

WHAT TO KNOW ABOUT EMERGENCY AMBULANCE AID



AID ELIGIBILITY

- Must have possessed a license in 2022
- Must continue to operate under the same license in 2024
- Must submit application to the Department of Revenue and cc EMSRB Director by **September 16, 2024**
- Excluded from eligibility:
- Specialized life support services
- Holders of multiple licenses (except for Essentia, North Memorial, and CentraCare)
- Majority of services in 7-county metro area

AID CALCULATIONS

- 20% of appropriation is divided equally between all eligible aid applicants
- 40% of appropriation is divided based on the square mileage of PSA covered, favoring providers with geographically larger service areas
- 40% of appropriation is based on EMS response volume, favoring low-volume providers

Certified aid amounts must be paid by



DECEMBER 26, 2024

(aligns with LGA payment for local governments)

Any funds not spent or encumbered by



DECEMBER 31, 2025

must be returned to the Department of Revenue

ELIGIBLE USES OF AID

- Operational expenses
- Capital expenses
- All funds must be used only within Minnesota – for licenseholders that serve multiple states



Report by each aid recipient due by

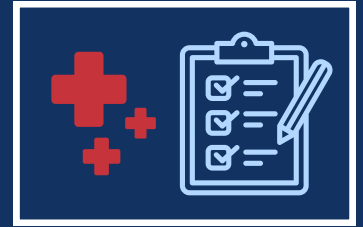
FEBRUARY 15, 2026

- Amount of aid received
- Amount of aid spent
- What aid was spent on
- Supporting documentation for all of the above



For more information, contact Erik Simonson:  651-259-1921  easimonson@flaherty-hood.com

OTHER IMPORTANT THINGS IN THE EMS AID PACKAGE



#1 CHANGES TO THE EMSRB/CREATION OF THE OFFICE OF EMERGENCY MEDICAL SERVICES

- Creates a state Office of Emergency Medical Services. Director of Office will be appointed by the Governor, confirmed by the Senate. Broad purpose = regulate and support EMS operations in the state. Has several subdivisions each overseen by a Deputy Director and responsible for certain duties:
 - Medical Services Division, oversight of clinical aspects of prehospital care and education programs
 - Ambulance Services Division, oversight of ambulance service standards and licensing, registration and operation of medical response units, establishing/modifying PSAs, authorization and coordination of services, grant administration
 - Emergency Medical Service Providers Division, certification and registration of individual providers, oversight of working conditions, implementation of education programs, grant administration
- Office will also have several advisory councils with membership as determined by statute:
 - Emergency Medical Services Advisory Council: review and make recommendations to Director on administration, regulation, and operations of EMS in MN
 - Will include 2 local government members – 1 appointed by CGMC from Greater MN, 1 appointed by LMC from metro
 - Emergency Medical Services Physician Advisory Council: review and make recommendations to Director on clinical aspects of prehospital care, subject matter experts on clinical medicine
 - Labor and Emergency Medical Service Providers Advisory Council: review and make recommendations to the Director, membership made up of EMS providers and union representatives

#2 SPRINT MEDIC PILOT PROGRAM

- Paramedics in equipped SUVs that can respond to calls more quickly and provide care on-site, and determine whether a full ambulance response is necessary
- Funded at \$6M
- Will operate in Ottertail, St. Louis, & Grant counties
- PSAs in the above counties can apply to program
 - Requires oversight from Director and data collection/evaluation of response times, patience impact, and patient experience

#3 AMBULANCE SERVICE PERSONNEL & EMERGENCY MEDICAL RESPONDER (EMR) CHANGES

- Allows the following to staff an ambulance with approval from the ambulance service director
 - Currently-practicing Minnesota RNs who are licensed EMTs (previously had to also pass paramedic skills test)
 - Minnesota RNs who are certified flight nurses or certified emergency nurses (NEW)
 - MN licensed and currently-practicing physician assistants who are licensed EMTs (previously had to also pass paramedic skills test)
- Changes the Basic Life Support staffing level from at least 2 EMTs to:
 - At least one individual who is an EMT, RN (see above), PA (see above), AND
 - One individual to drive the ambulance who meets the above requirements OR is a registered EMR driver.
- Similar changes to Advanced Life Support staffing levels
- License reinstatements:
 - Between July 1, 2024 and December 31, 2025
 - Applies to EMT, AEMT, paramedic, or community paramedic
 - If expired more than 4 years ago but less than 10 years ago, license may be reinstated upon submission of:
 - Evidence of required training
 - Board-approved application form
 - Recommendation from an ambulance service medical director
- Changes to Emergency Medical Responder (EMR) education program = must be approved and align with national standards

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