



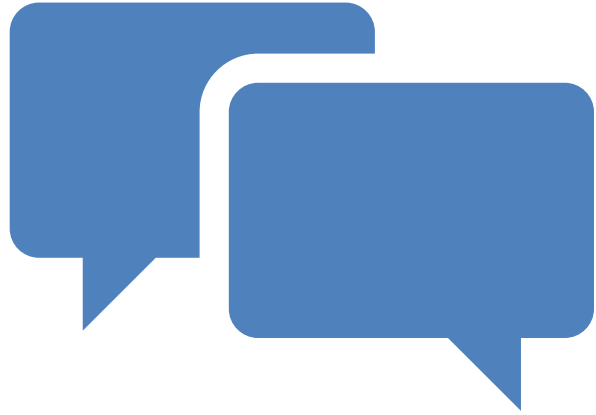
CGMC EMS Update Webinar

Erik Simonson & Bradley Peterson



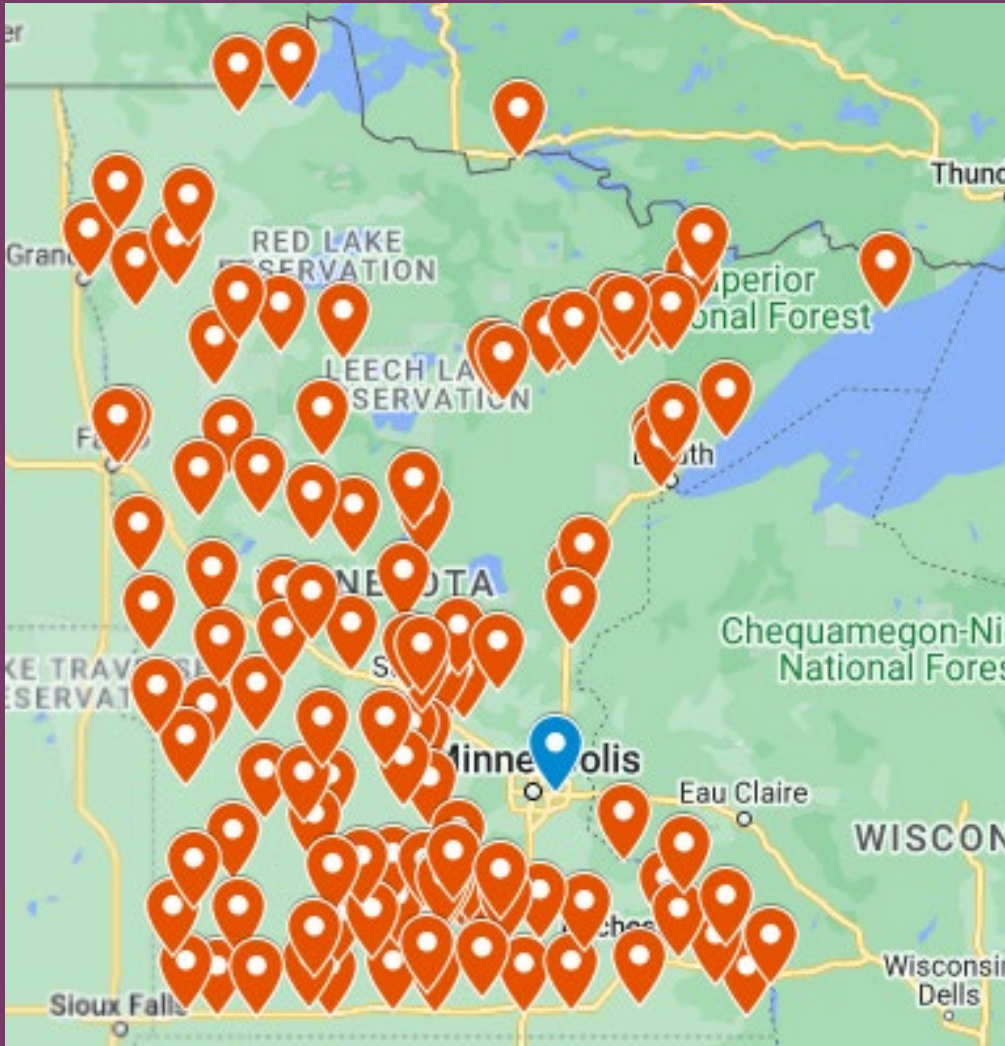
Today's Agenda

- Background & context
 - Why is the CGMC involved?
 - Organization process
 - Lobbying strategy
- EMS proposals at the legislature
- Review the final EMS bill
 - EMSRB structural changes
 - Pilot program
 - Impact to EMS personnel
 - Emergency one-time aid program
 - Amount
 - Who is eligible
 - Important dates
 - Eligible expenses
 - Reporting requirements
- Next steps in 2025
- Questions



Please use the
Q&A function for
questions!





