is more than 60 minutes away for treatment of cardiac arrests, severe trauma and respiratory emergencies.¹³⁴

93. A paramedic with Ringdahl, Sam Hanson, wrote to oppose the Application. Hanson noted that other ambulance services in neighboring communities are either part-time ALS or BLS services, offering more limited service than Ringdahl. Hanson is concerned that first responders will be required to provide care to critically injured people under the supervision of insufficiently trained EMTs if the Application is approved.

94. Hanson made the following report about staffing practices:¹³⁵

The owners themselves, Tollef and Bjorn Ringdahl are both paramedics. They refuse to help and will not work the truck to help fill the schedule. I am an employee at Ringdahl ambulance and in the approximately 3 years I've been here, Bjorn has worked and ran one call. Tollef has recently gone into the operations manager's office and stated "I'm over working the truck, so you can take me off the schedule because I'm not going to do it anymore." They also have other paramedics in the building who work for them in the billing department who also refuse to work on an ambulance. Tollef says he is willing to help out by "listening in" from home. This often results in the EMT partner responding by him or herself and having the local PD or fire dept duty crew staff drive the ambulance. It makes it look good on the schedule for Tollef to occupy the medic slot on the schedule, this makes it appear like the staffing requirements are being met, when in reality his partner is left to themselves. I know this because I have been that partner.¹³⁶

95. Hanson reported that Ringdahl "routinely" runs only BLS ambulances in the PSA and in Pelican Rapids and often staffs just one EMS personnel to "first respond" to a call for service. In the latter scenario, Hanson described having "to first respond to calls where it turns out the patient is more critical than initially dispatched

¹³³ Ex. F at 1.

¹³⁴ Ex. F at 9.

¹³⁵ Ex. F at 22-24; see Ex. 27.

¹³⁶ Ex. F at 22.

and I have had to have local police and fire dept employees drive me to the local ER because that was in the best interest for the patient.”¹³⁷

96. Dispatch issues have led to a delay of 50 minutes or more in responding to the local hospital’s request for an ALS ambulance to transport a patient with a cardiac emergency to Sanford hospital in Fargo.¹³⁸

97. Hanson also contends that resources are diverted from the EMS service to ParaCorp, the private ambulance contracting operation. For example, a contract with Brainerd International Raceway requires Ringdahl to have five ALS ambulances, creating additional staffing pressure for EMS operations.¹³⁹

98. Sarah Bradrick, an EMT with Ringdahl and a concerned member of her community, wrote in opposition to the Application. Bradrick noted that Ringdahl’s call volume is primarily for ALS service, and full-time ALS service is needed to meet this need. Bradrick observed that Ringdahl is the only ALS provider in the area and surrounding communities. Bradrick does not believe Ringdahl has taken adequate measures to ensure sufficient staffing. Bradrick asserted that Ringdahl does not provide competitive pay, has paramedics working in management rather than staffing ambulances, and fails to offer sufficient incentive to its part-time paramedics and EMTs to meet its staffing needs. Finally, Bradrick believes that if Ringdahl cannot provide full-time ALS service, another company that can meet the area needs should be allowed to do so.¹⁴⁰

99. Lake Region, the primary hospital in the PSA, addressed the effect on its ability to accomplish timely inter-hospital transfers. Patty Roth, Chief Nursing Officer, stated:

My biggest concern with this change is the ability to move patients who are critically ill to a higher level of care in a timely manner. Every day, we rely on Ringdahl Ambulance to transport patients to Fargo, St Cloud or Minneapolis to get the lifesaving procedures they need. In 2024, Lake Region transferred 874 patients from our Emergency Room to one of those facilities. Of those transports, there were 99 cases in which Ringdahl was unable to provide the service because they didn't have the correct skill level available. When that happens, we end up holding the patient frantically calling to other ambulance services to see if they could take the call. With Ringdahl going to part time ALS, we believe this will get much worse. If there is no requirement for Ringdahl to replace a paramedic who calls in sick, I worry that they may not work very hard to replace that position on that shift.¹⁴¹

¹³⁷ Ex. F at 22-23.

¹³⁸ Ex. F at 23.

¹³⁹ Ex. F at 24.

