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**AT A GLANCE**

- 13% of Minnesota's population receives emergency medical services annually
- 266 licensed ambulance services operating 804 ground and 34 air ambulances across the state
- 341 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 172 approved emergency medical services education programs
- 30,888 certified and registered emergency medical services personnel
- Nearly 400 applicant disclosures reviewed annually
- 77 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency's jurisdiction
- 63% of the 266 licensed ambulance services have either a volunteer or paid / volunteer staffing model
- 64% of the EMS Regulatory Board's total budget is disbursed to the emergency medical services community (FY24)

**PURPOSE**

As of January 1, 2025 the Office of Emergency Medical Services will serve as the lead agency in Minnesota responsible for certifying EMS personnel, licensing, and inspecting ambulance services, registering medical response units, and approving and auditing education programs. OEMS will investigate all complaints and allegations of misconduct involving those individuals and entities subject to our jurisdiction. Our services start prior to the 9-1-1 call requesting response to a medical emergency: we safeguard the quality of care delivered by EMS personnel by ensuring the delivery of nationally recognized education and testing standards.

We make certain that ambulance services are safe, reliable, and available around-the-clock in metropolitan areas and in Greater Minnesota. Areas with small population bases often rely on volunteer EMS personnel to cover the cost of providing continuous ambulance service. We work with EMS agencies and communities to implement realistic solutions to these issues thereby improving the timely delivery of quality patient care. We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery continues with assessing and advising rural ambulance services and their managers, and it concludes with reinforcing quality care through inspections and audits, complaint reviews and investigations, and intervention in both a disciplinary and non-disciplinary nature.

**BUDGET**

For FY25 the initial budget for the newly formed Office of Emergency Medical Services will be funds transferred from the Emergency Medical Services Regulatory Board on January 1, 2025. Based on FY25 appropriations to the Emergency Medical Services Regulatory Board, an estimated \$3.5 million will transfer to the Office of Emergency Medical Services under the provisions of 2024 Session Law Chapter 122.

## **STRATEGIES**

To accomplish its mission of protecting the public's health and safety, the Office of Emergency Medical Services uses the following strategies:

### **Regulation**

- Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs.
- License ambulance services, registered medical response units, credential EMS personnel, and approve education programs.

### **Prevention**

- Conduct educational compliance seminars.
- Communicate compliance requirements to medical and ambulance service directors to reduce non-compliance issues.
- Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success.

### **Compliance and Discipline**

- Conduct on-site inspections of ambulance services and vehicles and education programs.
- Investigate complaints, allegations of misconduct, and self-reported violations in a fair and timely manner, ensuring that the subjects of those investigations receive the necessary due process.
- Collaborate with the Health Professionals Services Program for matters involving EMS providers experiencing mental health or substance abuse issues.

### **Support of the EMS System**

- Educate the public, EMS personnel, ambulance services, and education programs about certification and licensing requirements and responsibilities, ethical standards, and the complaint resolution process.
- Distribute state and federal grant funds that support the EMS community with retention and recruitment of personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure.
- Continue to reach out to our wider audience: the public, employers, and ethnically diverse populations.

### **Maximize Technology and Online Services**

- Use technology to maximize efficiencies, improve customer service, increase data security, and decrease costs.
- Provide a 24/7 online application and renewal process, no-cost license and certification look-up, and no-cost access to public data on adverse license and certification actions.

### **Risk Assessment and Continuous Improvement**

- Evaluate performance through customer surveys, research, and data analysis.
- Identify trends in the EMS industry that may need new or improved support, standards, or oversight to ensure the public is protected.
  - Conduct system reviews and audits of fees, expenditures, receipts, and disbursements; improve systems as appropriate.

- Engage the three newly formed advisory councils. Those councils are made up of volunteers representing EMS physicians and personnel, educators, and constituents from public, private, and non-profit organizations. This is important because EMS has touch points in every part of the health care system, and these subject matter experts help identify issues and craft solutions.

## **RESULTS**

The Office of Emergency Medical Services has not yet begun operation. Previous results on measure reporting can be found by referencing the budget book of the Emergency Medical Services Regulatory Board

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Effective January 1, 2025 The Office of Emergency Medical Services legal authority comes from Minnesota Statute 144E and Minnesota Rules 4690 (<https://www.revisor.mn.gov/statutes/cite/144E> and <https://www.revisor.mn.gov/rules/4690/>).

