

This Document can be made available
in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE No. **161**

January 22, 2009

Authored by Thissen, Olin, Norton, Mack, Solberg and others

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act
1.2 relating to health; establishing a medical response unit reimbursement pilot
1.3 program; funding emergency medical services programs; appropriating money.

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

1.5 Section 1. **MEDICAL RESPONSE UNIT REIMBURSEMENT PILOT**
1.6 **PROGRAM.**

1.7 The Emergency Medical Services Regulatory Board must collaborate with the
1.8 Minnesota Ambulance Association to create the parameters of the medical response unit
1.9 reimbursement pilot program, including determining criteria for reporting data.

1.10 In conducting the pilot program, the Minnesota Ambulance Association must consult
1.11 with the Minnesota Fire Chief's Association and the Minnesota Council of Health Plans to
1.12 (1) identify no more than five medical response units to participate in the program; (2)
1.13 outline criteria for reimbursement; (3) determine the amount of reimbursement for each
1.14 unit; and (4) collect program data to be analyzed for a final report. Further requirements
1.15 for the medical response unit reimbursement pilot program include:

1.16 (1) the pilot program will expire on December 31, 2010, or when the appropriation
1.17 is expended, whichever occurs first;

1.18 (2) a report to the legislature by March 1, 2011, from the Emergency Medical
1.19 Services Regulatory Board as to the effectiveness and value of this reimbursement pilot
1.20 program to the emergency medical services delivery system, and any actual or potential
1.21 savings to the health care system;

1.22 (3) participating medical response units must adhere to the requirements of this pilot
1.23 program, including, but not limited to, requirements relating to data collection, response

2.1 criteria, and patient disposition, which are to be determined by the Minnesota Ambulance
 2.2 Association and the ambulance service licensed to provide care in the unit's response area;
 2.3 (4) individual entities licensed to provide ambulance care under Minnesota Statutes,
 2.4 Chapter 144E, are not eligible for participation in the pilot program;
 2.5 (5) if a participating medical response unit withdraws from the pilot program, the
 2.6 Minnesota Ambulance Association may choose another similarly operating medical
 2.7 response unit to complete the program;
 2.8 (6) licensed ambulance services that participate in the pilot program assume no
 2.9 financial or legal liability for the actions of participating medical response units; and
 2.10 (7) the Minnesota Ambulance Association and its members have no ongoing
 2.11 responsibility to reimburse medical response units beyond the parameters of this pilot
 2.12 program.

2.13 **Sec. 2. APPROPRIATIONS TO EMERGENCY MEDICAL SERVICES**
 2.14 **REGULATORY BOARD; COMMISSIONER OF VETERANS AFFAIRS.**

2.15 **Subdivision 1. Regional medical services program.** For fiscal year 2010,
 2.16 \$800,000 must be transferred from the Cooper/Sams volunteer ambulance trust, formerly
 2.17 known as the ambulance service personnel longevity award and incentive trust, to the
 2.18 emergency medical services system fund and appropriated to the Emergency Medical
 2.19 Services Regulatory Board for the regional emergency medical services programs. This
 2.20 amount shall be distributed equally to the eight emergency medical service regions.
 2.21 Notwithstanding Minnesota Statutes, 144E.50, 100 percent of the appropriation shall be
 2.22 passed on to the emergency medical service regions.

2.23 **Subd. 2. Comprehensive advanced life-support educational (CALs) program.**
 2.24 For fiscal year 2010, \$100,000 is appropriated from the Cooper/Sams volunteer ambulance
 2.25 trust, formerly known as ambulance service personnel longevity award and incentive trust,
 2.26 to the Emergency Medical Services Regulatory Board for the comprehensive advanced
 2.27 life-support educational (CALs) program established under Minnesota Statutes, section
 2.28 144E.37. This appropriation is to extend availability and affordability of the CALS
 2.29 program for rural emergency medical personnel and to assist hospital staff in attaining the
 2.30 credentialing levels necessary for implementation of the statewide trauma system.

2.31 **Subd. 3. Emergency medical services for children (EMS-C) program.** For fiscal
 2.32 year 2010, \$100,000 is appropriated from the Cooper/Sams volunteer ambulance trust,
 2.33 formerly known as ambulance service personnel longevity award and incentive trust, to
 2.34 the Emergency Medical Services Regulatory Board for the emergency medical services

3.1 for children (EMS-C) program. This appropriation is to meet increased need for medical
3.2 training specific to pediatric emergencies.

3.3 Subd. 4. **Veterans paramedic apprenticeship program.** For fiscal year 2010,
3.4 \$200,000 is appropriated from the Cooper/Sams volunteer ambulance trust, formerly
3.5 known as ambulance service personnel longevity award and incentive trust, to the
3.6 commissioner of veterans affairs to make a grant to the Minnesota Ambulance Association
3.7 to implement a veterans paramedic apprenticeship program to reintegrate returning
3.8 military medics into Minnesota's workforce in the field of paramedic and emergency
3.9 services, thereby guaranteeing returning military medics gainful employment with livable
3.10 wages and benefits.

3.11 Subd. 5. **Medical response unit reimbursement pilot program.** (a) For fiscal
3.12 year 2010, \$250,000 is appropriated from the Cooper/Sams volunteer ambulance
3.13 trust, formerly known as ambulance service personnel longevity award incentive trust,
3.14 to the Emergency Medical Services Regulatory Board for a medical response unit
3.15 reimbursement pilot program. Of this appropriation, \$20,000 is for administrative costs
3.16 to the Emergency Medical Services Regulatory Board, including providing staff support
3.17 and technical assistance.

3.18 (b) \$230,000 is for a grant to the Minnesota Ambulance Association to conduct the
3.19 medical response unit reimbursement pilot program. Of this grant, \$30,000 is for the
3.20 Minnesota Ambulance Association to hire staff to create the template for the program,
3.21 administer reimbursements, advise participants in the program, coordinate with the
3.22 Minnesota Fire Chief's Association, Minnesota Emergency Medical Services Regulatory
3.23 Board, and the Minnesota Council of Health Plans, and to pay for administrative costs,
3.24 including office and travel expenses. \$200,000 of this grant is to provide reimbursements
3.25 to medical response units through the pilot program.