¹⁴⁰ Ex. F- at 16.

¹⁴¹ Patty Roth Letter (Feb. 21, 2025).

100. Roth summarized:

With a population of over 14,000 and the normal call volume, we should not be entertaining decreasing our level of services. The EMS system is broken, but instead of decreasing the number of paramedics on, we need to look at the rules around how they are required to respond to a call. Ambulance services should be able to triage, based on the information obtained at dispatch if they need to send a paramedic or if the call could be handled by a truck staffed by EMT's. We are dedicated to remaining good partners with Ringdahl Ambulance to provide great care to our community. I know that they want that too, but I don't believe that decreasing our service levels will lead to that outcome.¹⁴²

101. Roth remained concerned by the proposed decrease in ALS availability after hearing Ringdahl's testimony.¹⁴³ She provided the following scenario to illustrate the Hospital's concerns:

[. . .] imagine yourself as a patient who has a condition. You know you need to get to a higher level of care. Maybe you have a brain condition and your ER doctor has told you we need to get you to Minneapolis and now you found out you have been accepted to Minneapolis, but we can't find an ambulance to take you. How heart-wrenching that is for both the patient and the family, but also for our staff watching and not being able to do anything for that patient.

And this leads to frantic calls. It takes time and resources to call other services to be able to find another ambulance able to take that patient. And sometimes this does lead to poor outcomes.¹⁴⁴

D. Whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion in primary service area

102. Reducing the level of service in the PSA will not benefit the public health.¹⁴⁵

103. The costs associated with the proposed reduction in service have not been quantified and would not be borne by Ringdahl but rather by hospitals, other ambulance services, emergency responders and, ultimately, the community.¹⁴⁶

104. Any conclusion of law more properly adopted as a finding of fact is incorporated herein.

¹⁴² Patty Roth Letter.

¹⁴³ Tr. at 82.

¹⁴⁴ Tr. at 93-94.

¹⁴⁵ See Tr. at 72-87; Jody Lien Letter; Patty Roth Letter; Ex. F.

¹⁴⁶ See Tr. at 72-87; Jody Lien Letter; Patty Roth Letter; Ex. F.

105. Any fact discussed in the memorandum that is not specifically identified within a finding of fact is incorporated herein.

Based on these findings of fact, the Judge makes the following:

CONCLUSIONS OF LAW

1. The Judge and the Director of OEMS have jurisdiction over this matter pursuant to Minn. Stat. §§ 14.50, 144E.001-52 (2024).

2. The Judge and the Director have complied with all procedural requirements of law and rule and this matter is properly before the Judge and the Director.

3. "No natural person, partnership, association, corporation, or unit of government may operate an ambulance service within this state unless it possesses a valid license to do so issued by the director. The license shall specify the base of operations, the primary service area, and the type or types of ambulance service for which the licensee is licensed. The licensee shall obtain a new license if it wishes to expand its primary service area, or to provide a new type or types of service."¹⁴⁷

4. The legislature has established licensing categories for BLS, ALS, part-time advanced ALS, and specialized life support.¹⁴⁸

5. "The director shall not issue a license authorizing the operation of a new ambulance service, provision of a new type or types of ambulance service by an existing service, or an expanded primary service area for an existing service unless the requirements of this section and sections 144E.101 to 144E.127 and 144E.18 are met."¹⁴⁹

6. Consideration of a license application includes analysis of:

- (1) the recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system designated under section 144E.50 in which the service would be provided;
- (2) the deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license;
- (3) the estimated effect of the proposed service or expansion in primary service area on the public health; and

¹⁴⁷ Minn. Stat. § 144E.10, subd. 1.

¹⁴⁸ Minn. Stat. § 144E.101, subd. 5.

¹⁴⁹ Minn. Stat. § 144E.10, subd. 2.

(4) whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion in primary service area.¹⁵⁰

7. An administrative law judge must review and comment on the application and make written recommendations as to its disposition by OEMS.¹⁵¹ The judge "shall recommend that the director either grant or deny a license or recommend that a modified license be granted," setting forth the reasons in detail.¹⁵²

8. Ringdahl bears the burden to establish by a preponderance of the evidence that a license should be granted.¹⁵³

9. Ringdahl has not established by a preponderance of the evidence that it should be granted a license to provide ALS ambulance service on a part-time basis. Should the Director disagree, conditions should be imposed regarding the minimum ALS service Ringdahl must provide, the permissible conditions for not staffing ALS ambulances, prioritization of EMS service over private ambulance contracting, and notice requirements to affected providers.

