

State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
May 19, 2016
[Map Directions and Parking](#)

1. Call to Order – 10:00 a.m.

2. Public Comment – 10:05 a.m.

The public comment portion of the Board meeting is where the public may address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak must complete the participation form provided at the meeting room door prior to the start of the meeting. Please limit remarks to 3 minutes. The Board will listen attentively to comments but, in most instances, will not respond at the meeting. Typically, replies to issues or concerns expressed will be made via letter or phone call within a week.

Attachments

3. Review and Approve Board Meeting Agenda – 10:10 a.m.

4. Consent Agenda – 10:15 a.m.

- Approval of Board Meeting Minutes from March 17, 2016

CA 1

All items listed under the consent agenda are considered to be routine by the EMSRB and will be enacted by one motion and an affirmative vote by a majority of the members present. There will be no separate discussion of these items unless a Board member requests to remove an item from the consent agenda and then the item will be considered a separate subject of discussion.

5. Board Chair Report – 10:20 a.m.

- U of M Cardiac Care Consortium – Lucinda Hodgson and Kim Harkins
- Executive Director Performance Review Process
- EMS Week Celebration

6. Executive Director Report – 10:50 a.m. – Tony Spector

- Board Metrics
- Employee Introductions
- Offline System Certification for Initial and Renewal Applications

ED 1

7. Data Policy Standing Advisory Committee Report and Recommendations – 11:15 a.m. – Megan Hartigan

- Transition Timelines
- Data Set Modifications
- NEMSIS Reporting

DPSAC 1

8. Post Transition Education Work Group – 11:35 a.m. – Lisa Consie
Recommendation No. 5
Frequently Asked Questions

PTEWG 1
PTEWG 2

9. Committee Reports – Committee Chairs – 11:55 a.m.

- Ambulance Standards Ad-Hoc Work Group – Pat Coyne
- Complaint Review Panel – Matt Simpson
- Health Professional Services Program – Matt Simpson
- Legislative Ad-Hoc Work Group – Kevin Miller
- Medical Direction Standing Advisory Committee – Aaron Burnett, M.D.

HPSP 1 & 2

10. New Board Business – 12:20 p.m.

11. Closed Session – 12:21 p.m. (must have a quorum of members to vote)

Closed per Minn. Stat. § 144E.28, subdivision 5 and Minn. Stat. § 13D.05, Subd. 2(b)
(*Complaint Reviews*) and Minn. Stat. § 13D.05, Subd. 3(2) (*Personnel Matters*)

12. Re-Open Meeting

13. Adjourn – 12:45 p.m.

Next Board Meeting: Thursday July 21, 2016, at 10:00 a.m.

Attachment Key:

CA = Consent Agenda

ED = Executive Director

DPSAC = Data Policy Standing Advisory Committee

PTEW = Post Transition Education Workgroup

HPSP = Health Professional Services Program

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this agenda is posted at: <http://www.emsrb.state.mn.us>

**Note: Lunch to be served to Board Members
during brief recess as determined by Board Chair**

Meeting Minutes

CA 1

Emergency Medical Services Regulatory Board

Thursday March 17, 2016, 10:00 a.m.

Minneapolis, Minnesota

Attendance: J.B. Guiton, Board Chair; Rep. Jeff Backer; Lisa Brodsky (by phone); Aaron Burnett, M.D.; Lisa Consie (by phone); Patrick Coyne; Scott Hable (by phone); Megan Hartigan; Jeffrey Ho, M.D.; Michael Jordan; Paula Fink-Kocken, M.D.; Kevin Miller; John Pate, M.D.; Mark Schoenbaum; Jill Ryan Schultz; Matt Simpson; Tony Spector, Executive Director; Melody Nagy, Office Coordinator; Robert Norlen, Field Services Supervisor; Rose Olson, Licensing Administrator; Chris Popp, Compliance Supervisor; Mary Zappetillo, EMS Specialist; Greg Schaefer, Assistant Attorney General.

Absent: Steve DuChien; Mark Dunaski; Senator Kathy Sheran

1. Call to Order – 10:00 a.m.

Mr. Guiton called the meeting to order at 10:05 a.m. and asked for introductions from Board members and guests.

2. Public Comment – 10:05 a.m.

The public comment portion of the Board meeting is where the public may address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak must complete the participation form provided at the meeting room door prior to the start of the meeting. Please limit remarks to 3 minutes. The Board will listen attentively to comments but, in most instances, will not respond at the meeting. Typically, replies to issues or concerns expressed will be made via letter or phone call within a week.

None.

3. Review and Approve Board Meeting Agenda – 10:10 a.m.

Motion: Mr. Coyne moved to approve the agenda for the March 17, 2016, Board meeting. Mr. Simpson seconded. A roll call vote was taken. Motion carried.

4. Closed Session – 10:15 a.m.

Closed per Minn. Stat. § 144E.28, subdivision 5 and Minn. Stat. § 13D.05, Subd. 2(b) (*Complaint Reviews*) and Minn. Stat. § 13D.05, Subd. 3(2) (*Personnel Matters*)

Mr. Guiton moved the meeting to a closed session. A disciplinary action was discussed and voted on by Board members.

5. Re-Open Meeting – 10:25 a.m.

Mr. Guiton reopened the meeting.