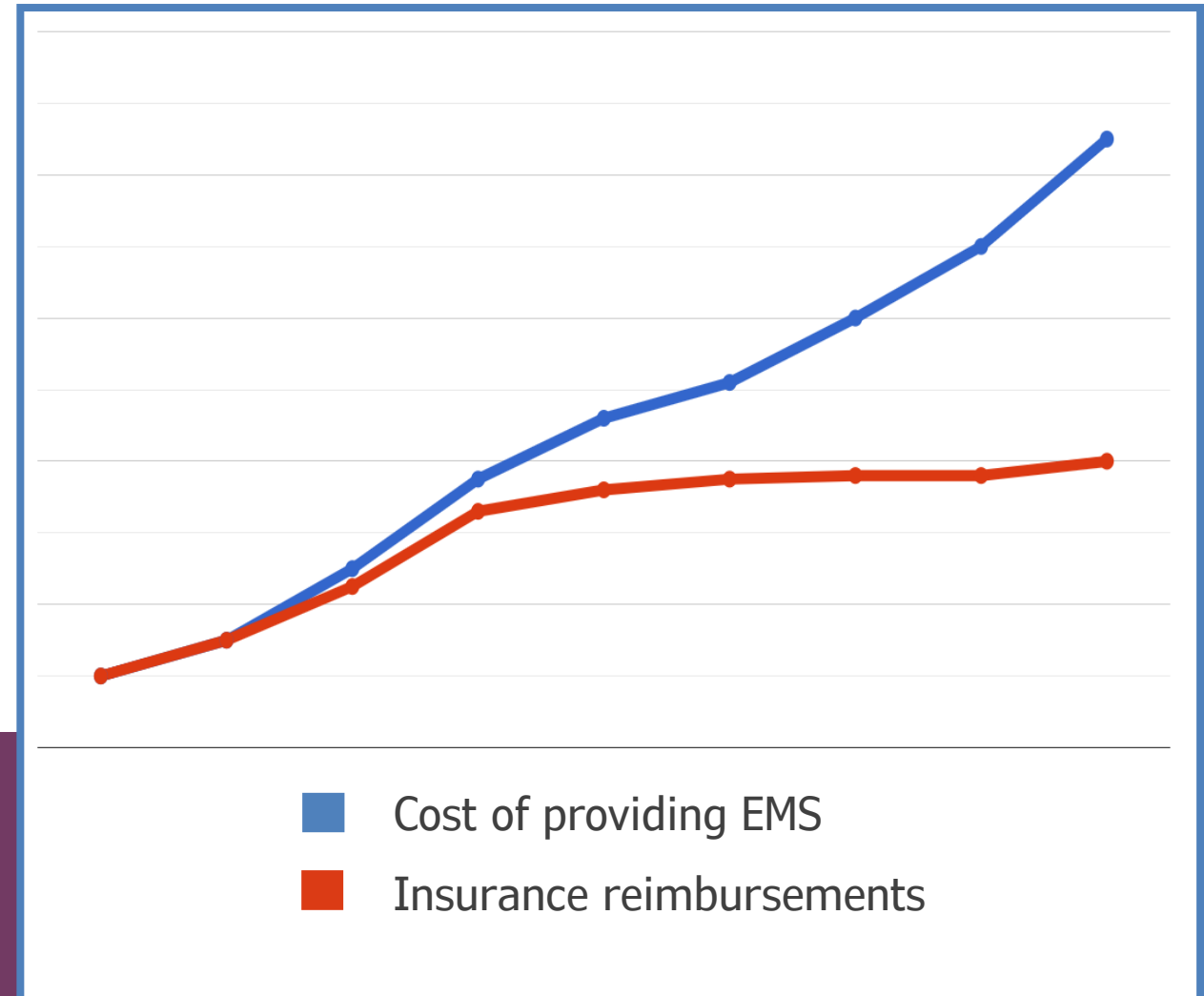
CGMC – More than 100 cities across the state working together

