

Minnesota Attorney General: Administrative Rules Proceedings

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STATE OF MINNESOTA

DEPARTMENT Attorney General

Office Memorandum

TO : GEORGE R. PETTERSEN, M.D.
Commissioner of Health

DATE: May 9, 1980

AttN; WILLIAM B. MILLER
Special Assistant Attorney General

FROM : Joanne E. Hinderaker JEH
Special Assistant
Attorney General

PHONE: 296-4692

SUBJECT: Rules as Approved In the Matter of Proposed Rules Relating to Life Support Transportation Services.

Enclosed herewith are the rules you have submitted for approval. These rules have been approved by this office and filed with the Secretary of State. Note that they have NOT been filed with the State Register; this must be done promptly by your agency.

Upon receipt and before transmittal to your agency, however, it is important that you recheck these rules as to:

1. Affixation of the stamps of the Attorney General and Secretary of State to the last page of the rules;

2. Coverage by these stamps of all rules submitted; and

3. Inclusion of all pages of the rules in the approved set.

Directly following the approved rules is a complete set of required documents and transcript which must be retained with the rules by you or your agency.

If you have any questions in this regard, please contact me.

JEH:mb

Enclosure
cc: Duane Harves
Susan Robertson

7 MCAR § 1.601 Definitions.

A. "Air ambulance" means an ambulance that is designed and manufactured to travel by air, and includes fixed wing aircraft and helicopters.

B. "ALS" means advanced life support transportation service.

C. "BLS" means basic life support transportation service.

D. "Central base of operation" means a base of operation for a life support transportation service that serves as the coordinating point for other bases of operation of a licensee within a single primary service area.

E. "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

F. "Change in type of service" means any change in the schedule of:

1. skills and equipment used in patient care;

2. hours during which service will be available; or

3. group(s) of individuals for whom services will be provided exclusively such that a new type or types of licenses are required.

G. "Change of base of operation" means a change involving a relocation of vehicles, related equipment, and personnel housed at one location for housing at another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

H. "City of the first class" and "city of the second class" have the meanings given to them in Minn. Stat. ch. 410.

I. "Commissioner" means Commissioner of Health.

J. "Communications base" means the location at which equipment is housed for use in two-way radio communications with ambulances or medical facilities.

K. "Disaster" means a sudden occurrence or other temporary condition determined to have resulted or to be likely to result in such widespread damage and such mass casualties or threats to the health and safety of members of the public that available life support transportation services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

L. "Full operating condition and good repair" means a condition whereby all systems, parts, elements and components are completely workable, operational and reliable.

M. "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

N. "Medical control" means the direction by physicians of out-of-hospital emergency medical care delivered by non-physicians that is provided directly on the scene or through direct oral communication by radio or telephone, or indirectly through written patient triage, treatment, and transfer guidelines or protocols, and that includes the following:

1. providing advice on training and orientation of personnel,

2. providing advice on upgrading and purchasing equipment,

3. prescribing and maintaining any standing orders,

4. providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment, and

5. assisting with the development and operation of an internal quality assurance mechanism that includes review of services provided.

O. "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

P. "Osteopath" means a person licensed to practice osteopathy pursuant to Minn. Stat. §§ 148.11-148.16 prior to 1963 or licensed to practice medicine pursuant to Minn. Stat. ch. 147.

Q. "Physician" means a person licensed to practice medicine pursuant to Minn. Stat. ch. 147.

R. "Registered Nurse" means a person licensed to practice professional nursing pursuant to Minn. Stat. ch. 148.

S. "Scheduled advanced life support transportation service" means an advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

T. "Scheduled basic life support transportation service" means a basic life support transportation service that:

1. restricts the availability of its service to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

U. "Scheduled life support transportation service" means basic or advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

V. "Single-service" means designed and manufactured to be used once and then disposed of, not to be re-used.

W. "Sterile" means the state of being free from microorganisms.

X. "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological parameters.

Y. "Treatment" means the use of the skills or equipment required by these rules for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

Z. "Variance" means permission to comply in a manner other than that generally specified.

AA. "Waiver" means permission not to comply.

7 MCAR § 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, change in primary service area, change in base of operations, or type of service provided shall be made on a form provided by the Commissioner and shall include, at a minimum, the following categories of information to allow

a determination of compliance with the requirements of Minn. Stat. §§ 144.801 et seq. and to provide sufficient information for local and regional reviews as prescribed in Minn. Stat. § 144.802:

a. identification, location and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. the address of all bases of operation;

c. the names, addresses, and telephone numbers of the following:

(1) the medical advisor or medical director of the service, and

(2) the base hospital or affiliated medical facility, if any, for the service;

d. the location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. the type of action requested (new license, license renewal, change in primary service area, change of base of operations, or change in type of service provided);

f. the type and identification of ownership;

g. the type and identification of the entity responsible for operation, if different from ownership;

h. a declaration of proposed primary service area according to the requirements of 7 MCAR § 1.608 F.;

i. back-up coverage, including reserve ambulance(s) owned by applicant, back-up services, and indication of signed mutual aid agreements with neighboring providers;

j. other licensed providers in the primary service area;

k. a description of the population to be served;

l. type of service to be licensed;

m. actual past and estimated future utilization of service;

n. basic actual or estimated financial data, including:

(1) revenue or income (actual and in-kind),

(2) actual or projected charges,

(3) sources of revenue by type, and

(4) expenses (actual and imputed) by category;

o. qualifications of personnel, including:

(1) numbers and credentials of attendants and drivers, and

(2) names and addresses of key personnel; and

p. a listing and description of all ambulances to be used by the service if licensed.