6. Consent Agenda

Approval of Board Meeting Minutes from February 18, 2016.

Motion: Dr. Ho moved to approve the minutes from the February 18, 2016 Board meeting. Dr. Pate seconded. A roll call vote was taken. Motion carried.

All items listed under the consent agenda are considered to be routine by the EMSRB and will be enacted by one motion and an affirmative vote by a majority of the members present. There will be no separate discussion of these items unless a Board member requests to remove an item from the consent agenda and then the item will be considered a separate subject of discussion.

7. Board Chair Report

Post-Transition Education Workgroup Report & Recommendations

Ms. Consie said that the Workgroup has a recommendation for item number five that was discussed at the last Board meeting. Ms. Zappetillo provided handouts of the recommendation, and the Board discussed it.

Motion:

All NCCR components at the BLS level are taught by Minnesota Approved Education Programs or educators as approved by the Board and or Medical Director.

All NCCR components for advanced providers (AEMT/Paramedic) must meet NCCR criteria and must be verified by a Medical Director of either a Minnesota approved Paramedic/AEMT education program or of an ambulance service which provides oversight to the AEMT or Paramedic, or as approved by the Board.

Motion: Ms. Ryan Schultz moved to accept the recommendation from the workgroup. Dr. Ho seconded.

Motion: Mr. Miller moved that this item be tabled until the next Board meeting. Mr. Jordan seconded. A roll call vote was taken. Motion carried. Mr. Schoenbaum abstained from the vote.

Mr. Guiton asked the Workgroup to provide revised motion language for Board consideration at its next Board meeting and consistent with discussions and suggestions that occurred today. Mr. Guiton also directed staff to include in all future Board packet any document that will be the subject of Board discussion. Doing so will provide Board members the time needed to consider the information prior to meeting.

Legislative Changes Suggested by the Post-Transition Education Workgroup

Ms. Zappetillo said these items were discussed by the Legislative Ad-Hoc Workgroup and the Post-Transition Education Workgroup. Mr. Miller suggested these changes be included in the 2017 agency legislative initiative.

Medical Direction Standing Advisory Committee Report

Dr. Burnett said that MDSAC made a motion to ask the Board to send a letter of support for HR 4365. He said this bill is well-supported. It corrects deficiencies in current law.

Motion: Dr. Burnett moved that the EMSRB draft a letter of support for H.R. 4365 as it addresses deficiencies in current federal law as it relates to EMS medical practice and that the legislative committee share this letter with federal legislators. Dr. Pate seconded. A roll call vote was taken. Motion carried.

Dr. Burnett discussed another motion made at the MDSAC meeting relating to medication administration.

Motion: Dr. Burnett moved to clarify the definition of premeasured medication to include a commercial premeasured auto-injector, unit dose vial, or volume limited syringe to allow a maximum dose of medication to treat the condition consistent with the service medical director guidelines. Dr. Ho seconded. A roll call vote was taken. Motion carried.

Mr. Schaefer said this is a clarification of pre-measured. No rule change is required. Mr. Spector said that the agency will need to provide this information to ambulance services.

Dr. Burnett said that MDSAC is considering a monitoring program for health information exchange. This will be discussed at the next MDSAC meeting.

Data Policy Standing Advisory Committee Report

Ms. Hartigan said the Data Policy Standing Advisory Committee met to discuss transition of from NEMESIS version 2.2 to version 3.0. The suggested transition timeframe for direct data entry users is by December 31, 2016. The suggested timeframe for third party software import users is December 31, 2017. Board members discussed the timeline.

Michael Jordan left the meeting at 12:05 p.m.

Motion: Ms. Hartigan moved that Minnesota will start accepting and collecting MNSTAR version 3.4.0 NEMESIS compliant Patient Care Records (PCRs) on April 4, 2016. Group One direct data entry system users will submit MNSTAR 3.4.0 NEMESIS-compliant PCRs on or before December 31, 2016. Third-party software import system users will be compliant with MNSTAR/NEMESIS 3.4.0 requirements and submitting PCRs on or before December 31, 2017. Dr. Burnett seconded. A roll call vote was taken. Motion carried.

Pat Coyne left the meeting at 12:34 p.m.

8. Executive Director Report – Tony Spector

Agency Update

- The technical bill approved by the Board for the language change from “training program” to “education program” and for audit due dates for the regional programs was heard in committee yesterday. The House bill will be heard next week, and opposition is not anticipated. (SF 2480)
- Renewals are moving forward with a March 31 deadline. E-cards are being sent. There have been technical issues with MN.IT that have created some customer delays. The EMSRB will need to replace its elicensing system no later than September 2016.
- EMSRB staff attended the Long Hot Summer conference and staffed a booth.
- EMSRB is distributing a newsletter (copies provided)
- EMSRB staff will be attending the Southeast EMS Heroes Among Us regional conference and will be staffing a booth.
- Information is available on the EMSRB website to provide grants to ambulance services for extraordinary costs related to Ebola preparedness. The deadline for submitting a proposal is March 31.

9. Committee Reports

Ambulance Standards Ad-Hoc Work Group

Mr. Coyne will provide a report at the next meeting. The agenda for the next meeting is posted on the EMSRB website.