- Local Government Aid/Property Taxes
- Environment and Energy
- Economic Development
- Transportation
- Annexation and Land Use
- Labor and Employment

EMS providers in MN cannot afford to operate



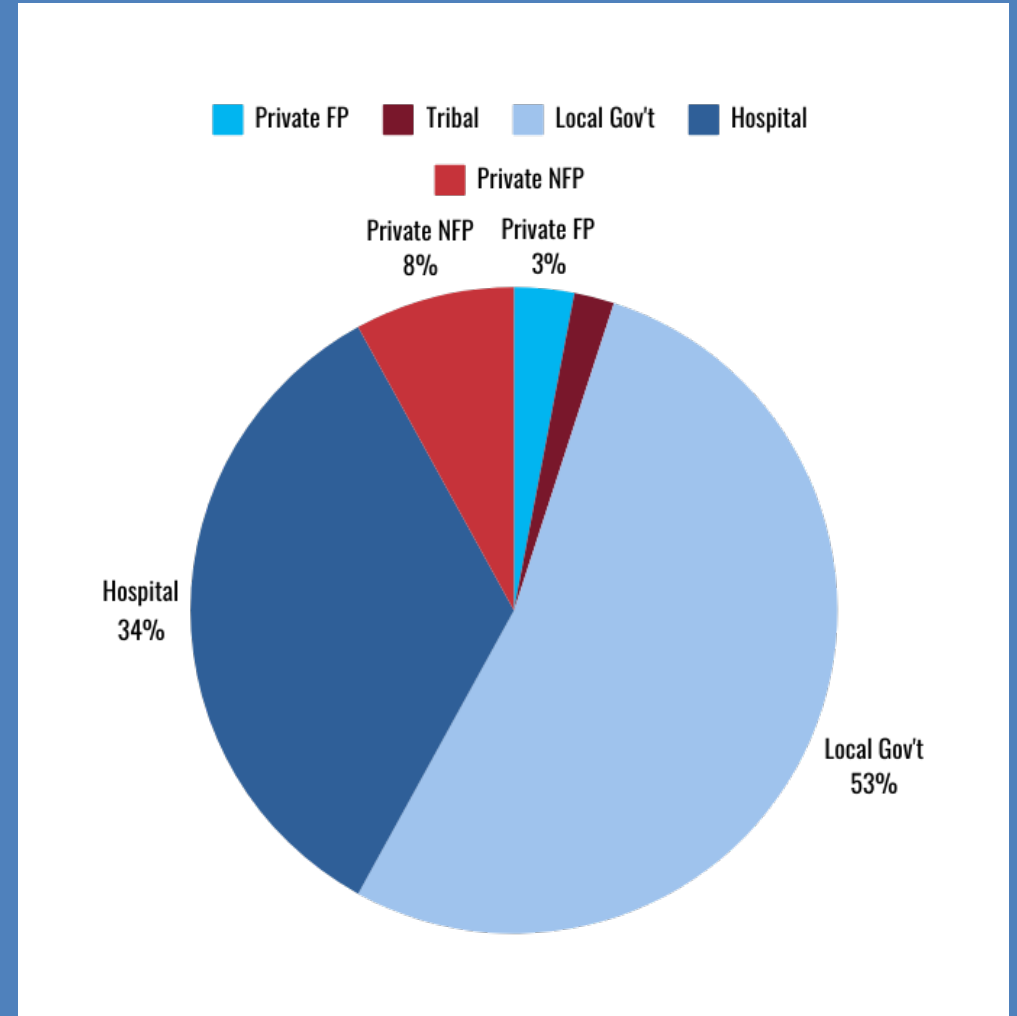
- In 2022 alone, ambulance services in Minnesota reported \$1.2 billion in insurance billables but collected only \$450 million in payments
- Operational, equipment, and personnel costs have surged while reimbursement rates have stagnated
- Rural services in particular facing enormous financial challenges



