Part I - Application for License to Operate an Ambulance Service in Minnesota

Check all that apply:

☐ **INITIAL LICENSE (Any level)**

☒ **CHANGE IN TYPE OF SERVICE (BLS to ALS or ALS to Part-time ALS)**

☐ **RELOCATION OF BASE OF OPERATIONS TO NEW MUNICIAPLITY OR TOWNSHIP (if required under MS 144E.15)**

☐ **EXPANSION OF PSA**

1. Service Name

Service Name: Bigfork Valley Ambulance		
Business Address: 258 Pine Tree Drive		
City: Bigfork	State: MN	Zip: 56628
Manager: Justin Root		

2. Phone Numbers

Daytime: (218)743-4285
Alternate / Pager:
Fax:
Email: jroot@bigforkvalley.org

3. Base of Operation

Address or location: 105 Ash Street		
City: Bigfork	State: MN	Zip: 56628
County: Itasca		

4. Type of license(s) being requested

☐ **Basic Ambulance**

☐ **Basic Ambulance Specialized**

☐ **Basic Ambulance Specialized (Air)**

☐ **Advanced Ambulance**

☐ **Advanced Ambulance Specialized**

☐ **Advanced Ambulance Specialized (Air)**

☒ **Part-time Advanced Ambulance**

5. Type of Operation

☐ **Fire**

☒ **Hospital**

☐ **Police**

☐ **Private**

☐ **Other Public Service**

☐ **Other**

6. Volunteer Status

☐ **All Volunteer**[1] ☒ **Mix Paid/Volunteer** All Paid

7. Ownership

Owner Name Bigfork Valley Hospital		
Business Address 258 Pine Tree Drive		
City Bigfork	**State** MN	**Zip** 56628
Owner Email Nhough@bigforkvalley.org		**Phone** (218)743-4115

Ownership Type

☐ **County**
☐ **City**
☐ **City/County**
☒ **Hospital**
☐ **U.S. PHS**
☐ **Federal**
☐ **Nonprofit Corporation**
☐ **Individual**
☐ **Other Nonprofit**
☐ **Partnership**
☐ **For Profit Corporation**
☐ **Tribe**

License Owned by a Licensed Health Care Facility ☒ **Yes** ☐ **No**

8. Substations

List substation location(s) where vehicles, personnel or equipment will be located (substations must be within the primary service area.)

Address or location			
City	**State**	**Zip**	**County**

Address or location			
City	**State**	**Zip**	**County**

Address or location			
City	**State**	**Zip**	**County**

[1] Volunteer ambulance attendant is defined as a person making less than $6,000 per year from their services to the ambulance and show livelihood does not depend on the volunteer pay.

9. Medical Directors

Physician's Name: Dr. Edwin Anderson		
Address: 258 Pine Tree Drive		
City: Bigfork	State: MN	Zip: 56628
Email: eanderson@scenicrivershealth.org		Phone: (218)259-1779

Has the physician been trained in Advanced Cardiac Life Support?	☒ **Yes**	☐ **No**
Has the physician been trained in Advanced Trauma Life Support?	☒ **Yes**	☐ **No**
Does the physician volunteer their services as medical director?	☐ **Yes**	☒ **No**

10. Affiliated Medical Institution/Base Hospital (if any)

Institution Name and Address: Bigfork Valley Hospital		
City: Bigfork	State: MN	Zip: 56628
Hospital Administrator: Nathan Hough		
Email: Nhough@bigforkvalley.org		Phone: (218)743-4115

11. Mutual Aid

List current written agreements with Minnesota licensed service(s) to provide back-up coverage for ambulance service. Submit a copy of each agreement submitted with this application.[2]

Mutual Aid Service: North Memorial		EMS Number: 0319
City: Grand Rapids	State: MN	Zip: 55744

Mutual Aid Service: Essentia Deer River		EMS Number: 2040
City:	State: MN	Zip: 56636

Mutual Aid Service: North Memorial		EMS Number: 0172
City: Nashwauk	State: MN	Zip: 55769

[2] Agreement must be current, signed, and reviewed at least every 24 months. Attach additional sheets if necessary.

12. Response Times

Estimate the maximum and average response times from the base of operations or substation(s) to the most distant point within your primary service area.

Maximum Response Time	48	**Minutes (most distant point)**
Average Response Time	12	**Minutes**

List the maximum distance from your base of operations or substation to the most distant point in your primary service area:

38 **Miles**

13. Population to be Served

Provide the estimated population of residents and visitors in your primary service area (scheduled services need not answer).

Residents 2000 **Visitors** 500-1000

14. Utilization

Provide estimates for each type of ambulance run anticipated in the next twelve months.

Basic Runs	200
Basic Specialized Runs	
Advanced Runs	161
Advanced Specialized Runs	
Total Runs (All Types)	361

15. Revenue and Cash Contributions

Estimate the total operating revenue from all sources for the 12 months:

Annual from operations (fees for services, third party payment, etc.	576,000 .00
Annual non-operating revenues (subsidies, gifts, grants, contracts, interest, etc.)	75,000 .00
Total Revenue and Cash Contributions	651,000 .00

16. Revenue Sources

Estimate the approximate percentage of revenue and cash contributions received from each of the following sources (these should total 100%). Round to the nearest **whole** percentage.