10. Any finding of fact more properly considered a conclusion of law is adopted as such.

11. Any statement in the memorandum below that is more properly considered a conclusion of law is incorporated herein.

Based upon these conclusions of law, and for the reasons explained in the accompanying memorandum, which is incorporated herein, the Judge makes the following:

RECOMMENDATION

The preponderance of the evidence in the record does not support Ringdahl's Application for a part-time ALS ambulance license. The Director should **DENY** the Application.

Dated: April 24, 2025



KIMBERLY MIDDENDORF
Administrative Law Judge

Reported: Transcript Prepared by Shaddix & Associates

¹⁵⁰ Minn. Stat. § 144E.11, subd. 6.

¹⁵¹ *Id.*

¹⁵² *Id.*

¹⁵³ Minn. R. 1400.7300, subp. 5 (2023); see also *Matter of Rochester Ambulance Serv.*, 500 N.W.2d 495, 498 (Minn. Ct. App. 1993).

NOTICE

This Report is a recommendation, not a final decision. OEMS will make the final decision after a review of the record. Under Minn. Stat. § 144E.11, subd. 7, OEMS must approve or deny the Application and grant the license within 60 days if the Application is approved. Under Minn. Stat. § 14.61 (2024), OEMS shall not make a final decision until this Report has been made available to parties to the proceeding for at least ten calendar days. Parties may file exceptions to this Report and OEMS must consider the exceptions in making a final decision. Parties should contact Dylan Ferguson, Executive Director, 335 Randolph Avenue, St. Paul, MN 55102, (651) 201-2801, to learn the procedure for filing exceptions or presenting argument.

The record closes upon the filing of exceptions to the Report and the presentation of argument to OEMS, or upon the expiration of the deadline for doing so. OEMS must notify the parties and Judge of the date the record closes. If OEMS fails to issue a final decision within 90 days of the close of the record, this Report will constitute the final agency decision under Minn. Stat. § 14.62, subd. 2a (2024).

Under Minn. Stat. § 14.62, subd. 1 (2024), OEMS is required to serve its final decision upon each party and the Judge by first class mail or as otherwise provided by law.

MEMORANDUM

I. Introduction

Ringdahl Ambulance, along with first responders, law enforcement, and area medical facilities, must be recognized for providing invaluable service to the community. No one is insensitive to the concerns facing providers like Ringdahl or the EMS system at large. Yet after being a valued partner in emergency medical services for decades, Ringdahl shook the confidence other stakeholders have placed in it by proposing to provide something less than full-time ALS service. Concerned for the stability of the EMS system in Otter Tail County, government officials and healthcare providers objected to the Application, hoping to understand what the proposed changes would mean.

Having heard Ringdahl's testimony, and scrutinized the record, the Judge, like the various stakeholders, remains unclear as to exactly what Ringdahl intends by providing ALS service "whenever possible" under a part-time license. The applicable law does not prevent a full-time ALS licensee from employing tiered deployment, whereas a part-time ALS license is likely to destabilize the EMS system in this rural community. The EMS system is essential to rural communities' access to medical resources and its importance cannot be overstated. Like the many stakeholders who participated in this matter, the Judge is not persuaded that the Application should be granted.

II. Legal Standards

Ringdahl, as the applicant, must establish by a preponderance of the evidence that the license should be granted.¹⁵⁴ To establish a fact by a preponderance of the evidence, "it must be more probable that the fact exists than that the contrary exists."¹⁵⁵ If the evidence is equally balanced, then that fact or issue has not been proven by a preponderance of the evidence.¹⁵⁶ The burden of proof encompasses two components – a burden of production and a burden of persuasion. The burden of production is the obligation of a party to come forward with sufficient evidence to support its claim or the relief requested. The burden of persuasion, on the other hand, is the obligation to persuade the trier of fact of the truth of a proposition.¹⁵⁷

