



**FIRE
MARSHALS
ASSOCIATION OF
MINNESOTA**



Minnesota Fire Association Coalition (MNFAC) Emergency Ambulance Service Reform

In February of 2022, the Minnesota Legislative Auditor released a program evaluation that found, in part, the State’s oversight of emergency ambulance services is insufficient and the regulatory board is an ineffective administrator of the services.

Background

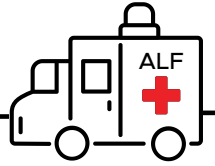
- Current law stipulates that ambulance providers perform Emergency Medical Services (“EMS”) in exclusive operating areas or Primary Service Areas (“PSAs”).
- In the 1980s, when PSA’s were established, ambulance providers were granted these permanent service territories without any direct accountability to the governmental units within those areas and very lax state supervision.
- The PSA operating license areas are essentially “owned” by the ambulance provider and they control the transfer and sale of these service area licenses to other entities.
- An ambulance provider license is multi-faceted license with various requirements. The PSA is specified in the license.
- The Emergency Medical Services Regulatory Board (EMSRB), is the state’s EMS regulatory agency that oversees and issues ambulance licenses. The EMSRB has been less than effective and its close ties with the ambulance service industry may create conflict of interest.

The MNFAC recommendations regarding EMS

1. Modify existing PSAs to correspond with local governing units (“LGU”) lines. The LGU would be given decision-making authority regarding ambulance service providers during the existing renewal timeline. Any change in ambulance service provider (including “name change” and buy-outs) would trigger an immediate license renewal process.
2. Require performance standards be set during the license renewal process. The report must include, but is not limited to the following:
 - a) Number and type of calls by LGU;
 - b) Amount of fees for services to be posted publicly by the ambulance service for the fees charged in the local unit of government territory;
 - c) Response time and mode (emergent versus non-emergent) from 911 until ambulance arrival with required staff;
 - d) Transport percentage by local unit of government;
 - e) Transport destinations by local unit of government;
 - f) Number of ambulances staffed by time of day and day of week by local unit of government (how many ambulances were stations in that local unit of government throughout the quarter); and
 - g) Mutual aid given and received.
3. Quality assurance metrics reviewed over that quarter (what clinical and operational items were reviewed by quality assurance staff)
4. Consistent definitions of “response time” and “quality of care”.
5. Require a quarterly report to be delivered to the local units of government with oversight authority of the EMS in that PSA.

An Effective Way to Deliver Emergency Medical Services

LOCAL CONTROL OF EMERGENCY MEDICAL SERVICES (EMS)



ALF Ambulance is a municipal-based, advanced life support ambulance service serving Apple Valley, Lakeville, and Farmington since 1986 through a license issued by the State of Minnesota.

HOW ALF AMBULANCE WORKS



BOARD OF DIRECTORS

Governs ambulance service; comprised of elected officials from each member city.



LOCAL CONTROL

The ALF Board establishes service requirements for the provision of ambulance service in the service area



SERVICE AREA

The primary service area for ALF Ambulance is 160 sq. miles with a population of 160,000 residents

LEVERAGING LOCAL PARTNERSHIPS



ALF EXECUTIVE MANAGEMENT COMMITTEE

Oversees administrative functions of the organization including contracts and partnerships



LOCAL PARTNERSHIPS

In 2008, ALF contracted with Allina Health to provide emergency medical services under ALF's state-issued license



PERFORMANCE CRITERIA

The contract outlines specific requirements for Allina which continue to be met, resulting in multiple contract renewals

The Key to Success

ALF Ambulance is a model for how ambulance service could be provided elsewhere in the state. Local elected officials hold the state-issued license and exercise oversight of EMS care in the community. Fixed-term service agreements, subject to periodic renewal, help to build accountability and collaboration between the cities and the EMS provider.

Emergency Medical Services (EMS) Local Control

The City of Burnsville supports local communities' ability to determine who provides Emergency Medical Services (EMS) within its boundaries.

Burnsville, like several other cities, has multiple ambulance services that are authorized to operate within its boundaries. It is imperative that Burnsville maintains the ability to make those decisions locally, and that EMS regulations within the State, including those related to data collection, are further defined and streamlined.

➤ WE ARE SEEKING:

Legislation to modernize regulations regarding the provision of Emergency Medical Services to allow communities to adjust based on evolving needs.



PRIORITY: Maintaining City Fire/EMS Department Resources in Burnsville



PRIORITY: Supporting Existing Prioritization of Medical Calls by Dakota 911



PRIORITY: Ongoing Wellbeing of Our Community and Our Fire/EMS Personnel



Local Control Impacts on Emergency Medical Services



Public safety is a top priority in Eagan.
Eagan public safety leaders are advocating for adjustments to EMS oversight to ensure our community's health and safety.

Background

In 1980, the State of Minnesota created Primary Service Areas (PSAs) for EMS providers to ensure all communities had a dedicated EMS provider. Providers were granted the service territory without any local government recourse or accountability.

Since then, EMS, public safety, and health care standards have changed, but the law that governs these PSAs has not. In fact, in 2022, Minnesota's legislative auditor found the State's oversight of EMS is insufficient and recommended changes.

The Deficit

Communities, including Eagan, aren't empowered to address services and set performance standards for EMS providers.

The Solution

Local communities should be able to set EMS response standards that best meet their needs.