Third party payment (Medicare, Medicaid, Private Insurance)	90 %
Patient charges (direct payment method)	2 %
Community Health Service subsidy	%
Other public subsidy or grant	8 %
Private grants, personal gifts	%
Training reimbursement	%
Other – specify	%
Total	100 %

17. Non-Cash Contributions

Estimate the financial value of in-kind contributions for the next 12 months:

Volunteer staffing (including medical director)	.00
Equipment, vehicles, facilities, space	48,000 .00
Other contributions (supplies, publicity, insurance, etc.)	.00
Total Annual Contributions	48,000 .00

18. Average Patient Charges

Provide the expected patient charge for the first 12 months of service:

ALS average patient charge (including scheduled)	2300 .00
BLS average patient charge (including scheduled)	1500 .00
Special transportation average patient charge (non-medical)	.00

19. Expenses

Provide estimated annual operating expenses for the next 12 months at the level of service specified by this application:

Personnel (salary and fringe)	430,000 .00
Capital-related (depreciation, interest on loans, etc.)	56,520 .00
Estimated uncollectible accounts	7,554 .00
Vehicle operations	47,712 .00
All other expenses	53,687 .00
Total Annual Expenses	595,473 .00

20. Method of Accounting

☒ Accrual ☐ Cash ☐ Other, specify_____

21. Personnel

Provide the names and telephone number for individuals responsible for the following:

On-site Inspection by the OEMS:

Name Justin Root	OEMS # 948885	Phone (218)743-4285
Email Jroot@bigforkvalley.org		Mobile (218)244-7973

Training and Continuing Education for Personnel:

Name Justin Root	OEMS # 948885	Phone (218)743-4285
Email Jroot@bigforkvalley.org		Mobile (218)244-7973

22. Radio Communications

X	Initial here attesting that vehicles are equipped with 2-way communication devices in accordance with MR 4690.2000.

23. Personnel Roster

List the number of personnel on the service roster with current registration / certification at the following levels. List the highest level for each employee.

	Volunteer[3]	Paid
Emergency Medical Technician	9	
Advanced Emergency Medical Technician		
Paramedic		2
Emergency Medical Responder	8	
Other (RN, MD, PA)		
Total number active on roster	17	2

[3] Volunteer ambulance attendant is defined as a person making less than $6,000 per year from their services to the ambulance and whose livelihood does not depend on the volunteer pay.

Current Active Roster

The current active roster must include the full name, current certification / registration level, Minnesota OEMS number, and expiration date for each member of the service. All active personnel with an expired registration / certification are NOT able to work on an ambulance; there is no grace period for persons on the active roster for a licensed ambulance service. ***Do not submit copies of cards with this roster.***

Name (Last / First / MI)	Qualification (EMR, EMT, AEMT, Paramedic)	OEMS#	Expiration Date	Paid / Volunteer
Bellin, Lora	EMT	987094	3/31/2027	Volunteer
Bingham, Annette	EMT	9723212	3/31/2028	Volunteer
Buckingham, Kyle	EMR	966697	10/31/2028	Volunteer
Cappo, Christian	EMT	1018210	10/31/2028	Volunteer
Collins, Randy	EMR	1038176	3/31/2028	Volunteer
Drewlow, Greta	EMR	102447	10/31/2027	Volunteer
Heinecke, Daniel	EMT	1000133	3/31/2028	Volunteer
Lathrop, Josh	EMR	1038629	10/31/2028	Volunteer
Milroy, Jason	EMT	9877527	3/31/202	Volunteer
Murray, Katy	Paramedic	1003767	3/31/2028	Volunteer
Noble, Amanda	EMT	996040	3/31/2027	Volunteer
Novak, Marton	Paramedic	939133	3/31/2027	Paid
Parks, James	EMT	988331	3/31/2027	Volunteer
Pitzen, Allyssa	EMR	1038174	10/31/2028	Volunteer

Current Active Roster

The current active roster must include the full name, current certification / registration level, Minnesota OEMS number, and expiration date for each member of the service. All active personnel with an expired registration / certification are NOT able to work on an ambulance; there is no grace period for persons on the active roster for a licensed ambulance service. ***Do not submit copies of cards with this roster.***

Name (Last / First / MI)	Qualification (EMR, EMT, AEMT, Paramedic)	OEMS#	Expiration Date	Paid / Volunteer
Root Justin	Paramedic	948885	3/31/2028	Paid
Stangland, Pamela	EMT	1007532	3/31/2028	Volunteer
Storlie, Jessie	EMT	911089	3/31/2028	Volunteer
Stromberg Brandi	EMR	1038195	10/31/2028	Volunteer
Wolfson, Elliott	EMR	1038039	10/31/2028	Volunteer
Youngkin, Curt	EMR	934246	10/31/2028	Volunteer

24. Vehicles

List current or expected vehicle(s) to operate the proposed service. Add additional rows or pages as needed.

VIN #	Year	Make	Model	Unit #	Box Manufacturer	Chassis Remount (Y/N)
1FDUF4HT9KDA28701	2019	Ford	F450	120	PL Custom	N
1FDUF4HT8FEA97399	2015	Ford	F450	121	Crestline	N

- **VIN #**
- **Year:** year vehicle was manufactured
- **Make:** make of the vehicle (e.g., Chevrolet, Ford, etc.)
- **Model:** Chassis model (E350, ProMax 2500, etc.). If other than ground vehicle, list type (fixed wing, rotor wing, etc.)
- **Unit #:** unit number assigned to vehicle by the ambulance service.
- **Box Manufacturer:** maker of the patient compartment
- **Chassis Remount:** Yes or No

25. Attestation

I attest that the information contained in this application and its attachments is true and correct to the best of my knowledge.

Justin Root

Signature of company officer or legally authorized official

6/2/2026

Date

Manager of EMS

Title

218-743-4285

Phone

Required Documentation

Attachments listed must be submitted with any application for a new service. Attachments may vary depending upon the specific application and type of service. The application process will not begin until the application is complete. Allow an ample amount of time for the entire license process to be completed. Use the following checklist to ensure you have attached the required documentation. Please list **ALL** attachments in the table below.