# Emergency Medical Services Office

# Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base		Governor's Recommendation	
					FY26	FY27	FY26	FY27

## Expenditures by Fund

1000 - General				6,553	6,978	5,378	7,013	5,448
2000 - Restrict Misc Special Revenue				217	360	360	360	360
3000 - Federal				205	190	190	190	190
<b>Total</b>				<b>6,975</b>	<b>7,528</b>	<b>5,928</b>	<b>7,563</b>	<b>5,998</b>
Biennial Change				6,975		6,481		6,586
Biennial % Change								
Governor's Change from Base								105
Governor's % Change from Base								1

## Expenditures by Program

Emergency Medical Services Office				6,975	7,528	5,928	7,563	5,998
<b>Total</b>				<b>6,975</b>	<b>7,528</b>	<b>5,928</b>	<b>7,563</b>	<b>5,998</b>

## Expenditures by Category

Compensation				956	1,613	1,968	1,613	1,968
Operating Expenses				937	1,062	627	1,097	697
Grants, Aids and Subsidies				5,080	4,848	3,328	4,848	3,328
Other Financial Transaction				2	5	5	5	5
<b>Total</b>				<b>6,975</b>	<b>7,528</b>	<b>5,928</b>	<b>7,563</b>	<b>5,998</b>

## Full-Time Equivalents

				<b>7.30</b>	<b>11.50</b>	<b>13.75</b>	<b>11.50</b>	<b>13.75</b>
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# Emergency Medical Services Office

# Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1000 - General								
Direct Appropriation					6,978	5,378	7,013	5,448
Transfers In				6,553				
Expenditures				6,553	6,978	5,378	7,013	5,448
Biennial Change in Expenditures				6,553		5,803		5,908
Biennial % Change in Expenditures								
Governor's Change from Base								105
Governor's % Change from Base								1
Full-Time Equivalents				7.30	11.50	13.75	11.50	13.75

## 2000 - Restrict Misc Special Revenue

Balance Forward In					135	137	135	137
Receipts					2	2	2	2
Transfers In				352	360	360	360	360
Balance Forward Out				135	137	139	137	139
<b>Expenditures</b>				<b>217</b>	<b>360</b>	<b>360</b>	<b>360</b>	<b>360</b>
Biennial Change in Expenditures				217		503		503
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								0

## 2403 - Gift

Balance Forward In					11	11	11	11
Transfers In				11				
Balance Forward Out				11	11	11	11	11

## 3000 - Federal

Receipts				205	190	190	190	190
<b>Expenditures</b>				<b>205</b>	<b>190</b>	<b>190</b>	<b>190</b>	<b>190</b>
Biennial Change in Expenditures				205		175		175
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
<b>Direct</b>				
<b>Fund: 1000 - General</b>				
Base Adjustments				
Minnesota Paid Leave Allocation		2	2	4
Programs Moving to New Agencies		6,976	5,376	12,352
<b>Forecast Base</b>		<b>6,978</b>	<b>5,378</b>	<b>12,356</b>
Change Items				
Operating Adjustment		35	70	105
<b>Total Governor's Recommendations</b>		<b>7,013</b>	<b>5,448</b>	<b>12,461</b>
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	217	360	360	720
Forecast Base	217	360	360	720
<b>Total Governor's Recommendations</b>	<b>217</b>	<b>360</b>	<b>360</b>	<b>720</b>
<b>Fund: 3000 - Federal</b>				
Planned Spending	205	190	190	380
Forecast Base	205	190	190	380
<b>Total Governor's Recommendations</b>	<b>205</b>	<b>190</b>	<b>190</b>	<b>380</b>
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues		2	2	4
<b>Total Governor's Recommendations</b>		<b>2</b>	<b>2</b>	<b>4</b>
<b>Fund: 3000 - Federal</b>				
Forecast Revenues	205	190	190	380
<b>Total Governor's Recommendations</b>	<b>205</b>	<b>190</b>	<b>190</b>	<b>380</b>
<b>Non-Dedicated</b>				
<b>Fund: 1000 - General</b>				
Forecast Revenues	34	67	67	134
<b>Total Governor's Recommendations</b>	<b>34</b>	<b>67</b>	<b>67</b>	<b>134</b>

## Office of Emergency Medical Services

### FY 2026-27 Biennial Budget Change Item

#### Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	35	70	70	70
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	35	70	70	70
FTEs	0	0	0	0

#### Recommendation:

The Governor recommends additional funding of \$35,000 in FY 2026 and \$75,000 in each subsequent year from the general fund to help address operating cost increases at the Office of Emergency Medical Services (OEMS).

#### Rationale/Background:

The cost of operations rises each year due to increases in employer-paid health care contributions, FICA and Medicare, along with other salary and compensation-related costs. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat year to year.

Agencies face challenging decisions to manage these rising costs within existing budgets, while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. For FY 2026-27, agencies will need to continue to find additional efficiencies and leverage management tools to help address budget pressures. Holding open vacancies in certain programs or delaying hiring in other programs are examples of ways agencies manage through constrained operating budgets. Such decisions are difficult and must be weighed against a program's ability to conduct business with less staffing and its impact to service delivery.

This recommendation provides additional resources to help address these cost pressures and pay for agency operations.

#### Proposal:

The Governor recommends increasing agency operating budgets to support current services. For OEMS, this funding will help cover expected growth in employee compensation and insurance, IT services, and other operating costs.

#### Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
General Fund	35	70	105	70	70	140
Total All Funds	35	70	105	70	70	140

#### Results:

This recommendation is intended to help the Office of Emergency Medical Services address rising cost pressures and mitigate impacts to current levels of service and information to the public.