Complaint Review Panel

Mr. Simpson said he could provide information on the committee’s activities if requested.

Health Professional Services Program

Mr. Simpson said that two statistical reports were provided with the Board agenda material.

Legislative Ad Hoc Work Group

Mr. Miller said the work group has not met. There is active legislation this session, and the work group will meet again after session to develop legislative initiative to be considered by the full Board for 2017 legislative session.

10. New Board Business

None.

11. Adjourn – 12:46 p.m.

Motion: Dr. Burnett moved to adjourn. Dr. Fink-Kocken seconded. A roll call vote was taken.
Motion carried.

Next Board Meeting: Thursday, May 19, 2016, at 10:00 a.m.
EMSRB Office – Fourth Floor Conference Room

EMSRB Quarterly Reports 07/01/14-3/31/16

1 Ambulance Inspections Quarterly	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
Inspections Performance Success:	135.00%	120.00%	72.50%	95.00%	115.00%	57.50%	25.00%	0.00%
Average Total Inspections Due:	40	40	40	40	40	40	40	40
Total Inspections Complete:	54	48	29	38	46	23	10	
Difference from Inspections Due:	14	8	-11	-2	6	-17	-30	-40
Inspections Processed to Date:	54	102	131	169	46	69	79	79

324 Inspections Due	FY 2015/2016
Total Inspections Complete	306
% Complete	94.44%

ED 1

2 Ambulance Licenses Quarterly	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
Renewal Licenses - Performance Success:	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total License Applications Due:	27	38	24	39	45	69	34	0
Total License Applications Complete:	27	38	24	39	45	69	34	0
Difference from Licenses Due:	0	0	0	0	0	0	0	0
Renewal Licenses - Completed to Date:	27	65	89	128	45	113	147	

324 Ambulance Licenses	FY 2015	FY 2016
Total Renewals	128	148
% Complete	100.00%	100.00%

Licenses to Renew	128	148
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New Licenses - Performance Success:								
Application Received :	0	0	0	0	0	0	3	
Total License Applications Complete:	1	1	1	0	0	0	0	
New Licenses - Issued :	1	1	1	0	0	0	0	

Total New Licenses	3	0
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3 Complaints Investigations	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
Total Completed Investigations:	15	31	18	7	26	18	4	0
Day Range: 1-120	14	31	18	7	26	16	4	
Day Range: 121+	1	0	0	0	0	2	0	

Investigations	FY 2015	FY 2016
Total Investigations	71	48
% Complete by 120 Days	98.59%	95.83%

EMSRB Quarterly Reports 07/01/14-3/31/16

4 CRP Case Reviews	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
Total Cases Reviewed:	125	141	319	195	137	185	271	

108 Disclosures Reviewed by the Complaint Review Panel.		
CRP Case Review	FY 2015	FY 2016
Total Cases Reviewed	780	593

5 EMS Regions Grants	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
Total Grant Reimbursements Processed:	49	47	64	55	70	59	51	0
*Day Range: 1-45	29	28	55	52	70	59	48	
*Day Range: 46-50	7	8	2	2	0	0	0	
*Day Range: 51+	13	11	7	1	0	0	3	

EMS Reg. Grants	FY 2015	FY 2016
Total Grants	215	180
% Complete by 45 Days	76.28%	98.33%

*Based on Calendar Days

2 where the EMSRB needed updated vendor paperwork

1 invoice was missed by EMSRB staff, when error was found invoice was paid in 4 days.

6 Certifications: NREMT 1st Time Pass Rates	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: March 31, 2016								
State								
Total Certifications Attempts	213	309	133	380	272	211	145	
Passed	177	241	104	304	210	179	113	
Percentage	83%	78%	78%	80%	77%	85%	78%	
National								
Total Certifications Attempts	13,583	15,127	7,469	16,621	12,351	12,409	8,569	
Passed	9,857	10,595	5,278	11,576	9,145	9,158	6,070	
Percentage	73%	70%	71%	70%	74%	74%	71%	

State Certifications	FY 2015	FY 2016
Total Certifications	1035	628
1st Time Pass %	79.81%	79.94%

National Certifications	FY 2015	FY 2016
Total Certifications	52800	33329
1st Time Pass %	70.66%	73.13%

EMSRB Quarterly Reports 07/01/14-3/31/16

7 Certification / Licensure Count	FY 2015				FY 2016				
	Date: March 31, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Certifications/Registrations on Record:	31,630	29,778	29,437	30,537	32,236	27,413	27,440		
Community Paramedic	81	88	93	97	102	109	113		
EMT / EMT-Basic	9,965	9,910	9,235	9,573	10,038	10295	9,104		
EMT-Intermediate / AEMT	121	121	75	77	80	82	24		
EMT-Paramedic / Paramedic	2,865	2,933	2,762	2,856	2,926	2992	2,810		
Emergency Medical Responder	18,598	16,726	17,272	17,934	18,565	13935	15,389		
Education Program	152	155	156	156	157	158	154		
Medical Response Unit	29	40	44	44	45	16	24		
Ambulance Service Licenses	324	324	325	325	325	324	324		

Fiscal Year/quarters: July 1 - June 30 (**Quarter 1** : July-September; **Quarter 2** : October-December; **Quarter 3**: January-March; **Quarter 4** : April-June)