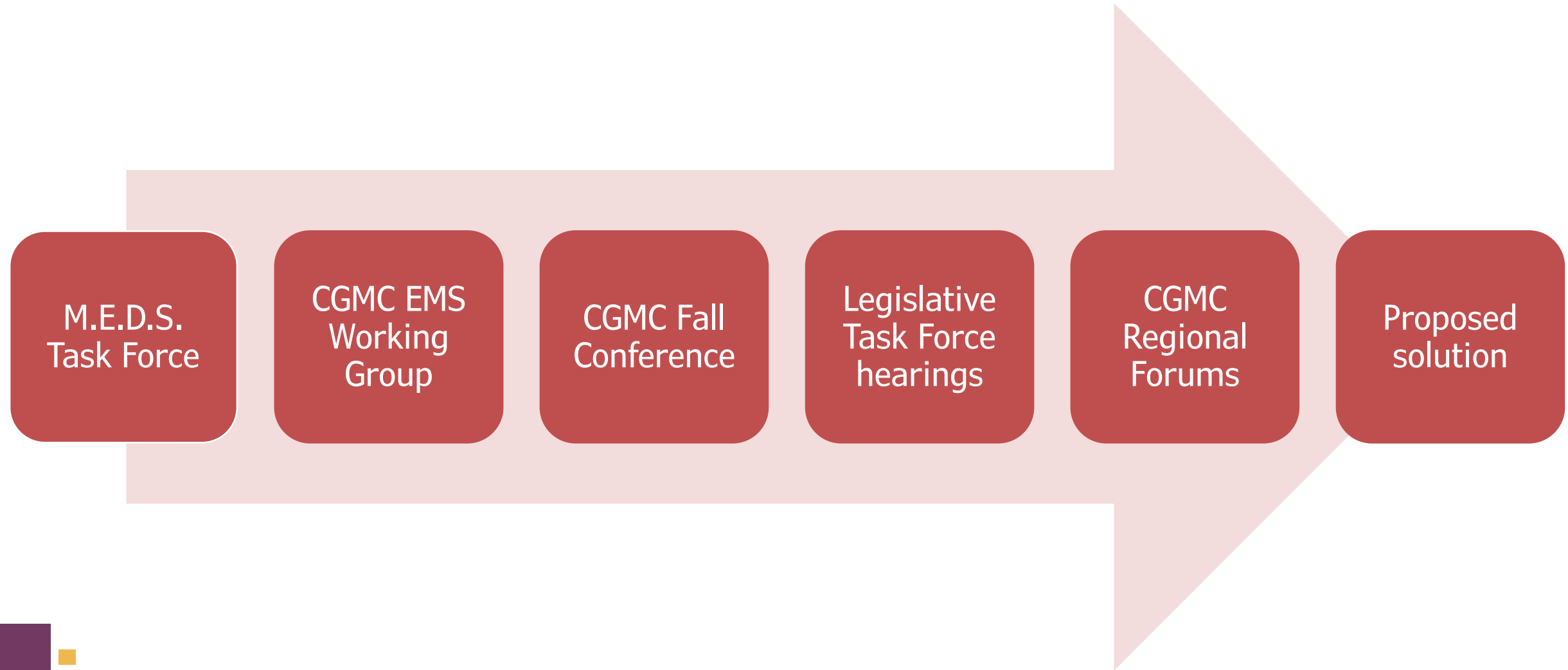
Ground ambulance service deficits in 2022

Total insurance revenues (93% of all reported revenues)	\$449,906,842
Total operational expenses	(\$455,627,710)
Reported annual capital expenses	(\$60,661,960)
Volunteer labor subsidy	(\$55,789,657)
Net total reported operating deficit statewide in CY 2022	(\$122,172,485)

Ownership of ambulance licenses



Our process: laying the groundwork



CGMC EMS Principles – approved by membership in November 2023



- Support short term funding from state to PSA licensees in 2024 at approximately \$130 million to align with 2022 reported operating losses
- Support medium range state/federal funding mechanism to support PSA licensees. Ensure any proposed changes to the EMSRB prevent conflicts of interest and include Greater Minnesota voices.
- Support long-term funding improvements to Medicare, Medicaid, and other relevant reimbursement sources.
- Create framework for proposed amendments to the PSA law.
- Support the EMS Delivery & Sustainability Task Force as the subject matter experts on providing recommendations towards resolving Minnesota's ambulance crisis, with CGMC approval.