- ☒ **Medical Direction Agreements**
- ☒ **Guidelines / Protocols for Adult and Pediatric Patients**
- ☒ **Mutual Aid Agreements**
- ☒ **Personnel Roster**
- ☒ **Application Part II documents**
- ☒ **Completed Table of Attachments**

Attachments

Add rows to table as needed.

Number	Name
I.9 P. 23	Medical Direction Statement
I.11 P.24-35	Mutual Aid Agreements
II.1 P.36-44	Letters of support
II.2 P.45	Deterious Effects on Public Health
II.3 P.46-49	Effects on Public Health
II.4 P50-53	Cost Benefit Analysis
II.5 P.54-55	PSA Description and Map
II.6 P.56-400	ALS Protocol Adoption statement, Protocols, Narcotic storage and disposal policy
II.7 P.401-402	Ambulance Staffing Variance

MEDICAL DIRECTION STATEMENT

I Ed Anderson M.D. being a licensed physician in Minnesota, having experience in, and knowledge of, emergency care of acutely ill or traumatized patients, and being familiar with the design and operation of local, regional, and state emergency medical services systems agree to provide medical direction to the Ambulance Service. This will be in accordance with Minnesota Statutes, sections 144E.001 to 144E.33 and Minnesota Rules, Chapter 4690. I accept responsibility for the following as stated in Minnesota Statutes, section 144.265, Subdivisions 2 & 3. My responsibilities as medical director shall include, but are not limited to:

1. Approving standards for training and orientation of personnel that impact patient care.

2. Approving standards for purchasing equipment and supplies that impact patient care.

3. Establishing standing orders for pre-hospital care.

4. Approving triage, treatment, and transportation guidelines for adult and pediatric patients.

5. Participating in the development and operation of continuous quality improvement programs, including, but not limited to, case review and resolution of patient complaints.

6. Establishing procedures for the administration of drugs.

7. Maintaining the quality of care according to the above standards and procedures established.

Annually, I or my designee shall assess the practical skills of each person on the ambulance service roster and will sign a statement verifying the proficiency of each person. The statements will be maintained in the ambulance services files.

Medical Director: _____ Date: 5/11/26

License Number: 40223 MN

MUTUAL AID AGREEMENT

Between Ambulance Service A and Ambulance Service B

This Mutual Aid Agreement ("Agreement") is entered into this 24th day of Feb, 2026, by and between:

Ambulance Service A:
Name: Bigfork Valley Ambulance
Address: 258 Pine Tree Drive Bigfork, MN 56628
License #: 0025

And

Ambulance Service B:
Name: North Ambulance - Grand Rapids
Address: 1328 NW 5th St - Grand Rapids, MN 55744
License #: 0319

Collectively referred to as "the Parties."

1. PURPOSE

The purpose of this Agreement is to provide a framework for mutual assistance between the Parties in delivering emergency medical services (EMS) during situations including, but not limited to:

- High call volume
- Simultaneous incidents
- Staffing shortages
- Equipment failures
- Mass casualty incidents
- Disasters or declared emergencies
- Situations requiring higher level of care (ALS/BLS intercept)

2. AUTHORITY

This Agreement is entered into pursuant to Minnesota Statutes Chapter 144E and all applicable state and local regulations governing ambulance services and emergency medical response.

Each Party affirms that it is properly licensed and authorized to operate within the State of Minnesota.

3. REQUEST FOR ASSISTANCE

1. Mutual aid shall be requested through established dispatch procedures.
2. The requesting service shall provide:
    a. Nature of incident
    b. Location
    c. Level of response required (BLS/ALS)
    d. Any known hazards
3. The assisting service retains discretion to determine availability based on:
    a. Current coverage obligations
    b. Staffing levels
    c. Operational readiness

4. COMMAND AND CONTROL

- The Incident Command System (ICS) shall be utilized during multi-agency responses.
- Personnel responding under this Agreement shall operate under the medical direction of their own service but follow on-scene command structure.
- Clinical care shall follow the assisting agency's medical director-approved protocols unless otherwise coordinated.

5. LICENSURE AND MEDICAL DIRECTION

Each Party agrees:

- Personnel shall maintain current Minnesota EMS certification/licensure.

- Vehicles and equipment shall meet Minnesota ambulance licensing standards.
- Clinical care shall be provided under the authority of each service's medical director.
- ALS intercepts shall be coordinated per Minnesota EMS regulatory guidance.

6. LIABILITY AND IMMUNITY

Each Party agrees:

- It shall be responsible for the acts and omissions of its own employees.
- Each Party shall maintain appropriate liability insurance coverage.
- Nothing in this Agreement shall be construed as waiving statutory immunities or liability limits under Minnesota law.

7. WORKERS' COMPENSATION

Each Party shall be responsible for providing workers' compensation coverage for its own employees while operating under this Agreement.

8. COMPENSATION AND BILLING

Option A – No Routine Compensation (Common for Rural Services):
Mutual aid responses shall be provided without compensation unless otherwise agreed in writing.

Option B – Billing Responsibility:
The transporting agency shall bill for services rendered. Non-transport responses may be invoiced at an agreed-upon rate if applicable.

(Select and customize based on local practice.)

9. TERM AND TERMINATION

- This Agreement shall become effective upon signing by both Parties.
- The Agreement shall remain in effect for 2 years.
- Either Party may terminate the Agreement with 30 days written notice.
- Immediate termination may occur upon loss of licensure or regulatory authority.