Key:

- All **green** cells indicate values that are on target
- All **yellow** cells indicate values that are in danger of falling short of attaining the prescribed standard range for success (i.e. +/- 10%).
- All **Red** cells are significantly off target and require immediate attention

5. Certifications: 1st Time Pass Rates on Certifications is on target at 70% and above

Data Policy Standing Advisory Committee Recommendation to the Board: **Updated 5/3/2016 by DPSAC**

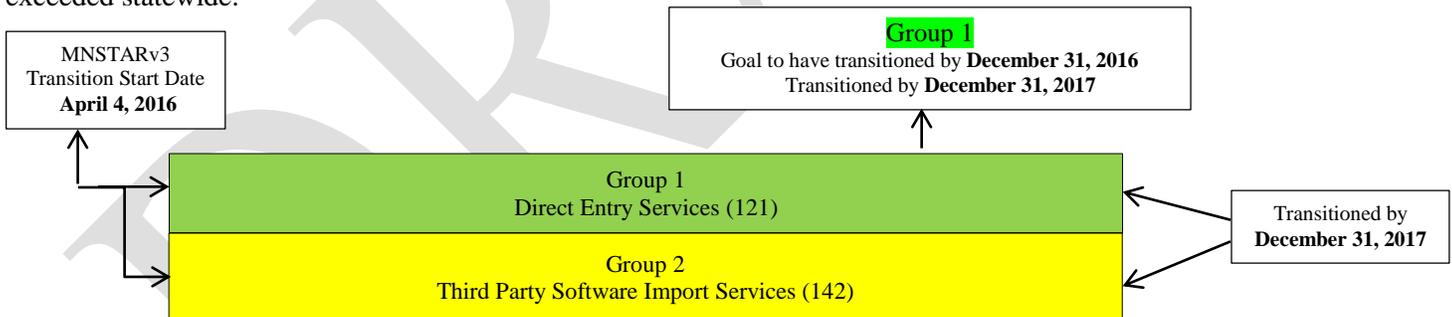
Re: *Implementation Plan & Timeline for MNSTAR v2 to v3 Transition (2016) - Board Meeting May 19, 2016*

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) – Data Policy Standing Advisory Committee (DPSAC) at their May 3, 2016 meeting has updated the following recommendation that was presented to the Board on March 17, 2016. The Board sent this recommendation back to DPSAC to have further discussion on the versions of a NEMSIS dataset that would be accepted for submission to MNSTAR version 3 and the overall timeline for transition of all services to MNSTAR version 3.

This recommended transition plan will allow ambulance services flexibility to plan, perform training, and implement v3.4.0 dataset prior to the state deadline of December 31, 2017. The change the DPSAC is recommending to the original recommendation is to allow submission of the NEMSIS version 3.3.4 dataset to MNSTAR for an interim period up to December 31, 2017, when all services will need to be transitioned to the NEMSIS version 3.4.0 dataset. The change to recommend allowing NEMSIS version 3.3.4 dataset submission in addition to version 3.4.0 dataset recognizes the needed to allow software vendors adequate time to implement and deploy their NEMSIS version 3.4.0 compliant software to their Minnesota ambulance service customers.

The EMSRB Data Policy Standing Advisory Committee (DPSAC) recommends Minnesota ambulance services move to MNSTAR v3 (NEMSIS version 3.4.0 or version 3.3.4 dataset) by first transitioning those agencies that utilize MNSTAR via Direct Entry to the MNSTAR web-site. This will be followed by agencies that import EMS records to MNSTAR via Third Party Software Record Exchange Methods.

The DPSAC recommends that ambulance services start the transition to MNSTARv3 beginning on **April 4, 2016** with a **goal** to have all Direct Entry MNSTAR system users transitioned to MNSTAR version 3 on or before **December 31, 2016** with the last day to submit v2 on **December 31, 2017**. Ambulance services using Third Party Software Record Exchange Methods will be transitioned on or before **December 31, 2017**. The DPSAC recommends ambulance services transition and implement MNSTAR version 3 as soon as possible to ensure all recommended timelines are met or exceeded statewide.



Group 1: Begin transition/implementation on **April 4, 2016** with the **goal** for services to be submitting version 3.4.0 data by **December 31, 2016** with the last day to submit v2 on **December 31, 2017**. Currently this would include 119 ambulance services statewide representing approximately 20% of the annual records submitted to MNSTAR.

Group 2: Begin transition/implementation on **April 4, 2016** with services submitting 3.3.4 or 3.4.0 NEMSIS datasets with the last day to submit v2 or 3.3.4 dataset on **December 31, 2017**. Currently this would include 144 ambulance services statewide representing approximately 80% of the annual records submitted to MNSTAR.

Motion by the Data Policy Committee: Recommendation to the Board: **Updated 5/3/2016 by DPSAC**

Minnesota will start accepting and collecting MNSTAR version 3.3.4 or 3.4.0 NEMSIS dataset Patient Care Records (PCRs) on April 4, 2016. Group 1 - Direct Data Entry system users will submit MNSTAR 3.4.0 NEMSIS compliant PCRs on or before **12/31/2017** with the **goal** to have these services transitioned by **12/31/2016**. Group 2 - Third Party Software Import system users will submit MNSTAR 3.4.0 NEMSIS compliant dataset on or before **12/31/2017**.