## Office of Emergency Medical Services

### FY 2026-27 Biennial Budget Change Item

#### Change Item Title: Overdose Data Linkage

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Recommendation:

The Governor recommends an amendment to Minnesota Statutes 144E to allow the Office of Emergency Medical Services (OEMS) to share individual location level data of suspected overdoses with vetted public health partners to better inform state and local response to the opioid epidemic. OEMS does not require additional funding to implement this recommendation.

#### Rationale/Background:

Ambulance agencies across Minnesota respond to thousands of suspected drug overdoses every year. In calendar year 2023, EMS administered naloxone to 5,354 patients. Each of these administrations is reported to the Office of Emergency Medical Services as required by Minnesota Statute 144E.123 Subdivision 1.

The State of Minnesota has other tracking and surveillance efforts underway related to drug overdoses. One of those partnerships is between MMB and the Washington/Baltimore High Intensity Drug Trafficking Area. There is an application referred to as the Overdose Detection Mapping Application Program (ODMAP). ODMAP is a tool used by vetted public health practitioners and other partners in monitoring drug overdose trends and using that data to allocate resources including naloxone to help prevent and respond to drug overdoses.

Presently the data the state receives cannot be shared with ODMAP due to data privacy classifications of the underlying EMS data. Minnesota Statute 144E.123 Subdivision 3 classifies this EMS data as private data on individuals under the Minnesota Government Data Practices Act. As ODMAP requires incident location data at an address level, it cannot be aggregated and still protect patient privacy as permitted by Chapter 13, since over 70% of overdoses occur at a private residence.

#### Proposal:

The Governor recommends authorizing the Office of Emergency Medical Services to share location related information pertaining to overdoses with specific vetted public health organizations. OEMS has the technological infrastructure in place to facilitate the sharing of this data without additional costs.

Implementation of this proposal would help automate drug overdose surveillance and provide greater data coverage, with minimal increase of effort resulting in greater efficiency. It would also provide more timely and reliable data in making resource and policy decisions related to the drug overdose epidemic in Minnesota. Several other states have already implemented the sharing of EMS data with ODMAP to better inform their overdose response efforts.

**Dollars in Thousands**

Net Impact by Fund	FY 25	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
General Fund	0	0	0	0	0	0	0
<b>Total All Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Impact on Children and Families:**

This recommendation will inform the state's response to the opioid epidemic, helping to keep children and families safe from drug overdose.

**Equity and Inclusion:**

This recommendation does not have a direct impact on equity and inclusion, but would help protect all Minnesotans from drug overdose.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐ Yes  
☒ No

**Results:**

This recommendation is intended to strengthen the capacity for OEMS to analyze overdose data to improve the state's response to the opioid epidemic. This capability does not currently exist.

**Statutory Change(s):**

M.S. 144E.123 will require amendment.

## Office of Emergency Medical Services

## Federal Funds Summary

(Dollars in Thousands)

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
US Dept. of Health & Human Services 93.127	Emergency Medical Services for Children - To partner with Children's Minnesota to improve children pediatric emergency care	\$ -	\$ 205	\$ 190	\$ 190	No	0.1
	<b>Federal Fund – Agency Total</b>	<b>\$ -</b>	<b>\$ 205</b>	<b>\$ 190</b>	<b>\$ 190</b>		<b>0.1</b>

### Narrative

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) previously received \$130,000.00 per year in federal funding. The Emergency Medical Services for Children project is fully funded at the federal level and there have not been any matching state or local funds. There is no required State Match or Maintenance of Effort levels (MOE) for this grant project. The EMSRB receives no other federal grant funds. For the grant application cycle beginning in FY 2024 the federal government requested application in the amount of \$205,000 per fiscal year. In FY24 the federal government notified EMSRB that the funding would instead be \$190,000. In accordance with 2024 session law chapter 122, the authority to administer this grant will transfer to the new Office of Emergency Medical Services.

Current federal appropriation levels and continuing resolutions as well as guidance from federal agencies were taken into consideration to determine the EMSRB's level of funding for the fiscal years 2022 and 2023. The level of funding has remained consistent and we anticipate increases in base level of funding through the end of the current five-year grant cycle ending February 28, 2027 to the amount of \$190,000. The basis for awarding the grant is a continuation of past grants and planned budgets of future grants.

The overall mission this grant project is to reduce the prevalence of pediatric morbidity and mortality that may occur as a result of acute illness or severe injury. To accomplish this mission, the EMSRB partners with Children's Minnesota (a/k/a Children's Hospitals and Clinics) to integrate pediatric-centered health care training, access, and delivery into the emergency medical services (EMS) system. The goal is for the EMS system to respond to pediatric emergencies with well-trained personnel, to provide appropriate intervention with equipment and technology tailored to the unique needs of pediatrics, and to transport pediatric emergencies to the most appropriate healthcare facility in the safest manner possible. Simply put, through this funding the EMSRB seeks to solidify the integration of a pediatric focus within the EMS system.