The Director and the Judge must analyze four statutory factors in considering whether an application for licensure should be granted:

- (1) the recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system designated under section 144E.50 in which the service would be provided;
- (2) the deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license;
- (3) the estimated effect of the proposed service or expansion in primary service area on the public health; and
- (4) whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion in primary service area.¹⁵⁸

While each factor must be considered, the second factor is of limited use here, because granting the proposed license will not duplicate the ALS service in the PSA. The statute does not indicate whether the factors merit equal weight in the Director's decision. Because the governing bodies are responsible for the health and safety of the community, and because the public health is the paramount consideration, the first and third factors should be accorded great weight in this licensing determination.

¹⁵⁴ Minn. R. 1400.7300, subp. 5; see also *Matter of Rochester Ambulance Serv.*, 500 N.W.2d 495, 498 (Minn. Ct. App. 1993).

¹⁵⁵ *City of Lake Elmo v. Metropolitan Council*, 685 N.W.2d 1, 4 (Minn. 2004).

¹⁵⁶ *Id.*

¹⁵⁷ *Braylock v. Jesson*, 819 N.W.2d 585, 590-91 (Minn. 2012) (internal citations omitted).

¹⁵⁸ Minn. Stat. § 144E.11, subd. 6.

III. The Statutory Factors Do Not Support Granting a Part-time License

A. Recommendations and Comments

The first statutory factor requires the Director to consider the recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system in which the service would be provided.¹⁵⁹

The statute does not articulate any standard regarding how the recommendations or comments of governing bodies should be evaluated or weighed. Likewise, the statute does not indicate that these comments are determinative. As the governing bodies are important stakeholders with their own obligations to provide for an effective emergency medical services system, their comments carry significant weight.

In this case, the comments submitted by governing bodies are uniformly negative. All anticipate increased response times will result if Ringdahl does not remain obligated to provide full-time ALS service. This concern is particularly important where the population is widely dispersed. For many patients, transport to the nearest hospital may only be the first stop on their journey to a facility with the appropriate means to treat their condition. The testimony and evidence of this group of stakeholders is very credible, informed in many cases by decades of personal experience working in the EMS field and with Ringdahl.

The applicant, on the other hand, has not adequately explained what it means by providing ALS service “whenever possible.” Ringdahl appears resistant to providing any assurances beyond attempting to continue staffing its ALS ambulances. Ringdahl has not explained how it will meet the need for hundreds of advanced runs by staffing its ALS only when “possible.” Lake Region alone counted 99 unmet service calls in 2024, while Ringdahl was providing full-time ALS. The Judge shares the concerns communicated by the region’s governing bodies in response. The local stakeholders are in the best position to evaluate the proposal for the effects it would have on the community. This factor weighs against part-time licensure.

B. Deleterious Effects on the Public Health From Duplication of Services

In determining whether to grant Ringdahl’s Application, the Director must consider “the deleterious effects on the public health from duplication, if any, of ambulance services that would result from granting the license.”¹⁶⁰ Ringdahl submits that this factor does not apply because it does not propose a duplication of services but rather a reduction. The Judge largely agrees but does offer the following comments for consideration.

¹⁵⁹ Minn. Stat. § 144E.11, subd. 6(1).

¹⁶⁰ Minn. Stat. § 144E.11, subd. 6(2).

Ambulance services in Minnesota do not operate in a free market system.¹⁶¹ The Minnesota Supreme Court has held that:

Ambulance service is essential to a community. It is also a service for which demand is inelastic and expenses largely fixed. Where the demand is insufficient to support additional services, either quality is sacrificed or rates and public subsidies increased, but in either event, the taxpayer-consumer suffers.¹⁶²

Where demand for services is inelastic, competition is likely to be deleterious.¹⁶³ An applicant for an ambulance service license may show that duplication will not have a deleterious effect upon the public health by establishing an increased demand for service in the area it wishes to serve,¹⁶⁴ or by establishing that a need exists that is not currently being met.¹⁶⁵

Although the statute does not require consideration of deleterious effects that result from a reduction in service, nearly all commenters predict them. The governing bodies believe there is demand for full-time ALS service that may no longer be supplied by Ringdahl if the Application is granted. It is unclear whether granting the Application could open the PSA to a competing provider who is willing to meet the region's unmet need for ALS services. The Director may wish to consider whether granting the Application may open a gap that another provider may seek to fill.