Also at the May 3, 2016 DPSAC meeting, Tony Spector raised concerns about the EMSRB seeking, collecting, and storing Social Security Numbers (SSNs) submitted by ambulance services through the MNSTAR system. Tony's concerns specifically relate to the consequences of a data breach that could result in unauthorized access to and release of Social Security Numbers. Tony asked the open question as to the need for the EMSRB to collect Social Security Numbers as part of a patient care reports. Bob Norlen explained that the Social Security Number data field is an "optional" data element that is not required to be submitted by ambulance services. The Social Security Number field is collected by ambulance services primarily for the services' billing purposes. The committee also discussed two areas related to not having Social Security Numbers collected by ambulance services and stored in the MNSTAR system:

- Impact on ambulance services that use MNSTAR submitted data for billing purposes.
- Impact on current and future data linkage projects with other healthcare datasets. Chris Ballard from the MDH stated that they use SSNs to link some of their trauma data when the SSNs are available. He also stated that there are alternative ways to link the data.

After significant discussion, it was decided that while ambulance services collect Social Security Numbers from patients for billing purposes, the State should no longer seek, accept, and store Social Security Numbers. Therefore, the DPSAC made the following motion as a recommendation to the Board:

Motion:

Recommendation to the Board: No longer accept and store Social Security Number (SSN) data elements [E_06.10 in v2] and/or [e.patient.12 in v3] in the MNSTAR systems. System modifications would need to be made to eliminate the SSN in each of these systems. DPSAC Consensus

Post Transition Education Workgroup Recommendation to the Board:¹

All National Continued Competency Requirement (NCCR) Components taught in Minnesota are administered by Minnesota-approved education programs

Anticipated Questions:

1. *If I am a medical director of a Minnesota EMS service, may I still teach my topics of choice?*

Yes, under the local section of the National Continued Competency Program (NCCP), you may decide what the 10 hours of continuing education hours may be for your service.

2. *If I am medical director, may I teach National Continued Competency Requirements (NCCR) topics of the NCCP?*

Yes, if you become affiliated with a Minnesota approved education program. If your service is already an approved education program, you need to have the program director add you to the approved list of instructors. If your service is not an approved education program, you may be able to affiliate with a local college or private organization that is an approved education program and then you may teach the NCCR required courses.

3. *How do conferences approve NCCR required topic courses?*

A conference may affiliate or work in conjunction with a local approved education program, which would then allow them to teach NCCR topics to attendees.

4. *What can a Minnesota-approved education program teach?*

So long as a program follows all requirements as set forth in Minn.Stat. § 144E.285 for the course they choose to teach, they are able to teach it. Under the new NCCP, the traditional DOT “refresher” no longer exists. Hours for recertification are done through CEU hours so a class offered for EMTs and Paramedics together may be used for each person’s recertification as long as the objectives for the topic are met for each level (EMT/Paramedic).

5. *How many states currently use the NREMT NCCP format?*

As of April 4, 2016, there are 22 states and one territory that use the NCCP format and three states where the format is optional. The U.S. Department of Homeland Security, State Department, and the Air Force also utilize the NCCP.

6. *Do courses I take in Iowa or North Dakota count under my NCCR hours?*

Yes, they may. This recommendation only applies to education taught in Minnesota. If a class from another state meets the required topics in the NCCR document, it may be used for your NCCR hour requirement. As of April 1, 2016, there are several states bordering Minnesota that have adopted NCCP and will often advertise courses as compliant with NCCR requirements.

¹ Recommendation discussed and voted on by the Post Transition Education Work Group at its meeting on April 25, 2016.

7. *Why can't I take any class and have it count under my NCCR hours?*

By having Minnesota-approved education programs teach the NREMT required hours, there is no confusion that the hours meet the requirements. This also ensures that appropriate education is being delivered in the state as determined by the EMSRB in its regulatory function.

FREQUENTLY ASKED QUESTIONS

NATIONAL CONTINUED COMPETENCY PROGRAM

MARK KING INITIATIVE

THE FOLLOWING ARE ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE NATIONAL CONTINUED COMPETENCY PROGRAM

1. Identify who declares Local Continued Competency Requirements (LCCR) & Individual Continued Competency Requirements (ICCR) competencies and specifically how? Is there is a process? National Continued Competency Requirements (NCCR) is clear, but these are not.

Hours at the LCCR level are developed at the local EMS level. These can be State, Region or Agency specific. At the agency level these could be developed by the Medical Director or the Training Officer. These topics can include things like:

- ~ State or Local protocol changes
- ~ Tasks that require remediation based on QA/QI review
- ~ High criticality/low frequency calls
- ~ Topics chosen from run reviews
- ~ Skills evaluations

The education methods stay the same.

Hours at the ICCR level are determined by the individual and can include any EMS related topic. The education methods stay the same.

2. What about CEU hours done prior to April 1, 2016?

If you recertify in 2017, then all CEU hours done between April 1, 2015 & March 31, 2016 will count toward your recertification in 2017.