10. TRAINING AND COORDINATION

The Parties agree to:

- Participate in joint training when feasible.
- Coordinate disaster planning.
- Share contact information for administrative and operational leadership.
- Review this Agreement periodically.

11. NON-EXCLUSIVITY

This Agreement does not prohibit either Party from entering into mutual aid agreements with other agencies.

12. ENTIRE AGREEMENT

This document constitutes the entire agreement between the Parties and may only be amended in writing signed by authorized representatives of both Parties.

13. SIGNATURES

Ambulance Service A

Name: Nathan Hough
Title: CEO
Signature: _____
Date: 2/23/26

Ambulance Service B

Name: Rob Almendinger
Title: District Chief
Signature: _____
Date: 2/24/26

MUTUAL AID AGREEMENT

Between Ambulance Service A and Ambulance Service B

This Mutual Aid Agreement ("Agreement") is entered into this 27 day of Feb , **2026**, by and between:

Ambulance Service A:
Name: Bigfork Valley Ambulance
Address: 258 Pine Tree Drive Bigfork, MN 56628
License #: 0025

And

Ambulance Service B:
Name: St. Mary's EMS dba Essentia Health EMS
Address: Deer River Base, 25 4th Ave NW, Deer River, MN 56636
License #: 2040

Collectively referred to as "the Parties."

1. PURPOSE

The purpose of this Agreement is to provide a framework for mutual assistance between the Parties in delivering emergency medical services (EMS) during situations including, but not limited to:

- High call volume
- Simultaneous incidents
- Staffing shortages
- Equipment failures
- Mass casualty incidents
- Disasters or declared emergencies
- Situations requiring higher level of care (ALS/BLS intercept)

2. AUTHORITY

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    a. Nature of incident
    b. Location
    c. Level of response required (BLS/ALS)
    d. Any known hazards
3. The assisting service retains discretion to determine availability based on:
    a. Current coverage obligations
    b. Staffing levels
    c. Operational readiness

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- Personnel responding under this Agreement shall operate under the medical direction of their own service but follow on-scene command structure.
- Clinical care shall follow the assisting agency's medical director-approved protocols unless otherwise coordinated.

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Each Party agrees:

- Personnel shall maintain current Minnesota EMS certification/licensure.

- Vehicles and equipment shall meet Minnesota ambulance licensing standards.
- Clinical care shall be provided under the authority of each service's medical director.
- ALS intercepts shall be coordinated per Minnesota EMS regulatory guidance.

6. LIABILITY AND IMMUNITY

Each Party agrees:

- It shall be responsible for the acts and omissions of its own employees.
- Each Party shall maintain appropriate liability insurance coverage.
- Nothing in this Agreement shall be construed as waiving statutory immunities or liability limits under Minnesota law.

7. WORKERS' COMPENSATION

Each Party shall be responsible for providing workers' compensation coverage for its own employees while operating under this Agreement.

8. COMPENSATION AND BILLING

Option A – No Routine Compensation (Common for Rural Services):
Mutual aid responses shall be provided without compensation unless otherwise agreed in writing.

Option B – Billing Responsibility:
The transporting agency shall bill for services rendered. Non-transport responses may be invoiced at an agreed-upon rate if applicable.

(Select and customize based on local practice.)

9. TERM AND TERMINATION

- This Agreement shall become effective upon signing by both Parties.
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The Parties agree to:

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This Agreement does not prohibit either Party from entering into mutual aid agreements with other agencies.

12. ENTIRE AGREEMENT

This document constitutes the entire agreement between the Parties and may only be amended in writing signed by authorized representatives of both Parties.

13. SIGNATURES

Ambulance Service A

Name: Nathan Hough
Title: CEO
Signature: _____
Date: 2/23/26

Ambulance Service B

Name: Joe Newton
Title: EMS Senior Director
Signature: _____
Date: 2/27/2026

MUTUAL AID AGREEMENT

Between Ambulance Service A and Ambulance Service B

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License #: 0025

And

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Address: 1328 NW 5th st - Grand Rapids, MN 55744
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- **High call volume**
- **Simultaneous incidents**
- **Staffing shortages**
- **Equipment failures**
- **Mass casualty incidents**
- **Disasters or declared emergencies**
- **Situations requiring higher level of care (ALS/BLS intercept)**

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1. Mutual aid shall be requested through established dispatch procedures.
2. The requesting service shall provide:
    a. Nature of incident
    b. Location
    c. Level of response required (BLS/ALS)
    d. Any known hazards
3. The assisting service retains discretion to determine availability based on:
    a. Current coverage obligations
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Each Party agrees:

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- Vehicles and equipment shall meet Minnesota ambulance licensing standards.
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- ALS intercepts shall be coordinated per Minnesota EMS regulatory guidance.

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Each Party agrees:

- It shall be responsible for the acts and omissions of its own employees.
- Each Party shall maintain appropriate liability insurance coverage.
- Nothing in this Agreement shall be construed as waiving statutory immunities or liability limits under Minnesota law.

7. WORKERS' COMPENSATION

Each Party shall be responsible for providing workers' compensation coverage for its own employees while operating under this Agreement.

8. COMPENSATION AND BILLING

Option A – No Routine Compensation (Common for Rural Services):
Mutual aid responses shall be provided without compensation unless otherwise agreed in writing.

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The transporting agency shall bill for services rendered. Non-transport responses may be invoiced at an agreed-upon rate if applicable.

(Select and customize based on local practice.)

