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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **972**

02/09/2017 Authored by Johnson, C.; Halverson and Theis

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/21/2018 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

1.1 A bill for an act
1.2 relating to health; authorizing the Emergency Medical Services Regulatory Board
1.3 to adopt rules authorizing certified emergency medical services personnel to assist
1.4 with administering certain emergency prescription medications and participate in
1.5 care coordination; requiring rulemaking; amending Minnesota Statutes 2016,
1.6 section 144E.16, by adding subdivisions.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2016, section 144E.16, is amended by adding a subdivision
1.9 to read:

1.10 Subd. 9. Rules authorizing patient-assisted medication administration. (a) The board
1.11 shall adopt rules authorizing EMTs, AEMTs, and paramedics certified under section 144E.28
1.12 to assist a patient, in emergency situations, with administering prescription medications that
1.13 are:

1.14 (1) carried by a patient;

1.15 (2) intended to treat adrenal insufficiency; and

1.16 (3) administered via routes of delivery that are within the scope of training for the EMT,
1.17 AEMT, or paramedic.

1.18 (b) EMTs, AEMTs, and paramedics assisting a patient with medication administration
1.19 according to the rules adopted under this subdivision may do so only under the authority
1.20 of guidelines approved by the ambulance service medical director or under direct medical
1.21 control.

2.1 Sec. 2. Minnesota Statutes 2016, section 144E.16, is amended by adding a subdivision to
2.2 read:

2.3 Subd. 10. Rules establishing standards for care coordination. The board shall adopt
2.4 rules to:

2.5 (1) establish standards for ambulance services to communicate with a patient in the
2.6 service area of the ambulance service, and with the patient's caregivers, concerning the
2.7 patient's health condition, the likelihood that the patient will need emergency medical
2.8 services, and how to collaboratively develop emergency medical services care plans to meet
2.9 the patient's needs; and

2.10 (2) establish standards for ambulance service medical directors to participate in care
2.11 coordination for a patient in the service area of the ambulance service. Care coordination
2.12 may include developing potential treatment plans, determining the optimal prehospital
2.13 approach and treatment for the patient, and establishing alternative approaches and treatment.