

Expedited Rules

(9) actual past utilization of the service;

(10) certification as to whether the applicant has completed the most recent cost collection report collected by the director pursuant to Minnesota Statutes, section 62J.49;

(11) qualifications of personnel, including number and credentials of attendants and drivers, and contact information of key personnel, including telephone number and email address;

(12) a listing and description of all ambulances to be used by the service; and

(13) certification that the renewal application does not contain any of the following:

(a) a proposed new service;

(b) an expansion of primary service area; or

(c) a change in type of service.

B. If the application contains any of the units listed in subitem (13), the licensee must also submit all of the information required under subpart 1.

Minnesota Office of Emergency Medical Services Proposed Expedited Permanent Rule Modifying Emergency Medical Services Medication Variances; Notice of Intent to Adopt Expedited Rules without a Public Hearing

Proposed Expedited Permanent Rule Modifying Emergency Medical Services Medication Variances, *Minnesota Rules*, Chapter 4690.8050; Revisor's ID Number 5010

Introduction. The Minnesota Office of Emergency Medical Services intends to adopt rules under the expedited rulemaking process following the rules of the Court of Administrative Hearings, *Minnesota Rules*, part 1400.2410, and the Administrative Procedure Act, *Minnesota Statutes*, section 14.389. You may submit written comments on the proposed expedited rules until **4:30 p.m. on June 18, 2026**.

Subject of Rules. The proposed expedited rules, recommended by the EMS Physician Advisory Council, make changes and adjustments to medications and variances that are available to basic life support ambulances. As proposed these rules eliminate the premeasured requirement for epinephrine administration, allow for a variance to be granted for the administration of orally dissolving ondansetron, and creates a process for the Deputy Director of the Medical Services Division with consultation of the EMS Physician Advisory Council to recommend to the Office of EMS Director future Basic Life Support medication variances when those medications are not administered intravenously (IV). Additionally, as proposed these rules would remove the requirements for a variance for Basic Life Support ambulances for any medication that appears in the National EMS Scope of Practice at the Emergency Medical Technician level. These medications would be able to be administered based solely on protocols or guidelines of an ambulance service medical director.

Statutory Authority. The statutory authority to adopt these rules is Minnesota Statute 144E.011 subd. 3 (1) and Minnesota Statute 144E.16 subd. 4 (4).

The statutory authority to adopt the rules under the expedited rulemaking process is Minnesota Statute 144E.011 subd. 3 (1).

Publication of proposed rules. A copy of the proposed rules is published in the *State Register* and attached to this notice as emailed. The proposed expedited rules may be viewed at: <https://www.mn.gov/oems>

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Agency Contact Person. The agency contact person is Dylan Ferguson at Office of Emergency Medical Services, 335 Randolph Ave Suite 170, St Paul MN 55102, 651-201-2806, and dylan.ferguson@state.mn.us. You may contact the agency contact person with questions about the rules.

Public Comment. You have until **4:30 p.m. on June 18, 2026**, to submit written comment in support of or in opposition to the proposed expedited rules and any part or subpart of the rules.

Your comment must be in writing and received by the agency contact person by the due date. Your comment should identify the portion of the proposed expedited rules addressed and the reason for the comment. In addition, you are encouraged to propose any change desired. You must also make any comments that you have on the legality of the proposed rules during this comment period. If the proposed expedited rules affect you in any way, the agency encourages you to participate in the rulemaking process.

Submit written comment to the agency contact person listed above, by U.S. Mail delivered to the Office of Emergency Medical Services, 335 Randolph Ave Suite 170, Saint Paul, Minnesota 55102, or by email at ***Dylan.Ferguson@state.mn.us***.

All comments or responses received are public data and will be available for review at the Office of Emergency Medical Services

Modifications. The agency may modify the proposed expedited rules using either of two avenues: The agency may modify the rules directly so long as the modifications do not make them substantially different as defined in *Minnesota Statutes*, section 14.05, subdivision 2, paragraphs (b) and (c). Or the agency may adopt substantially different rules if it follows the procedure under *Minnesota Rules*, part 1400.2110. If the final rules are identical to the rules originally published in the *State Register*, the agency will publish a notice of adoption in the *State Register*. If the final rules are different from the rules originally published in the *State Register*, the agency must publish a copy of the changes in the *State Register*.