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13. SIGNATURES

Ambulance Service A

Name: Nathan Hough
Title: CEO
Signature: _____
Date: 2/23/24

Ambulance Service B

Name: Rob Almendinger
Title: District Chief
Signature: _____
Date: 2/24/26

ITASCA COUNTY HEALTH AND HUMAN SERVICES
ITASCA RESOURCE CENTER
1209 S.E. 2nd Ave., Grand Rapids, Minnesota 55744-3983
Hearing Impaired Number TDD: 218-327-5549
218-327-2941
Visit us at: www.co.itasca.mn.us

March 27, 2026

Office of EMS
Services Regulatory Board
335 Randolph Ave. Suite 220
St. Paul, MN 55102

To Whom It May Concern:

We are writing this letter to recommend approval of the Part Time Advanced Life Support (ALS) license for Bigfork Valley Ambulance.

Bigfork Valley Ambulance started operating the Bigfork Ambulance Service as of 01/01/2026. The Bigfork Valley Ambulance is licensed as a Basic Life Support (BLS) service. Bigfork Valley Ambulance is applying for a Part Time ALS license to increase the level of pre-hospital care for the residents and visitors of the Bigfork area.

Sincerely,

Eric Villeneuve

Eric Villeneuve, Director
Itasca County Health and Human Services
eric.villeneuve@co.itasca.mn.us

Sand Lake Township
55643 Eggar Road
Spring Lake MN 56680

April 21, 2026

To Whom it may concern,

The Sand Lake Township Board fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area.

Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve – particularly with an aging demographic and increasing medical complexity – the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally – even on a part-time basis-adds a critical layer of care before reaching a hospital.

The transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Township Board believes the part-time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high quality emergency medical services for our residents.

Sincerely,

James M Delesha

James Delesha, Board Chair
Sand Lake Township

City of Effie
100 SW State Hwy 38
PO BOX 129
Effie, MN 56639
218-743-3737
cityofeffie@arvig.net

April 13, 2026

To Whom it May Concern,

This letter is to assert that the City of Effie is in favor of the Bigfork Ambulance Service becoming an ALS service, in at least a part time basis.

Sincerely,

Greta Drewlow
Mayor – City of Effie

MARCELL TOWNSHIP
PO Box 141
Marcell, MN 56657

April 8, 2026

To Whom It May Concern,

The Marcell Township Board fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area. Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure, and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally—even on a part-time basis—adds a critical layer of care before reaching a hospital.

This transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Marcell Township Board believes that Part-Time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,

Diane Coppens

Marcell Township Board Chair
Marcell Township
PO Box 141
Marcell, MN 56657
Marcell.township@yahoo.com

Pomroy Township
March 25, 2026

To Whom It May Concern,

The Pomroy Township Board fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area. Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure, and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally—even on a part-time basis—adds a critical layer of care before reaching a hospital.

This transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Township Board believes that Part-Time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,

Gordon Rahier

Gordon Rahier
Chairman of the Board
Pomroy Township
218-244-7288

BIGFORK TOWNSHIP
PO BOX 183
BIGFORK, MN 56628
bigforktownship@gmail.com

March 19, 2026

To Whom It May Concern,

The Bigfork Township Board fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area. Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

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We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,
Bigfork Supervisors

Dean Haley

Fred Pifher

Brian Hopkins

Stokes Township
PO Box 433
Bigfork, MN 56628
stokesclerk@gmail.com

March 11, 2026,

To Whom It May Concern,

The Stokes Township Board of Supervisors fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area.

Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure, and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally—even on a part-time basis—adds a critical layer of care before reaching a hospital.

This transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Township Board believes that Part-Time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,

Melissa David; Clerk, Jillian Haataja; Treasurer, Cheslie Haataja; Board Chair, Garrett Mann; Supervisor, Don Piilola; Supervisor

Carpenter Township

March 11, 2026

To Whom It May Concern,

The Carpenter Township Board fully supports Bigfork Valley EMS in its transition to provide Part-Time Advanced Life Support (ALS) services to the communities within its service area.

Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure, and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally—even on a part-time basis—adds a critical layer of care before reaching a hospital.

This transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Township Board believes that Part-Time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,
Cheryl Steege

Township Clerk
Carpenter Township
65435 County Road 533
Effie, MN 56639
mailto:carpentertownclerk@outlook.com

Town of Wirt
52026 County Road 31
Wirt, MN 56688
218-659-2734

March 17, 2026

To Whom It May Concern,

The Wirt Township Board fully supports Bigfork Valley EMS in its transition to providing Part-Time Advanced Life Support (ALS) services to the communities within its service area.

Bigfork Valley EMS has consistently demonstrated a strong commitment to delivering reliable, professional, and compassionate emergency medical care to our residents. As the needs of our rural population continue to evolve—particularly with an aging demographic and increasing medical complexity—the enhancement to Part-Time ALS is both appropriate and necessary.

Access to ALS-level care, including advanced airway management, cardiac monitoring, medication administration, and higher-level clinical decision-making, will significantly improve patient outcomes in time-sensitive emergencies such as cardiac events, strokes, respiratory failure, and trauma. Given the geographic challenges and extended transport times common in our area, having ALS capabilities available locally—even on a part-time basis—adds a critical layer of care before reaching a hospital.

This transition represents a responsible and forward-thinking step that strengthens the regional EMS system while maintaining fiscal awareness. The Township Board believes that Part-Time ALS strikes a reasonable balance between service enhancement and cost sustainability.

We appreciate the leadership of Bigfork Valley EMS in proactively addressing community healthcare needs and stand in support of this advancement in service level. We look forward to continued collaboration to ensure high-quality emergency medical services for our residents.