CGMC proposed solutions:

Phase One 2024

- Passage of an **immediate \$120 million emergency ambulance aid appropriation** to keep services operating in the near term

Phase Two 2025-26

- Sustainable funding mechanism to offset Medicare/Medicaid shortfalls
- Support reforms that benefit rural services
- Ensure local governments have a seat at the table

Phase Three Long-term

- Advocate for higher reimbursement amounts
- Advocate for sensible reforms
- Advocate for funding for service delivery improvements and efficiencies



SUPPORT THE EMERGENCY AMBULANCE AID BILL

HF3992
SF3886

THE PROBLEM

Emergency Medical Services (EMS) in Minnesota continue to face **critical** challenges to delivering services across the state. **Severe** reimbursement shortfalls, aging workforces, **unsustainable** staffing models, and **increased operating costs** are forcing communities to make tough decisions. This **crisis** will have **life-threatening** consequences for families and their communities.

The legislature must take action **NOW**.



THE ASK

The fee-for-service model of funding EMS is failing. Right now, services and personnel are struggling to maintain operations. We support the passage of an immediate \$120 million emergency ambulance service aid appropriation (SF3886/HF3992) that will keep services operating in the near term.



THE COMMITMENT

We commit to working to find a sustainable revenue source to be considered by the legislature in 2025 that will ensure communities across the state have access to quality EMS. Long-term funding, coupled with improvements to the service model, will support EMS providers in their mission to provide essential, lifesaving care to all Minnesotans.



IT IS TIME TO PRIORITIZE EMS DELIVERY FOR OUR COMMUNITIES.

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

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WHO WE ARE



A partnership of 41 organizations from across Minnesota coming together to advocate for EMS delivery & sustainability.



Allina Health www.allinahealth.org	American College of Emergency Physicians, MN Chapter www.mnacep.org	Arrowhead EMS Association www.arrowheadems.com
Association of Minnesota Counties www.mncounties.org	Asteria Health EMERGENCY MEDICAL SERVICES www.asteriahealth.org	Avera Granite Falls Ambulance www.avera.org
Bemidji Ambulance Service www.bemidjiambulance.com	Browerville Ambulance Service www.browerville.govoffice.com	Cloquet Area Fire District www.cloquetareafiredistrict.com
CentraCare www.centracare.com	Coalition of Greater Minnesota Cities www.greatermncities.org	Cromwell-Wright Area Fire District www.cromwellwrightfire.us
Dodge Center Ambulance www.ci.dodgecenter.mn.us	Essentia Health www.essentiahealth.org	Hennepin County Association of Paramedics & EMTs www.hcape.org
Hennepin EMS www.hennepinems.org	Hibbing Fire Department www.hibbingmn.gov	International Falls Fire & Rescue www.ci.international-falls.mn.us
League of Minnesota Cities www.lmc.org	M Health Fairview EMS www.mhealthfairview.org/ems	Mayo Clinic Ambulance Service www.mayoclinic.org
MEDS-1 Ambulance Service www.meds-1.com	Metro Cities www.metrocitiesmn.org	Minnesota Ambulance Association www.mnems.org
Minnesota Association of Small Cities www.maosc.org	Minnesota Association of Townships www.mntownships.org	Minnesota Inter-County Association www.mica.org
Minnesota Rural Health Association www.mnruralhealth.org	Minnesota State Fire Chiefs Association www.msfc.org	City of Nashwauk www.nashwaukmn.gov
National Association of EMS Physicians, MN Chapter www.naemsp.org	North Memorial Health www.northmemorial.com	Northfield Hospitals & Clinics www.northfieldhospital.org
Perham Area EMS www.perhamems.org	Range Association of Municipalities & Schools www.ramsmn.org	Ringdahl EMS www.ringdahlems.com
Sanford Health www.sanfordhealth.org	Southeastern Minnesota League of Municipalities www.semim.org	Southwest EMS www.sw-ems.org
Stevens County Ambulance & EMS Education www.stevenssems.com	Virginia Fire Department www.virginiafd.com	



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EMS proposals at the Legislature



Hauschild/Lislegard bill

- \$120M in emergency aid to services with a reported financial loss in CY2022
 - One-time money from the state general fund
 - Administered by the Department of Revenue
 - Coordinated with the EMSRB to provide data
 - Aid use accountability
 - Reporting requirements