3. Will the National Continued Competency Program (NCCP) be required for those that recertify in 2017?

The NCCP model of education replaced previous re-certification requirements beginning April 1, 2016, so, **YES** the NCCP will be required for those that recertify in 2017. All certified EMS personnel in Minnesota will be required to have the number of hours required by the NCCP model for the level appropriate to their certification. The NCCR portion of the requirements replace the “traditional” refresher class. Individuals re-certifying in 2017 should attempt to obtain as many of the NCCR topics as possible moving forward, however, any education received prior to April 1, 2016 will count toward your re-certification in 2017. Education Programs must replace their “traditional” refresher with the NCCR requirements moving forward from April 1, 2016, so those hours will be available to those that rely on a “refresher” to get those hours.

4. How will the NCCP Categories transition into re-certification classes?

The NCCP is broken into three categories:

- ~ The NCCR – it is developed at the National Level by the NREMT. This content replaces the “traditional refresher”. This is developed by a national panel of experts and allows for education designed from evidence based medicine, position papers, national trends and new scope of practice initiatives. It is provided from the NREMT on a four-year rotation.
- ~ The LCCR – it is developed at the local level – meaning state, region or agency specific. This content can pertain to state or local protocol changes, QA/QI research or run reviews.
- ~ The ICCR – At this level the individual is free to take any EMS related education.

For more information specific to your certification level: [EMT](#) [AEMT](#) [Paramedic](#)

5. What if I don't want or need National Registry certification – Can I keep doing the “old refresher” until I retire?

NO – All EMS personnel in Minnesota will need to complete the requirements of the NCCP whether they choose to hold NREMT certification or not. Those choosing to hold state-only certification also need to follow these requirements. These requirements ensure that there will be no confusion as to what is expected of EMS personnel for re-certification in Minnesota.

6. If I do not want to regain my National Registry certification, what continuing education is required?

All certified EMS personnel will be required to obtain the same education requirements appropriate to the level of certification. This education must follow the NCCP guidelines – paramedic = 60 hrs., AEMT = 50 hrs., EMT = 40 hrs. Please see the specific requirements: [EMT](#) [AEMT](#) [Paramedic](#)

7. What years were EMT-only certification given?

We believe this question refers to when “Minnesota- only “certification was granted without needing NREMT certification. Approximately 2005-2006.

8. How do those who are state-only certified transition to National Registry certification.

The State of Minnesota has made an official request of the NREMT to participate in the Mark King Initiative offered by the NREMT. This initiative allows EMS personnel who hold current state certification to regain their NREMT certification at the level they last held, without testing. This would include almost all currently certified personnel in Minnesota, because Minnesota requires NREMT certification for initial State of Minnesota certification.

THE FOLLOWING ARE ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE MARK KING INITIATIVE

9. How do I regain my National Registry certification under the Mark King Initiative (MKI)?

The EMSRB is currently working with the NREMT to determine those eligible for participation in the MKI. Once that is determined, all you need to do is create an application on the NREMT website and pay the appropriate fee for the level for which you are applying.

10. When will the decision be made about the Mark King Initiative (MKI)?

The decision to participate in the MKI has already been made. This recommendation of the Post Transition Education Workgroup was approved by the EMS Regulatory Board at its February 18, 2016 meeting. EMSRB staff is currently working with NREMT staff to determine the timeline as to when this process will begin. An announcement will be made shortly.

11. When can I apply for the Mark King Initiative and regain my National Registry?

EMSRB staff is working with the NREMT to determine eligibility and timelines for the application process to start. Staff met with the NREMT May 4, 2016 to further discuss this process. An announcement will be made shortly.

12. Why would someone not want National Registry certification if the education hours are identical?

There are a myriad of reasons which may include not planning on moving to another state or not wanting to pay the fee. It is strictly a personal decision.

13. If I am not actively providing EMS services can I get my National Registry back through the Mark King Initiative process?

Yes – as long as you have current State of Minnesota certification. The NREMT will grant you NREMT certification but with the designation of “inactive.” This designation is for National Registry-certified personnel who are not currently providing patient care at their certification level.

14. If I am from out-of- state and hold National Registry. Will Minnesota automatically issue state certification?

Minnesota will grant certification – **however** – it is not automatic. A person who holds current NREMT certification must complete an application with the EMSRB and meet agency-eligibility requirements in order to receive certification from Minnesota.

15. Do I have to re-register with the EMSRB and the NREMT? Doesn't NREMT cover it now?

YES - you will need to apply at both agencies. NREMT certification verifies that you have met the educational competencies to be certified at a particular level. State certification, however, is required if you wish to be perform as an EMT, AEMT, or Paramedic in Minnesota. State certification requires that an individual complete a board-approved application which includes answering the mandatory disclosure questions.

16. Will there be a way to upload an NREMT card when I complete the State application? Can there be?

The EMSRB is currently working on a new, on-line, licensing platform. We hope to integrate many of these types of “conveniences” into the design of that system.

17. What if I expired in 2015 and I do not have National Registry certification from the NREMT. Do I use the NCCP content or previously required hours? Do I still do a practical test?

According to Minnesota Statute, if you expired in 2015 you have a four-year grace period in which to meet the re-certification requirements and complete a “Re-entry of Expired Personnel” application. Since your last education was prior to the Transition to the New Education Standards, you will need to complete the requirements of the transition period which include the transition course and the seven station NREMT psychomotor exam.

