

**Agency Purpose**

The Emergency Medical Services Regulatory Board (EMSRB) is the lead agency for emergency medical services (EMS) in the state. Its mission is to provide leadership which optimizes the quality of emergency medical care for the people of Minnesota – in collaboration with its communities – through policy development, regulation, system design, education and medical direction.

The EMSRB also serves as the administering agency for the Health Professionals Services Program (HSPS). The Health Professionals Services Program (HPSP) was created as a program of the health licensing boards to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness. Within its authority, HPSP’s mission is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

**At a Glance**

**Credentialing Services**

- Minnesota’s ambulance services (302) are licensed and inspected biannually.
- 26,500 EMS Personnel (EMT’s, Paramedics & First Responders) are licensed biannually.

**Education Services**

- 170 emergency medical services education programs are approved biannually

**Health Professional Services Program**

- Referrals: 492
- Discharges: 488
- Active cases on 6/30/2010: 586

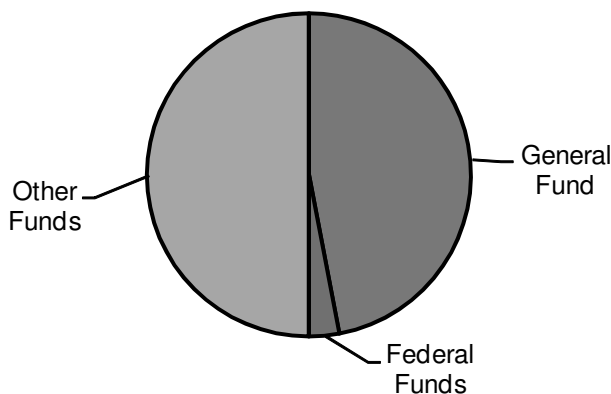
**Investigated Services**

- Approximately 100 complaints are investigated annually with action taken as needed to ensure the safety and health of the public.

**Regional Program Services**

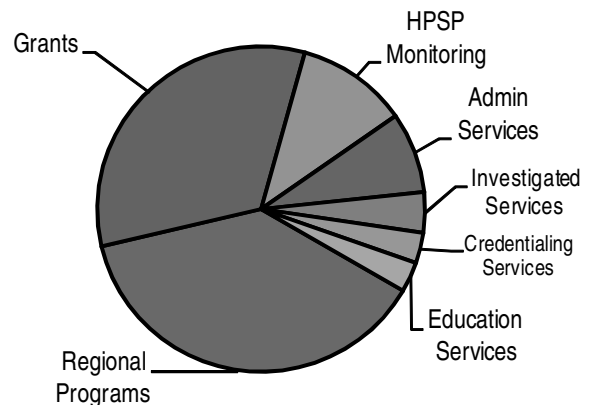
- Eight regional organizations are designated and funded to support emergency medical services statewide.

**Est. FY 2010-11 Expenditures by Fund**



Source: Consolidated Fund Statement.

**Est. FY 2010-11 Expenditures by Program**



Source: Board expenses allocated to the services provided by the board.

## Strategies

The core functions of the Emergency Medical Services Regulatory Board (EMSRB) stem from its purpose -- to ensure the public has access to safe and reliable pre-hospital emergency medical care. By licensing ambulance services, certifying individual EMS personnel, and investigating complaints against EMS providers, the EMSRB assures a minimum standard in EMS is available to the people of Minnesota. Through its grant programs, the EMSRB provides support to the ambulance services that rely on volunteers and to areas of the state where the demographics require additional resources to ensure access to ambulance response.