Seeberger/Huot bill

- Complete overhaul of the EMSRB
 - Changes from a strong Board with an Executive Director to an Advisory Board with a strong Director
 - Creates three new Advisory Boards with defined memberships
 - Creates a Director position appointed by the Governor and confirmed by the Senate
- Creates Sprint Medic Pilot Program – Funded at \$6M

Rasmusson/Backer bill

- Alternative emergency aid bill – also appropriates \$120M
 - Creates a formula for aid distribution based primarily on PSA size and call density
 - Essentially excludes most metro-area license holders and license holders with multiple licenses

Other Legislative dynamics

- Governor's supplemental budget targets
 - \$6M for pilot program
 - \$10M for emergency aid to very specific regions
 - Senate & House leadership agreed early in session to these amounts
- General acrimony of session
 - Non-budget year, so nothing HAS to be done
 - Election year for the House
 - Senator Mitchell arrest complications
 - Lack of cooperation between caucuses on bonding, general flow of session





Final Outcome

EMS RB structural changes

- Creates an Office of Emergency Medical Services to replace the EMS RB
- Will be led by a Director appointed by the Governor in October 2024 and confirmed by the Senate
- Three subdivisions, each with their own Deputy Director
 - Medical Services Division: clinical aspects of pre-hospital care
 - Ambulance Services Division: standards, licensing, registration, operation & coordination of ambulance services and medical response units
 - Emergency Medical Services Providers Division: certification and registration of individual providers, oversight of working conditions and education programs
- Three Advisory Councils
 - Emergency Medical Services Advisory Council
 - Wide range of stakeholders
 - Will include 2 local government members – one from the Metro and one from Greater MN
 - Emergency Medical Services Physician Advisory Council
 - Labor & Emergency Medical Service Providers Advisory Council



Sprint Medic Pilot Program - \$6M

- Sprint Medic = paramedic teams in equipped SUVs that can respond to calls more quickly, provide onsite care, and determine whether full ambulance response/transport is needed
- Authorized and regulated by the new Director of the Office of EMS
- Will operate in Ottertail, St. Louis, and Grant counties through June 2027
- Primary ambulance services in the three counties can apply to participate
 - Requires medical director oversight, waivers & variances, and data collection for evaluation of response times, patient outcomes, and patient experience



Impacts to EMS personnel – Ambulance staffing

- Allows certain types of personnel to staff ambulances with approval from the ambulance service director
 - RNs who are licensed EMTs (without passage of paramedic skills test)
 - RNs who are certified flight nurses or certified emergency nurses
 - PAs who are licensed EMTs (without passage of paramedic skills test)
- Changes minimum BLS staffing level to:
 - At least one individual who is an EMT, an RN (see above), or a PA (see above), AND
 - One individual to drive the ambulance who meets the above requirements OR is a registered EMR driver
- Similar changes to ALS staffing requirements
- Changes to EMR education program, must be approved and align with national requirements



Impacts to EMS personnel – License reinstatement

- 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
- License reinstatements between July 1, 2024 and December 31, 2025
- Applies to EMT, AEMT, Paramedic, or Community Paramedic



Emergency one-time aid program - \$24M

Eligibility for Aid

- 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



Emergency one-time aid program - \$24M

Aid Calculations

- 20% of appropriation divided equally between all eligible aid applicants
- 40% of appropriation divided based on PSA square mileage
 - Favors services with geographically larger service areas
- 40% of appropriation divided based on EMS response volume
 - Favors lower-volume providers

Eligible Uses of Aid

- Operational expenses
- Capital expenses
- All funds must be used only within Minnesota



Emergency one-time aid program - \$24M

Important Dates

- **September 16, 2024** – Applications due to DOR/EMSRRB
- **December 26, 2024** – Certified aid amounts must be paid to providers
- **December 31, 2025** – Any amounts not spent or encumbered by this date must be returned to the DOR
- **February 16, 2026** – Reports by each aid recipient due to EMSRRB
 - Amount of aid received
 - Amount of aid spent
 - What aid was used for
 - Supporting documentation for all of the above





**Make sure
you don't
miss
anything:**

Subscribe to the CGMC EMS Mailing List:

www.greatermncities.org/EMS-list

Reach out to CGMC staff with any questions:

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Next Steps

Questions?



Contact and more information



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