

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 5417

(SENATE AUTHORS: RASMUSSON)

DATE
04/11/2024

D-PG

Introduction and first reading
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to health; establishing an alternative emergency medical services response
1.3 model pilot program; appropriating money.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **ALTERNATIVE EMERGENCY MEDICAL SERVICES RESPONSE**
1.6 **MODEL PILOT PROGRAM.**

1.7 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
1.8 the meanings given.

1.9 (b) "Board" means the Emergency Medical Services Regulatory Board.

1.10 (c) "Partnering ambulance services" means the primary ambulance service and the
1.11 supporting ambulance service that partner to jointly respond to emergency ambulance calls
1.12 under the pilot program.

1.13 (d) "Pilot program" means the alternative emergency medical services response model
1.14 pilot program established under this section.

1.15 (e) "Primary ambulance service" means a basic life support ambulance service or part-time
1.16 advanced life support ambulance service.

1.17 (f) "Supporting ambulance service" means a full-time advanced life support ambulance
1.18 service.

1.19 Subd. 2. Pilot program established. The board must establish and oversee an alternative
1.20 emergency medical services response model pilot program based in Otter Tail County and
1.21 Grant County. Under the pilot program, the board may authorize primary ambulance services

2.1 with primary service areas that include any portion of Otter Tail County or Grant County
2.2 to partner with supporting ambulance services to provide expanded advanced life support
2.3 service intercept capability and staffing support for emergency ambulance calls to locations
2.4 anywhere in the partnering ambulance services' primary service areas, including locations
2.5 outside of either Otter Tail County or Grant County.

2.6 Subd. 3. **Application.** A primary ambulance service that wishes to participate in the
2.7 pilot program must apply to the board. An application from a primary ambulance service
2.8 must be submitted jointly with the supporting ambulance service with which the primary
2.9 ambulance service proposes to partner. The application must identify the ambulance services
2.10 applying to be partnering ambulance services and must include:

2.11 (1) approval to participate in the pilot program from the medical directors of the proposed
2.12 partnering ambulance services;

2.13 (2) procedures the primary ambulance service will implement to respond to emergency
2.14 ambulance calls when the primary ambulance service is unable to meet the minimum staffing
2.15 requirements under Minnesota Statutes, section 144E.101, and the supporting ambulance
2.16 service is unavailable to jointly respond to emergency ambulance calls;

2.17 (3) an agreement between the proposed partnering ambulance services specifying which
2.18 ambulance service is responsible for:

2.19 (i) workers' compensation insurance;

2.20 (ii) motor vehicle insurance; and

2.21 (iii) billing, identifying which if any ambulance service will bill the patient or the patient's
2.22 insurer and specifying how payments received will be distributed among the proposed
2.23 partnering ambulance services;

2.24 (4) communication procedures to coordinate and make known the real-time availability
2.25 of the supporting ambulance service to its proposed partnering primary ambulance service
2.26 and public safety answering points;

2.27 (5) an acknowledgment that the proposed partnering ambulance services must coordinate
2.28 compliance with the prehospital care data requirements in Minnesota Statutes, section
2.29 144E.123; and

2.30 (6) an acknowledgment that the proposed partnering ambulance services remain
2.31 responsible for providing continual service as required under Minnesota Statutes, section
2.32 144E.101, subdivision 3.

3.1 Subd. 4. **Operation.** Under the pilot program, a supporting ambulance service may
3.2 partner with one or more primary ambulance services. Under this partnership, the supporting
3.3 ambulance service and primary ambulance service must jointly respond to emergency
3.4 ambulance calls originating in the primary service area of the primary ambulance service.
3.5 The supporting ambulance service must respond to emergency ambulance calls with either
3.6 an ambulance or a nontransporting vehicle fully equipped with the advanced life support
3.7 complement of equipment and medications required for that nontransporting vehicle by that
3.8 ambulance service's medical director.

3.9 Subd. 5. **Staffing.** (a) When responding to an emergency ambulance call covered by the
3.10 pilot program and an ambulance or nontransporting vehicle from the supporting ambulance
3.11 service is confirmed to be available and is responding to the call:

3.12 (1) the primary ambulance service ambulance must be staffed by at least one emergency
3.13 medical technician; and

3.14 (2) the supporting ambulance service ambulance or nontransporting vehicle must be
3.15 staffed with a minimum of one paramedic.

3.16 (b) The staffing specified in paragraph (a) is deemed to satisfy the staffing requirements
3.17 in Minnesota Statutes, section 144E.101, for both the primary ambulance service response
3.18 and the supporting ambulance service intercept requirements.

3.19 Subd. 6. **Medical director oversight.** The medical directors for ambulance services
3.20 participating in the pilot program retain responsibility for the ambulance service personnel
3.21 of their respective ambulance services. When a paramedic from the supporting ambulance
3.22 service makes contact with the patient, the standing orders, clinical policies, protocols, and
3.23 triage, treatment, and transportation guidelines for the supporting ambulance service must
3.24 direct patient care related to the encounter.

3.25 Subd. 7. **Waivers and variances.** The board may issue any waivers of or variances to
3.26 Minnesota Statutes, chapter 144E, or Minnesota Rules, chapter 4690, to partnering ambulance
3.27 services that are needed to implement the pilot program, provided the waiver or variance
3.28 does not adversely affect the public health or welfare.

3.29 Subd. 8. **Data and evaluation.** In administering the pilot program, the board shall collect
3.30 from partnering ambulance services data needed to evaluate the impacts of the pilot program
3.31 on response times, patient outcomes, and patient experience for emergency ambulance calls.

3.32 Subd. 9. **Expiration.** This section expires June 30, 2027.

3.33 **EFFECTIVE DATE.** This section is effective July 1, 2024.

4.1 Sec. 2. **APPROPRIATION; ALTERNATIVE EMERGENCY MEDICAL SERVICES**
4.2 **RESPONSE MODEL PILOT PROGRAM.**

4.3 \$3,000,000 in fiscal year 2025 is appropriated from the general fund to the commissioner
4.4 of management and budget for a grant to Otter Tail County to fund an alternative emergency
4.5 medical services response model pilot program. Otter Tail County must reimburse the
4.6 Emergency Medical Services Regulatory Board for reasonable administrative costs. This
4.7 is a onetime appropriation and is available until June 30, 2027.