C. The Estimated Effect of the Proposed Service on the Public Health

The third factor weighs against a reduction in licensure. Like the governing bodies, area health care providers oppose the reduction in service granting the Application would allow.

Ringdahl argues that granting the Application will benefit the public health. In its view, a part-time license is needed to operate under a Tiered Deployment model. This model allows for deployment of ambulance personnel based on patient needs, thereby sending paramedics as needed. Without this flexibility, Ringdahl asserts that ambulance service may be interrupted if it cannot meet staffing needs.

Minn. Stat. § 144E.101, subd. 7(g), provides an exception to the minimum ALS ambulance staffing requirement, by allowing an ALS licensee to dispatch a BLS ambulance when its ALS ambulance is responding to another emergency. The provision reads “[a]fter an initial emergency ambulance call, each subsequent emergency ambulance response, until the initial ambulance is again available, and interfacility

¹⁶¹ *Twin Ports Convalescent, Inc. v. Minn. State. Bd. of Health*, 257 N.W.2d 343, 348 (1977) (interpreting prior governing statute as manifesting “a legislative determination that the ambulance service business is one in which the public welfare is not promoted by free enterprise.”)

¹⁶² *Id.*

¹⁶³ *N. Mem'l Med. Ctr. v. Minn. Dept. of Health*, 423 N.W.2d 737, 739 (Minn. Ct. App. 1988).

¹⁶⁴ *Id.* at 740.

¹⁶⁵ *Matter of Rochester Ambulance Serv.*, 500 N.W. at 498.

transfers, may be staffed by one registered emergency medical responder driver and an EMT or paramedic.”

Ringdahl relies on this provision for its view that the law requires it to send an ALS ambulance to the first call for service it receives.¹⁶⁶ This statute need not be read to prevent triaging or tiered deployment. Rather, it is most sensibly interpreted to provide that while an ALS ambulance is already on a call, EMTs can respond to a subsequent emergency without a paramedic. This makes sense, as some level of medical intervention is generally preferable to none. If Ringdahl’s interpretation were correct, there would be no need for it to hold a BLS license in addition to its ALS license. Moreover, using an example Ringdahl provided at the public hearing, it is not a prudent use of resources to send an ALS ambulance to help someone who fell but is uninjured and a BLS ambulance to a cardiac emergency, simply because the former call came in moments before the latter. The statute’s inelegant phrasing should not dictate such an unreasonable interpretation.

Ringdahl submits that studies in the record establish that there is no effect on patient outcomes between BLS and ALS. This greatly overstates the studies’ conclusions. Exhibit 17 shows ALS outcomes are most likely better in all areas reviewed except trauma.¹⁶⁷ It does not, contrary to Ringdahl’s assertions, establish that personnel skill level is immaterial to patient outcome. Its own Medical Guidelines establish multiple lifesaving procedures are to be provided via an ALS response.

Similarly, Exhibit 18 establishes that the use of lights and sirens increases crashes, while shortening response times by only seconds on average. It does not, contrary to Ringdahl’s assertions, establish that response times are immaterial to patient outcome. Exhibit 19 is an overview of studies that examined response times and outcomes. While a rural study reviewed found that there was little clinical evidence to conclude that a three-minute delay did not result in significantly improved patient outcomes, the proposal here is not analogous.

Ringdahl’s position is contrary to every medical professional to weigh in on this proposal. Ringdahl did not offer the testimony or opinion of its own Medical Director to support its Application. Lake Region, Perham Health, and LRMP physicians, however, all strenuously oppose part-time licensure. This evidence, while anecdotal, is based upon the knowledge and experience of medical professionals working in the PSA and is more persuasive than the studies Ringdahl relies upon.

Having to obtain an ALS ambulance from another PSA could result in much longer response times. In 2024, Lake Region transferred 874 patients from its Emergency Room to Fargo, St. Cloud or the Metro. Of those transports, there were 99 cases in which Ringdahl was unable to provide the service because they did not have the correct skill level available. The hospital is then forced to spend time calling around to find an available ALS ambulance, which must travel a greater distance.