Adoption and Review of Rules. The Office of Emergency Medical Services (OEMS) may adopt the rules at the end of the comment period. OEMS will then submit rules and supporting documents to the Court of Administrative Hearings for review for legality. You may ask to be notified of the date that the agency submits the rules. If you want to be so notified or want to receive a copy of the adopted rules or want to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You may direct questions about this requirement to the Campaign Finance and Public Disclosure Board at: Suite #190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone (651) 539-1180 or 18006573889.

Alternative Format. Upon request, this information can be made available in an alternative format, such as large print, braille, or audio. To make such a request, please contact the agency contact person at the address or telephone number listed above.

Date: 5/12/2026

Dylan J Ferguson
Director, Office of Emergency Medical Services

4690.0100 DEFINITIONS.

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 11a. **Deputy director of medical services.** “Deputy director of medical services” means the individual appointed by the director to lead the medical services division and who is a licensed physician under Minnesota Statutes, chapter 147.

[For text of subparts 12 and 13, see Minnesota Rules]

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Subp. 13a. **Emergency Medical Services Physician Advisory Council.** “Emergency Medical Services Physician Advisory Council” means the advisory council established in Minnesota Statutes, section 144E.035.

[For text of subparts 14 to 38, see Minnesota Rules]

4690.0800 RESTRICTED TREATMENTS AND PROCEDURES.

[For text of subparts 1 to 3, see Minnesota Rules]

Subp. 4. **Drugs.** In addition to oxygen, which is required, basic ambulance services may carry and administer only the following drugs:

A. nonprescription drugs;

B. oral sugar solutions and pharmaceutically prepared oral glucose; ~~and~~

C. after consulting with poison control or medical control; or when following standing medical orders set forth by a medical director under Minnesota Statutes, section 144E.265, pharmaceutically prepared oral emetics, including syrup of ipecac, or pharmaceutically prepared stabilizing agents, including activated charcoal; and

D. with approval of the medical director, any drug listed in the National EMS Scope of Practice Model incorporated by reference in subpart 6 that is listed as being within the scope of an emergency medical technician. The National EMS Scope of Practice Model does not restrict the medical director from authorizing under this item routes not identified in the model for a specific drug or a medication that is not prescribed to the patient. The medical director must authorize a drug under this item by a standing medical order or guideline that establishes the route or routes of administration and dosage for each authorized medication. A route of administration for a basic life support ambulance licensee is limited to intranasal, intramuscular, subcutaneous, inhalation or nebulizer, sublingual, oral, and topical.

Subp. 5. **Patient assistance.** A basic ambulance service may assist a patient in the administration of the patient’s personally prescribed sublingual nitroglycerin, premeasured ~~subcutaneous~~ epinephrine, or beta agonist administered by metered dosed inhalation.

Subp. 6. **Incorporation by reference.** National Highway Transportation Safety Administration “National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0” (National EMS Scope of Practice Model) (August 2021 and as subsequently amended) is incorporated by reference. The National EMS Scope of Practice Model is available on the Office of Emergency Medical Services website at <https://mn.gov/oems/> and is not subject to frequent change.

4690.8300 SPECIFIC VARIANCES.

[For text of subparts 1 to 6, see Minnesota Rules]

Subp. 7. **Variance for certain drugs.** The director shall grant a variance to a basic life support ambulance service licensee to carry and to administer beta agonist with or without an anticholinergic by metered dosed inhalation or nebulization, or both; premeasured epinephrine by intranasal or intramuscular route; sublingual nitroglycerin; or premeasured intramuscular, intranasal, or subcutaneous glucagon and orally dissolving ondansetron tablets only if the licensee shows that:

[For text of items A to E, see Minnesota Rules]

[For text of subparts 8 and 9, see Minnesota Rules]

Subp. 10. **Other variances.** The director, upon the recommendation of the deputy director of medical services and after consultation with the Emergency Medical Services Physician Advisory Council, must grant a variance for drugs not listed in subpart 7 if the variance does not violate subpart 9 and the director finds that the issuance of a variance is in the public interest and not detrimental to public health or safety. A basic life support service licensee that is granted a variance under this subpart must comply with all requirements under subparts 7 and 8.