The Health Professional Services Program (HPSP) meets its mission and goals through the careful implementation of the following strategies:

- Provides health professionals with services to determine if they have an illness that warrants monitoring;
- Creates and implement monitoring contracts;
- Monitors the continuing care and compliance of program participants; and
- Acts as a resource for licensees, licensing boards, health employers, practitioners, and medical communities

## Operations

The EMSRB was created in 1995 legislation and began operations on July 1, 1996. It was one of the first such independent EMS agencies in the nation and has served as a model for other states. Before its existence, EMS functions in Minnesota had been carried out in the Department of Health's EMS Section, dating to the 1960s when EMS was emerging here and nationally as a distinct public health component. The agency is governed by a 19-member board. Fifteen of those members are appointed by the governor from a variety of disciplines and areas comprising the EMS system. Additional members are a senator and a representative (both ex-officio) and representatives of the commissioners of Health and Public Safety. The EMSRB:

- Investigates complaints from the public and EMS providers about ambulance services, EMS training programs and EMS personnel, taking action as necessary to protect the public from unsafe EMS practice.
- Inspects licensed ambulance services biannually, ensuring safe and reliable ambulance service statewide.
- Provides funding in FY 2010 for Comprehensive Advanced Life Support (CALS) courses that teach advanced emergency care skills to rural doctors, nurses and emergency room personnel.
- Administers federal funding for the Minnesota EMS for Children (EMSC) Resource Center which provides information and training on pediatric emergency care and child safety.
- Reimburses volunteer ambulance services for a portion of expenses associated with initial training and continuing education for approximately 1,400 volunteer EMS personnel.
- Administers MNSTAR (Minnesota State Ambulance Reporting) a web-based, statewide system for collecting data from licensed ambulance services on approximately 450,000 ambulance runs annually. Implemented in April 2003, MNSTAR provides objective reports for improving EMS delivery (care/efficiency) in Minnesota.
- Administers the EMS Personnel Longevity Award and Incentive Program that provides one-time cash awards to qualifying volunteer EMS personnel upon retirement.
- Served as a pilot agency for the Office of Enterprise Technologies e-Licensing system.

The HPSP currently serves 600 health professionals regulated by the 17 health licensing boards, the Emergency Services Regulatory Board (EMSRB) and the Dept. of Health. HPSP implements Monitoring Plans to ensure that the health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation. The HPSP:

- Performs assessment services to determine if health professionals have illnesses that may impact their practice, and therefore warrant monitoring.
- Creates monitoring contracts that protect the public by monitoring treatment compliance, illness management and work quality.
- Monitors health professionals' compliance with the monitoring contracts (e.g., review drug screens, treatment provider and work site reports).
- Reports health professionals who are not appropriately managing their illnesses to their licensing boards.

**Key Activity Goals & Measures**

**Key Goals:**

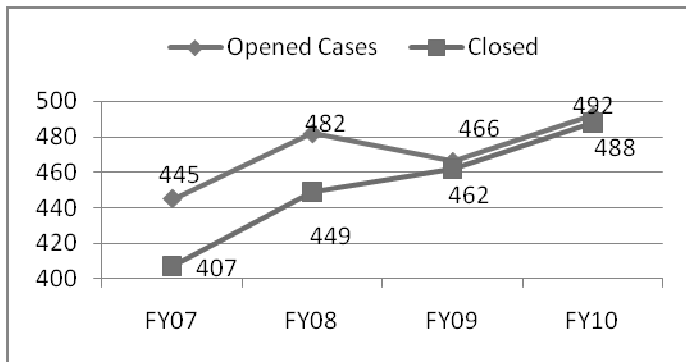
- Enhancement of MNSTAR will continue to improve state-wide EMS through decisions made by data driven information. Data should be collected at the local, regional, and national level for EMS system improvement in many "cross-walks".
- As one of the two e-licensing pilot agencies, EMSRB will continue to work with the Office of Enterprise Technologies to identify improvements to the e-Licensing system to benefit both public and agency users.
- Protect the public (through HPSP) from health professionals with potentially impairing illnesses.

**Key Measures**

- Use of MNSTAR by EMSRB to track and report on ambulance activity in Minnesota for policy development, research and planning. MNSTAR is also used by ambulance services to create their own reports for quality assurance, planning and to identify training and funding needs.
- Licenses and regulates approximately 300 ambulance services.
- Certifies more than 25,000 EMS personnel after they have completed the required training and testing.
- Approves approximately 140 training programs that conduct training courses for EMS personnel.
- Designates and funds eight organizations that provide EMS support on a regional level throughout the state.
- Registers approximately 200 first responder units, on a voluntary basis, statewide.
- Monitors (through HPSP) nearly 600 health professionals to enhance public safety in health care.
- Participation in HPSP is a key performance measure. Since fiscal year 2005, the number of health professionals actively monitored by HPSP increased by 25%. More health professionals are self-referring and being referred by others at an all time high rate.