¹⁶⁶ Tr. at 40.

¹⁶⁷ Compare to Tr. at 31.

Perham Health's comments, observing that the nearest hospital for interhospital transfers is more than 60 miles from Fergus Falls, corroborate Lake Region's position.

Ringdahl argues that its potential inability to staff ALS ambulances on a full-time basis may lead to service interruptions that will be detrimental to public health. The record does not support this claim. Exhibit 27, which is Ringdahl's scheduling report, shows that Ringdahl exceeds the full-time ALS staffing requirement by providing three fully staffed and equipped ALS ambulances about 80 percent of the time during the day and 40 percent of the time at night. Moreover, Ringdahl's plan to substitute EMTs for paramedics does not seem particularly feasible. The record shows that EMTs are also in short supply and have a similarly high turnover rate.

Having applied intense scrutiny to the record and heard Ringdahl's testimony, the Judge, like the various stakeholders, remains unclear as to exactly what Ringdahl intends under a part-time license. Ringdahl stated "[r]ight now, we intend to provide three paramedics -- or two to three paramedics. So what happens in three or four months from now when we can't provide those, what kind of notification are we providing."¹⁶⁸ The record establishes that at best, granting the Application will inject more uncertainty into emergency response in the PSA and at worst, may leave the community unable to provide advanced lifesaving care in cardiac or respiratory emergencies.

D. Whether Any Benefit Accruing to the Public Health Would Outweigh the Costs Associated with the Proposed Service

The fourth factor also weighs against granting the Application. Ringdahl argues there is no cost associated with reducing its level of service, whereas granting the Application would benefit public health by allowing it to operate a tiered deployment system. As noted above, this benefit is illusory, as nothing in the law appears to prevent it from triaging calls under its full-time licenses.

Many people spoke to the staffing difficulties facing the health care industry. Nearly all recognized the challenges in recruiting and retaining paramedics and other staff. Ringdahl's own information establishes high turnover not only of paramedics but also the EMTs it proposes to fill staffing gaps.

Granting the Application will stretch thinner the emergency medical resources in the area. Any time Ringdahl concludes it is not possible for it to staff its ALS ambulances, whether it is because staff are ill or on vacation, or Ringdahl has assigned paramedics to meet contractual obligations, other stakeholders will be burdened. It is not Ringdahl who will be required to secure alternative services but rather first responders or the hospital and its staff.

While Ringdahl cited multiple studies it claims examine whether patient outcomes improve as a result of paramedic care, it has not addressed the additional demands on other medical or emergency resources granting the application would create. Because

¹⁶⁸ Tr. at 59.

Ringdahl has not identified any standards for scheduling ALS “whenever possible” or provided any assurance as to the minimum staffing it will provide, the costs to the stakeholders that will bear them are unknown.

IV. The Director May Modify the License Requested

Ringdahl contends that the license may not be modified. This argument should be rejected. The Director has express authority to modify a requested license to meet the statutory requirements.

Minn. Stat. § 144E.11, subd. 6, expressly contemplates that the administrative law judge must “recommend that the [Director] either grant or deny a license *or recommend that a modified license be granted.*”¹⁶⁹ Therefore, a modification may be proposed based upon the record of the hearing. Should the Director disagree that Ringdahl has not met its burden of establishing its Application should be granted, any license issued for less than the current level of service should define “whenever possible” to include standards on what is reasonable. What efforts should Ringdahl be required to make to meet staffing goals? Should staffing Ringdahl’s EMS operations be prioritized over its private contracts? The Director should also require notification to the appropriate governing bodies and medical providers to minimize the uncertainty and additional burden that may ensue when Ringdahl cannot meet its stated goal of providing two or three paramedics per shift, between the PSA and Pelican Rapids operation.

V. Conclusion

There is a recognition, throughout the statutory factors, that the public health is the primary concern in making this licensing determination. Minnesota’s PSA system provides the state and its people with a substantial public health benefit. Otter Tail County is best served by preserving the licensing status quo rather than injecting uncertainty into the region’s ability to maintain an effective and responsive EMS system.

K. J. M.

¹⁶⁹ Emphasis added.