BELOW IS AN ANSWER TO A FREQUENTLY ASKED QUESTION ABOUT EMERGENCY MEDICAL RESPONDERS

18. What are the recertification requirements for Emergency Medical Responders?

At this time, there are no changes to the requirements for re-registration for Emergency Medical Responders in Minnesota. Evaluating current re-registration requirements is one of the charges to the Post Transition Education Workgroup. However, there has been no discussion on this topic at this time. So the current requirements as stated in statute remain. Once the workgroup makes any recommendations, it will follow the same processes as with the recommendations for EMTs and above. There will be a focus on communicating the information on the recommendations for EMR to the EMS community prior to any recommendations going to the Board for approval.

Please do not hesitate to contact the EMSRB if you would like clarification with any of these answers or if you have additional questions.

HPSP Monthly Case Allocation Report

HPSP 1

Begin Dat

Report Date: 5/3/2016

End Date

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Behavioral Health and Therapy						
	Licensed Prof. Clinical Counselor	5	0	0	3	3
	Licensed Professional Counselor	17	0	0	0	0
	Board Total	22	0	0	3	3
Behavioral Health and Therapy-2						
	LADC	200	1	1	20	21
	Board Total	200	1	1	20	21
Benha						
	Administrator	8	1	0	0	0
	Board Total	8	1	0	0	0
Chiropractic Examiners						
	Chiropractor	225	1	1	10	11
	Board Total	225	1	1	10	11
Dentistry						
	Dental Asst.	274	0	2	12	14
	Dental Hyg.	170	0	0	7	7
	Dental Therapist	4	0	0	0	0
	Dentist	234	1	1	10	11
	Board Total	682	1	3	29	32
Department of Health						
	Alternative Medicine Providers	3	0	0	0	0
	Audiologists	1	0	0	0	0
	Hearing Instrument Dispencers	2	0	0	0	0
	OTA's	6	0	0	0	0
	OT's	22	0	0	6	6
	Speech/Language Pathologists	9	0	0	0	0
	Board Total	43	0	0	6	6

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Dietetics and Nutrition						
	Licensed Dietitian	10	0	1	4	5
	Licensed Nutritionist	0	0	0	0	0
	Board Total	10	0	1	4	5
EMS						
	AEMT	0	0	0	0	0
	CMPA	0	0	0	0	0
	EMR	36	1	1	1	2
	EMTI	6	0	1	3	4
	EMTN	97	0	0	3	3
	EMTP	65	0	0	7	7
	Board Total	204	1	2	14	16
Marriage & Family Therapy						
	Licensed Marriage & Fam. Therapist	31	1	0	2	2
	Board Total	31	1	0	2	2
Medical Practice						
	Acupunct.	4	0	0	0	0
	Athletic Trainer	13	0	0	0	0
	Phys. Asst.	75	0	0	5	5
	Phys. Therap.	0	0	0	0	0
	Physician	1119	3	1	78	79
	RCP	99	0	0	4	4
	Resident	44	0	0	1	1
	Board Total	1354	3	1	88	89
Nursing						
	LPN	1222	6	3	47	50
	RN	3261	15	9	234	243
	Board Total	4483	21	12	281	293
Office of Mental Health Practice (Social						
	Unlicensed Mental Health Practitioner	5	0	0	0	0
	Board Total	5	0	0	0	0

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Optometry						
	Optometrist	15	0	0	0	0
	Board Total	15	0	0	0	0
Pharmacy						
	Intern	11	0	0	1	1
	Pharmacist	214	0	0	20	20
	Tech	60	0	0	3	3
	Board Total	285	0	0	24	24
Physical Therapy						
	Physical Therapist	93	2	5	11	16
	PT Assistant	30	2	2	4	6
	Board Total	123	4	7	15	22
Podiatric Medicine						
	Podiatrist	12	0	0	1	1
	Resident	0	0	0	0	0
	Board Total	12	0	0	1	1
Psychology						
	Psychologist	70	0	0	6	6
	Board Total	70	0	0	6	6
Social Work						
	LGSW	44	0	0	8	8
	LICSW	71	0	1	4	5
	LISW	7	0	0	2	2
	LSW	81	0	0	2	2
	Board Total	203	0	1	16	17
Veterinary Medicine						
	Veterinarian	57	0	0	6	6
	Board Total	57	0	0	6	6
	Total	8032	34	29	525	554

HPSP Report - Referrals by Board and Profession

Begin Date: 4/1/2016

End Date: 4/30/2016

Report Date: 5/3/2016

Board	Profession	Referral Source	Counts
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Behavioral Health and Therapy

	Licensed Prof. Clinical Co	Board - Eligibility for Monitoring	1
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		Board Total	1
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Behavioral Health and Therapy-2

	LADC	Board - Eligibility for Monitoring	1
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		Board Total	1
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Chiropractic Examiners

	Chiropractor	Board - Eligibility for Monitoring	3
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		Board Total	3
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Dentistry

	Dental Asst.	Board - Eligibility for Monitoring	2
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	Dentist	Self-Report	1
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		Board Total	3
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Department of Health