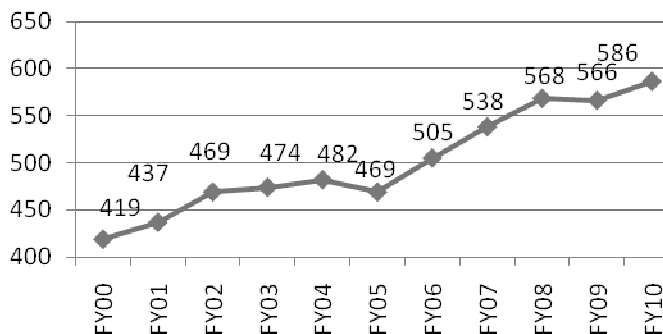
**Opened and Closed Cases by Fiscal Year:**

The following chart shows the number of health professionals referred to and discharged from HPSP by fiscal year.



**Open Cases at End of Fiscal Year:**

The following chart shows the number of licensees HPSP was monitoring at the end of each fiscal year:

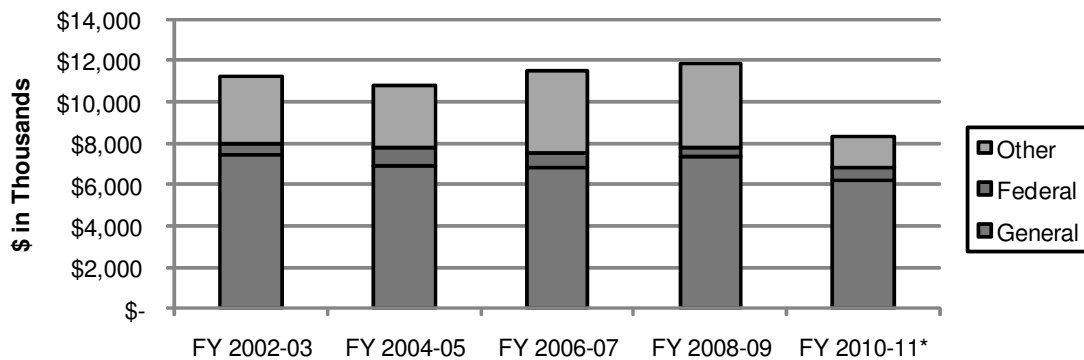


**Budget Trends Section**

The EMSRB portion of the budget is from a variety of sources: general fund, dedicated funds, federal grants and fines for seat-belt violations. Because the EMS system in Minnesota is heavily dependent on a diminishing pool of volunteers, particularly in rural areas, there is no fee for certification, thereby preventing the EMSRB from becoming fee-supported. A majority of the agency’s budget is dedicated to grant programs to support volunteer ambulance services. Administrative expenses of the EMSRB accounts for 8% of its budget expenditures (13 full-time equivalent employees).

The HPSP portion of the budget is generated by the 17 participating boards and agencies. Each board pays an annual participation fee of \$1,000 and a pro rata share of program expenses based on the number of licenses they have in the program. HSPP has 7.0 full time equivalent employees. Roughly 90% of HPSP’s budget is directed to salaries and benefits. The remaining 10% covers rent and all other operational costs. HPSP implemented a variety of cost savings measures in fiscal year 2009 as a means to stay within budget.

**Total Expenditures by Fund**



\* FY 2010-11 is estimated, not actual

External factors for the EMSRB include increasing costs paid to other state agencies when there are no increases in its own budget. For example, there will be costs to the board associated with integrating its licensing system with the Office of Enterprise Technology’s Minnesota Electronic Licensing System in the next few years. The primary external factors affecting HPSP’s operations include the increasing numbers of health professionals seeking the program’s services and the increasing numbers of health professionals abusing prescription medications. Dwindling resources impact’s the program’s ability to provide services.

**Contact**

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