Eagan's Three Recommendations

- Have PSAs correspond with local governing units (LGU) and have the LGU license the service provider.
- Establish service and performance standards, with clear definitions of "response time" and "quality of care" in the license agreements that clarify roles and responsibilities for the EMS provider and local public safety in the license.
- Create metrics and reporting standards for the ambulance service provider in the license agreement to ensure accountability of service and performance.

Impact



EMS or ambulance delays add more time per call and can slow down first responders to the next call. This puts people at risk, unnecessarily, when they need help the most.

Goal Outcomes

- Better communication and accountability between first responders to triage calls,
- Provide people in need with the appropriate response and level of care,
- Allow community and local government input on their ambulance service,
- Safer and healthier community!

Emergency Medical Services (EMS) Local Control

The health and safety of Eden Prairie residents are at risk because of chronic issues with the region's emergency medical services (EMS).

In 2022, Minnesota's legislative auditor found serious deficiencies in the following areas:

- Outdated Primary Service Areas (PSAs)
- Inefficient oversight
- Persistent sustainability challenges
- Ineffective Emergency Medical Service Regulatory Board (EMSRB) leadership



EDEN PRAIRIE EMERGENCY RESPONSE

- Every month Eden Prairie first responders receive more than 300 emergency medical calls for service
- All medical calls result in Eden Prairie Police and/or Fire Department first responders being dispatched, in addition to EMS ambulance
- Patient care begins with arrival of highly trained first responders and continues until patient is transported by ambulance to hospital

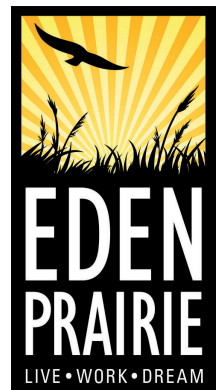


UNACCEPTABLE WAIT TIMES

- Several times a month first responders and patients must wait 15 minutes or more for ambulance to arrive
- Occasionally wait times can be 30 to 60 minutes
- Extended wait times put patients at risk
- Waiting for an ambulance ties up resources needed to respond to other calls for service in the community

SOLUTION

Allow local units of government to set performance standards for responding to medical emergencies.



2024

EMERGENCY MEDICAL SERVICES (EMS) LOCAL CONTROL

The health and safety of Minnetonka residents are at risk because of chronic issues with the region's emergency medical services (EMS).

In 2022, Minnesota's legislative auditor found serious deficiencies with the Emergency Medical Service Regulatory Board (EMSRB). Here in Minnetonka, we have found the EMS system to:

- Be unreliable due to extended response times
- Lack provider accountability
- Lack input from local deployment agencies

Nearly every week, Minnetonka first responders and patients must wait more than 15 minutes for an ambulance to arrive. This puts patients at risk and ties up our ability to respond to additional calls. To date in 2023, 16 percent of all our overlapping fire service calls were caused by EMS.



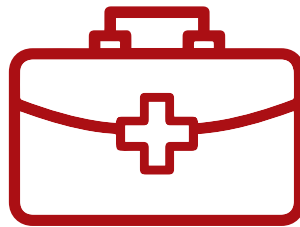
SOLUTION:

Local communities should be able to set EMS standards that best meet their needs.

Health care has changed dramatically since Primary Service Areas (PSAs) were established in the 1980s. Minnesota's emergency medical services should be updated to focus on patient outcomes.



Work with all parties to better triage calls



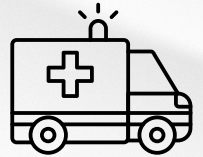
Connect patients with the appropriate response and level of care



Allow local communities input on their level of service

Emergency Medical Services (EMS)

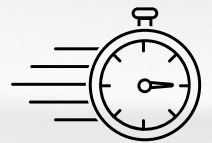
Local Control



Background:

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Issue:

Communities lack the authority and flexibility to address EMS services and set performance standards for providers. Staffing shortages are causing service delays and impacting the timeliness of life-saving care.



Impact:

EMS delays add crucial time per call, slowing down first responders to subsequent emergencies. This adds an unnecessary risk when people need help the most.

Goals:

- **Empower local government** with increased control over EMS service standards.
- **Improve communication** between first responders to facilitate better triage of call responses and eliminate “turf wars” among providers.
- **Increase quality of care** by ensuring individuals in need receive a timely and adequate response.

Support Local Control for Emergency Medical Services



CITY OF
SAVAGE
MINNESOTA

Public safety in Savage is a top priority to meet the evolving needs of our community. Local leaders advocate for adjustments to EMS oversight to ensure our community's health and safety. Improving statewide EMS governance is one of our 2024 legislative priorities.



Background

In the 1980s, ambulance providers were granted primary service areas (PSA's) exclusive territories without direct accountability to local governments. Despite changes in EMS, safety, and healthcare standards, the laws governing these territories haven't been updated.



Recent Findings

In 2022, the Minnesota legislative auditor highlighted insufficient state oversight of EMS, calling for necessary changes.



Impact of PSA

Removal of local government voices creates gaps in service delivery, affecting patient outcomes and burdening public safety infrastructure.



Operational & Fiscal Impacts

Extended scene times, overlapping calls for service, increased overtime costs, and additional training for fire department staff incur fiscal and operational burdens.



Goals

Provide local government control over EMS providers and service standards based on established performance standards. Improve partnerships through better communication between first responders. Enhance care quality for timely and appropriate responses, ensuring a safer and healthier community.