Sincerely,

The Wirt Township Board:

Debra Schanno, Supervisor Chair
Mike Rosner, Supervisor Vice-Chair
Holly Fradette, Supervisor
Cheryl A. Carrigan, Clerk

For correspondance contact:
Cheryl Carrigan, Clerk at above address or phone # or
by e-mail at ubetchya@paulbunyan.net

Deleterious Effects on Public Health Caused by Duplication of services

There is no PSA overlap between our PSA and any of our mutual aid partners. For this reason, I do not believe this application will create deleterious competition.

Public Health Impact of Transition to Part-Time Advanced Life Support (ALS)

Bigfork Valley Ambulance Service – Primary Service Area (PSA)

Overview

This document outlines the anticipated public health impact of Bigfork Valley Ambulance transitioning from Basic Life Support (BLS) to part-time Advanced Life Support (ALS) coverage within its Primary Service Area (PSA). The analysis focuses on the expected effects on patient mortality, morbidity, and overall community health outcomes in a rural setting.

Bigfork Valley Ambulance serves a geographically large, sparsely populated region in northern Minnesota, with significant seasonal population increases. Rural EMS systems face unique challenges including long transport times, limited access to hospitals, and higher reliance on prehospital care interventions. The addition of ALS capabilities—even on a part-time basis—represents a meaningful advancement in the level of care available to the community.

Impact on Mortality

The introduction of ALS services is expected to reduce mortality rates for several time-sensitive and life-threatening conditions:

1. Cardiac Arrest and Cardiac Emergencies
ALS providers can administer advanced airway management, cardiac monitoring, defibrillation, and medications such as epinephrine and amiodarone. Early ALS intervention has been shown to improve return of spontaneous circulation (ROSC) rates and survival to hospital discharge in cardiac arrest patients.

2. Acute Coronary Syndromes (ACS)
ALS allows for early 12-lead ECG acquisition and interpretation, enabling rapid identification of ST-elevation myocardial infarction (STEMI). This facilitates early hospital activation and reduces time to definitive care, which is directly correlated with improved survival.

3. Respiratory Failure
Advanced airway management, including supraglottic airway placement and medication-assisted airway support, reduces mortality in patients experiencing respiratory distress, COPD exacerbations, and severe asthma.

4. Trauma
While rapid transport remains critical, ALS interventions such as IV/IO access, fluid resuscitation, hemorrhage control support, and medication administration can stabilize patients during prolonged transport times typical in rural settings.

5. Stroke
ALS assessment tools and pre-notification improve stroke identification and reduce time to thrombolytic or interventional therapy, improving survival and neurological outcomes.

Overall, the presence of ALS care increases the likelihood that critically ill patients receive definitive, life-saving interventions earlier in the care continuum, thereby reducing preventable deaths.

Impact on Morbidity

In addition to reducing mortality, ALS services significantly decrease morbidity by limiting the severity of illness and long-term complications.

1. Improved Neurological Outcomes
Faster and more accurate stroke recognition and management reduce long-term disability.

2. Better Cardiac Outcomes
Early intervention in ACS reduces heart muscle damage, leading to improved long-term cardiac function and quality of life.

3. Respiratory Disease Management
ALS-level medications (e.g., bronchodilators, CPAP) reduce the severity of respiratory episodes and prevent progression to respiratory failure.

4. Pain Management and Comfort
ALS providers can administer analgesics and other medications, improving patient comfort and reducing physiological stress, which can impact recovery.

5. Reduced Complications During Transport
Continuous cardiac monitoring, medication administration, and advanced assessment reduce the likelihood of deterioration en route to the hospital.

The result is fewer long-term disabilities, reduced hospital length of stay, and improved overall patient recovery trajectories.

Positive Public Health Benefits in the PSA

The transition to part-time ALS will provide broader community-level benefits beyond individual patient outcomes.

1. Increased Access to Advanced Care
Residents in the PSA will have improved access to higher-level care without relying solely on distant or delayed ALS intercepts from neighboring services.

2. Reduced Healthcare Disparities
Rural populations often experience worse outcomes due to limited access to advanced care. ALS availability helps close this gap.

3. Enhanced System Efficiency
Local ALS capability reduces reliance on mutual aid and intercepts, improving response times and system reliability.

4. Seasonal Population Support
The PSA experiences an increase in population during peak tourism seasons. ALS coverage strengthens the system's ability to manage increased call volume and acuity.

5. Community Confidence and Retention
Access to ALS services improves public confidence in the local healthcare system and supports community sustainability and growth.

6. Support for Healthcare Continuum
ALS providers serve as an extension of the healthcare system, bridging prehospital care with hospital-based treatment through early diagnostics and communication.

Considerations of Part-Time ALS Coverage

While full-time ALS would provide the greatest benefit, part-time ALS still offers substantial improvements over a BLS-only model. Strategic scheduling of ALS coverage during peak call times and high-risk periods can maximize impact. Continued collaboration with mutual aid partners ensures coverage gaps are minimized.

Conclusion

The transition of Bigfork Valley Ambulance to part-time ALS represents a significant advancement in the delivery of emergency medical services within its PSA. The expected outcomes include reduced mortality for critical conditions, decreased morbidity through earlier intervention, and meaningful improvements in overall public health.

In a rural environment where transport times are long and resources are limited, the availability of ALS care is not simply an enhancement—it is a critical component of an effective and equitable healthcare system. This transition will strengthen the safety net for the community and provide measurable health benefits for the population served.

Cost-Benefit Analysis: Transition to Part-Time ALS

Bigfork Valley Ambulance Service

Overview

Bigfork Valley Ambulance Service is proposing a transition from a Basic Life Support (BLS) model to a **part-time Advanced Life Support (ALS)** service. This document outlines how the benefits of implementing part-time ALS significantly outweigh the associated costs, particularly in a rural setting where timely access to advanced care is limited.