	Hearing Instrument Dispe	Board Action	1
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		Board Total	1
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Dietetics and Nutrition

	Licensed Dietitian	Self-Report	1
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		Board Total	1
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EMS

	EMR	Board - Eligibility for Monitoring	2
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		Board Total	2
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Medical Practice

	Physician	Self-Report	2
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	Phys. Asst.	Third Party	1
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Board	Profession	Referral Source	Counts
Board Total			3
Nursing			
	RN	Board - Eligibility for Monitoring	4
	RN	Board - Follow-Up to Diagnosis/Treatment	2
	RN	Board Action	6
	RN	Self-Report	4
	RN	Third Party	1
	LPN	Board - Eligibility for Monitoring	2
Board Total			19
Physical Therapy			
	Physical Therapist	Third Party	1
Board Total			1
Social Work			
	LICSW	Self-Report	2
	LGSW	Board - Follow-Up to Diagnosis/Treatment	1
Board Total			3
Total:			38

HPSP Report - Discharges by Board and Profession

Case Closed Date From: 4/1/2016

Report Date: 5/3/2016

To: 4/30/2016

Board	Profession	Discharge Category	Counts
Behavioral Health and Therapy-2			
	LADC	Non-Compliance	1
			Board Total: 1
Benha			
	Administrator	Completion	1
			Board Total: 1
Chiropractic Examiners			
	Chiropractor	Non-Cooperation	1
			Board Total: 1
Dentistry			
	Dentist	Completion	1
			Board Total: 1
EMS			
	EMR	No Contact	1
			Board Total: 1
Marriage & Family Therapy			
	Licensed Marriage & Fam. The	Non-Cooperation	1
			Board Total: 1
Medical Practice			
	Physician	Completion	3
			Board Total: 3
Nursing			
	LPN	Non-Jurisdictional	1
		Non-Cooperation	2

Board	Profession	Discharge Category	Counts
		No Contact	1
	RN	Voluntary Withdrawal	2
		Ineligible - Monitored	2
		Completion	4
		Non-Compliance	2
		No Contact	1
		Non-Cooperation	2
		Non-Jurisdictional	2
		Voluntary Withdrawal	2
		Board Total:	21
Physical Therapy	Physical Therapist	Completion	1
		Non-Jurisdictional	1
	PT Assistant	Non-Jurisdictional	1
		Completion	1
		Board Total:	4
		Total:	34

HPSP Screen Panels

Panel 1	Panel 4	Panel 5
\$20.00	\$30.00	\$40.00
Basic Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Opiates, THC	Basic and Extended Opiate/Stimulants	Panels 1 & 4
Amphetamines (EIA,1000/ GCMS,100) Dexedrine, Adderal, Vyvanse	Opiates in P1 plus the following:	Amphets in Panel 1 & 4
Bezadrine	Methylphenidate (Ritalin, Concerta)	Barbs in Panel 1
Methamphetamine	Methadone	Benzos in Panel 1 & 4
Desoxyn	Tramadol (Ultram)	Cocaine in P1
MDMA (Ecstasy)	Butorphanol (Stadol)	Ethanol (<24hrs) in P1
MDA	Meperidine (Demerol)	Opiates in Panels 1 & 4
Barbiturates (EIA,200/ GCMS,200)	Nalbuphine (Nubaine)	THC in P1
Amobarbital (Amytal)	Demoral	Notify lab of drugs not listed (i.e.: synthetic cannabis)
Butalbital (Fioricet or Fiorinal)	Ambien	
Secobarbital (Seconal)	Soma	
Pentobarbital (Nembutal)	Ketamine	
Benzodiazepines (EIA,200/ GCMS,100)	Propofol*	
Nordiazepam (metabolite of Diazepam or Valium)	Fentanyl*	
Temazepam (restoril)	Versed*	
Oxazepam (Serax)	All OTC or RX	
Alpha-OH-alprazolam (metabolite of Alprazolam or Xanax)	*For the yellowed drugs above, you need to put the drug name on the HCMC Account Generation form before faxing it to HCMC.	
Clonazepam (Klonopin)		
Lorazepam (Ativan)		
Cocaine (EIA,300/ GCMS,60)		
Ethanol (EIA,.01/ GC,.01)		
Opiates (EIA,300/ GCMS,100)		
Codeine(Tylenol #3)		
Morphine (Roxanol, MS Contin)		
Hydrocodone (Vicodine, Lortab)		
Hydromorphone (Dialaudid)		
Oxycodone (EIA,100/ GCMS,100) (Percocet, Percodan, Darvocet, Darvon, Oxycontin)		
Propoxyphene (Darvocet, Darvon)		
THC (EIA,50/ GCMS,5)		

HPSP Screen Panels

Panel 7	Panel 9	Panel 10	Panel 11	Panel 12
\$40.00	\$5.00	\$15.00	\$35.00	depends
Panel 4 + 10	Alcohol Only	EtG + EtS + Ethanol	Panels 1 + 10	You pick

HCMC charges the following fees for additional laboratory services:

Confirmation of a positive screen: \$11.00

Medical Review officer opinion: \$25.00

Urinalysis/Culture for bacteria and yeast: \$20.00

Chain of custody urine collections at HCMC: \$11.00

As of 7/9/2015/mf