The Current Challenge

The Bigfork Valley Ambulance primary service area (PSA) serves a geographically large, rural population with:

- Long transport times to definitive care
- Limited access to hospital-based advanced interventions
- Seasonal population increases
- Higher reliance on EMS as the first point of medical contact

Under a BLS-only model, patients requiring advanced interventions (e.g., cardiac care, airway management, medication administration) experience delays until intercept or hospital arrival.

What Part-Time ALS Provides

A part-time ALS model ensures that advanced-level care is available during peak call times, including:

- Cardiac monitoring and advanced ECG interpretation
- Advanced airway management (including intubation)
- IV/IO access and medication administration
- Pain management
- Advanced assessment and clinical decision-making

Quantifiable Benefits

1. Improved Patient Outcomes (Mortality & Morbidity)

Early ALS intervention has been shown to:

- Reduce mortality in cardiac arrest and cardiac-related emergencies through early defibrillation, medication administration, and rhythm management
- Decrease morbidity in stroke and trauma patients through earlier stabilization and rapid triage
- Improve respiratory outcomes with advanced airway and medication interventions

In rural systems, where transport times may exceed 30–60 minutes, **the availability of ALS at the point of care is often the difference between recovery and long-term disability or death.**

---

2. Reduced Need for Intercepts and Delays

Currently, BLS crews often rely on intercepts with ALS units from neighboring services. This results in:

- Increased scene time
- Delays in definitive treatment
- Additional resource utilization across multiple agencies

Part-time ALS reduces dependence on intercepts, leading to:

- Faster treatment initiation
- More efficient use of regional EMS resources
- Improved system reliability

---

3. Enhanced Community Health Equity

Residents of the Bigfork Valley PSA deserve access to a comparable level of care as urban populations. Part-time ALS:

- Reduces disparities in emergency care access
- Provides higher-level care closer to home
- Improves trust and confidence in local EMS services

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4. Support for Aging and Seasonal Populations

The PSA includes:

- A growing elderly population with complex medical needs
- A significant seasonal influx of residents and visitors

ALS capabilities are particularly beneficial for:

- Cardiac events
- Respiratory illness
- Falls with complications
- Chronic disease exacerbations

Cost Considerations

Transitioning to part-time ALS involves costs such as:

- Advanced equipment (cardiac monitors, medication inventory, airway tools)
- Training and certification of personnel
- Medical direction and oversight
- Ongoing quality assurance and continuing education

However, these costs are **targeted and scalable** under a part-time model, allowing the service to:

- Align ALS coverage with peak demand periods
- Minimize unnecessary staffing expenses
- Gradually expand as call volume and funding allow

Financial and System Offsets

The costs of ALS implementation are offset by several factors:

1. Increased Revenue Opportunities

- Higher reimbursement rates for ALS-level transports
- Ability to bill for advanced procedures and medications

2. Reduced Downstream Healthcare Costs

Early intervention can:

- Decrease hospital length of stay
- Reduce ICU admissions
- Prevent long-term disability and rehabilitation costs

3. Lower Regional System Burden

- Decreased reliance on mutual aid ALS intercepts
- Reduced strain on neighboring services

Risk of Maintaining Status Quo

Failing to implement ALS capability carries its own costs:

- Continued delays in critical care
- Increased morbidity and mortality
- Greater long-term healthcare costs for patients and the system
- Potential loss of community confidence in EMS services

Conclusion

The transition to part-time ALS for Bigfork Valley Ambulance Service represents a **strategic, cost-effective investment in community health and emergency care infrastructure.**

While there are upfront and ongoing costs, the measurable benefits—improved survival rates, reduced complications, enhanced efficiency, and increased equity of care—clearly outweigh the financial investment.

In a rural environment where minutes matter and resources are limited, **bringing advanced care to the patient is not just beneficial—it is essential.**

Recommendation

Proceed with implementation of a part-time ALS model, with ongoing monitoring of:

- Call volume and ALS utilization
- Patient outcomes
- Financial performance
- Community impact

This data-driven approach will ensure sustainability while maximizing the return on investment for both the service and the community it serves.

Minnesota Emergency Medical Services Regulatory Board (EMSRB)
PRIMARY SERVICE AREA

Ambulance Service: BIGFORK AMBULANCE SERVICE ASSN., BIGFORK, MN

EMS#: 0025

Region: Northeast

Service Level: Basic Life Support

The Primary Service area is within the following County or Counties: Itasca

Townships:

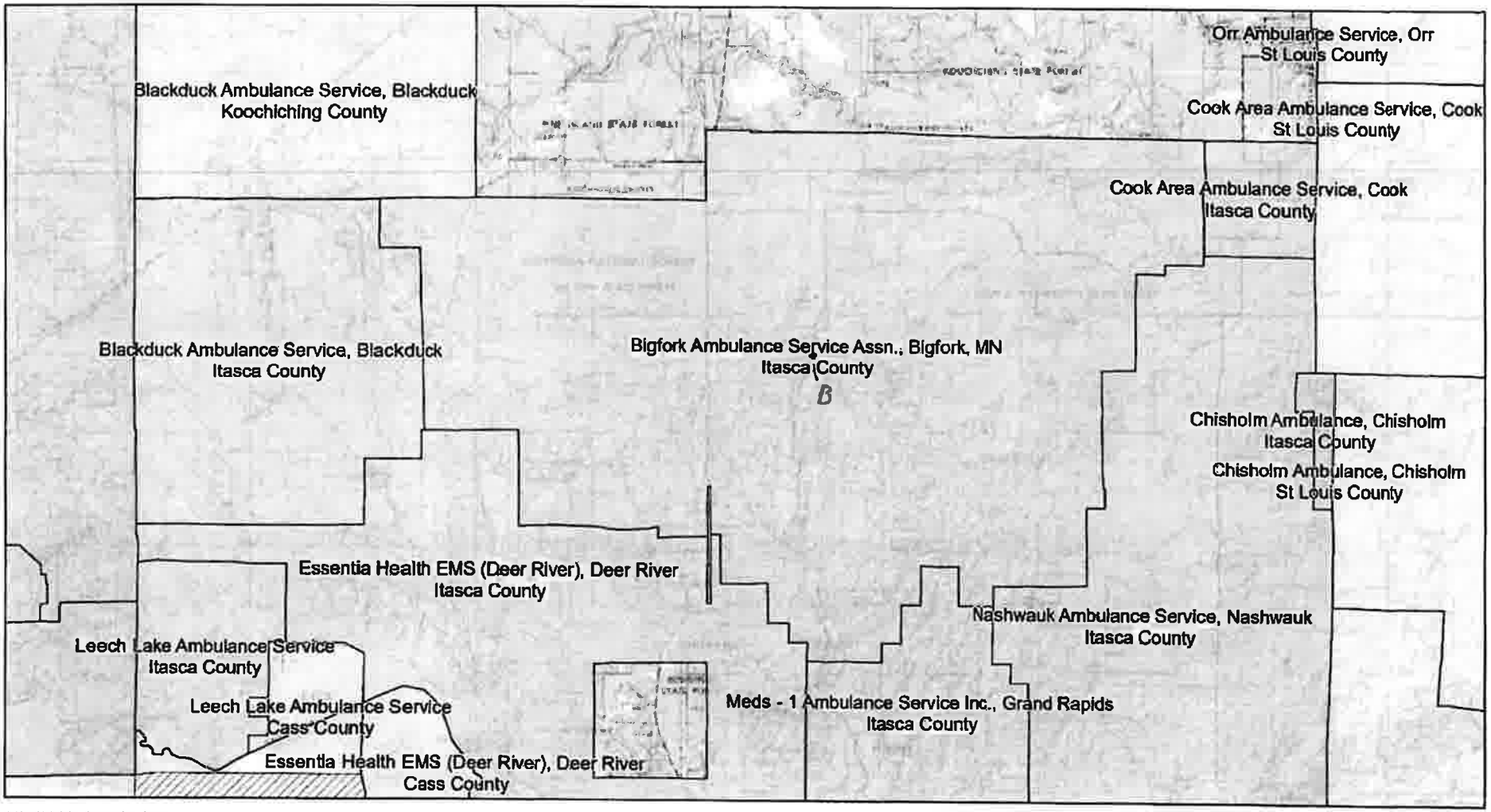
In Itasca Co.;

T58NR25W - sections 6, 7
T58NR26W - sections 1 through 6, 8 through 16
T59NR24W - sections 1 through 11, 14 through 23, 26 through 30
T59NR25W - sections 1 through 26, 29 through 32, 35, 36
T59NR26W
T59NR27W - sections 1 through 3, 10 through 14, 23 through 26, the NE ¾ of 15, the E ½ of 22 and 27
T60NR24W
T60NR25W
T60NR26W
T60NR27W
T61NR23W - sections 3 through 8, 17 through 20, 29 through 32; the N ½ of 1 and 2, the W ½ of 9, 16, 21, 28 and 33
T61NR24W
T61NR25W
T61NR26W
T61NR27W
T62NR23W
T62NR24W
T62NR25W
T62NR26W
T62NR27W
T148NR25W - sections 1 through 30, the NE ¼ of 34, the N ½ of 35 and 36
T148NR26W - sections 1 through 4, 9 through 16, 21 through 28
T149NR25W
T149NR26W
T149NR27W - sections 1 through 3, 10 through 15, 22 through 27, 34 through 36
T150NR25W
T150NR26W
T150NR27W - sections 1 through 5, 8 through 15, 22 through 27, 34 through 36, the N ½ of 16 and 17

This primary service area is the legal primary service area designated by the EMSRB. Any proposed changes must be reported to the EMSRB for prior approval.

Revised: September 1997

A3 Landscape



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0 4 8 16 mi

0 5 10 20 km

Primary Service Area Overlaps
Primary Service Areas
St Louis
Cass
Washington
Murray
Wright
Hennepin
Itasca
Kandiyohi
Otter Tail
Redwood
Sibley
Lac qui Parle
Le Sueur
Mower
Ramsey
Renville
Todd
Winona
Anoka
Bellaml
Blue Earth
Cass
Chippewa
Cottonwood
Fillmore
Freeborn
Jackson
Nicollet
Aitkin
Faribault
Goodhue
Koochiching
Morrison
Olmsted
Pine
Polk
Stevens
Wabasha
Becker
Brown
Carlton
Chisago
Dodge
Grant
Houston
Lyon
Marshall
Martin
McLeod
Meeker
Rice
Sherburne
Watonwan
Yellow Medicine
Big Stone
Cook
Douglas
Hubbard
Kanabec
Lincoln
Nobles
Pipestone
Scott
Swift
Traverse
Wilkin
Clearwater
Crow Wing
Isanti
Kittson
Lake
Lake of the Woods
Norman
Pope
Rock
Steele
Wadena
Benton
Carver
Clay
Mahnomen
Mille Lacs
Pennington
Red Lake
Roseau
Wasaca
Faribault
Stevens
Olmsted
Other
USA_Topo_Maps

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