2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

3. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

B. Contents of applications for license of new services, expansions of primary service area, and changes in base of operation or type of service.

1. An application for licensure of a new service or for a change in base of operation, primary service area, or type of service shall include, at a minimum, the following categories of information to allow for a determination of need for the proposed service by local units of government, local boards of health, and Health Systems Agencies, as prescribed in Minn. Stat. § 144.802, subd. 3, and to allow for a determination of the applicability of Minn. Stat. §§ 145.832-144.845, the Minnesota Certificate of Need Law:

a. a description of the proposed new service, change in base of operation, expansion of primary service area, or change in type of service;

b. a justification of the need for the proposed new service or modification in service;

c. a description of the population to be served by the proposed new service or modified service;

d. a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service; and

e. a statement of all costs associated with the new service, including any capital costs as defined in Minn. Stat. §§ 145.832-145.845, operating costs and projected patient charges for at least one year, and other related information.

2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

C. Contents of applications for life support licensure by health care facilities subject to certificate of need review under Minn. Stat. §§ 145.832-145.845.

1. Applicants for life support licensure that are health care facilities as defined in Minn. Stat. § 145.833, subd. 2, shall submit sufficient information on the forms described in 7 MCAR § 1.602 A. and B. above to allow for a determination of the need for review for a certificate of need as prescribed in Minn. Stat. § 145.834.

2. Applicants for life support licensure that are determined to be subject to certificate of need review by the Commissioner shall provide such additional information as may be required by Minn. Stat. § 145.836; such information shall be submitted on forms provided by the Commissioner and shall meet all criteria specified in rule and statute for certificate of need applications.

7 MCAR § 1.603 Standards for operation of basic life support transportation services.

A. Personnel.

1. Qualifications.

a. No person shall function as an attendant or driver or represent himself or herself as an attendant or driver of a basic life support transportation service (BLS) ambulance unless that person:

(1) possesses a current American Red Cross advanced first aid certificate; or

(2) possesses a current emergency care certificate issued by the Commissioner pursuant to Minn. Stat. § 214.13; or

(3) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(4) meets the qualifications of 7 MCAR § 1.604 A. for an advanced life support transportation service ambulance.

b. The requirement set forth in 7 MCAR § 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulances.

2. Staffing.

a. Each BLS licensee shall employ or otherwise have on staff a minimum of five persons qualified under 7 MCAR § 1.603 A.1.a. and shall maintain:

(1) a current roster, including the name, address and qualification of such persons; and

(2) files documenting personnel qualifications.

b. By July 1, 1985, each licensee shall have a physician medical advisor responsible for at least:

(1) providing advice on training and orientation of personnel;

(2) providing advice on upgrading and purchasing equipment;

(3) prescribing and maintaining any standing orders;

(4) providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and

(5) assisting with the development and operation of an internal quality assurance mechanism that shall include review of services provided.

c. The name and address of the medical advisor and a written statement signed by the medical advisor indicating his or her acceptance of the responsibilities as specified in 7 MCAR § 1.603 A.2.b. shall be maintained in the files of the licensee.

d. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant, provided that the service shall:

(1) make all reasonble efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;

(2) document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient (such documentation shall include an explanation of what reasonable efforts were made to arrange for an attendant to be present); and

(3) maintain such documentation in its files.

3. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. All ambulances shall carry equipment that complies with the following standards:

(1) splinting equipment that shall include:

(a) one lower-extremity traction splint;

(b) fixation splints for fractures of both legs and both arms;

(c) one short and one long backboard with head immobilization gear and patient fixation straps;

(2) ventilation assistance and airway maintenance equipment that shall include:

(a) one portable oxygen system complying with the following specifications:

(i) high-pressure tank regulated to 50 psi at flowmeter;

(ii) calibrated to deliver to patient two to 15 liters per minute;

(iii) minimum of 20 minutes supply at a rate of 15 liters per minute;

(iv) single service tubing from regulator valve outlet to patient;

(v) single service nasal cannula and single-service inhalation mask;

(vi) one each of infant, child and adult masks for administration of oxygen at a concentration of at least 40%; and

(vii) capability for use as oxygen source as described in 7 MCAR § 1.603 B.1.a.(2)(c) below.

(b) one oxygen system for use in the ambulance that complies with 7 MCAR § 1.603 B.1.a.(2)(a)(i),(ii),(iv)-(vii); such a system shall be capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute;

(c) one each clear-domed mask for infant, child and adult patients with a 15/22 mm adapter and oxygen inlet port for mouth-to-mask or mechanical-device mask ventilation; or one each of infant, child and adult masks with an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

(d) portable suction apparatus with catheter or oral suction equipment that shall:

(i) use a non-breakable bottle for collection of the aspirated material, and

(ii) be capable of producing a vacuum of 150 mmHg with an air flow rate of 15 liters per minute for a period of at least five minutes (if the power source is oxygen, this requirement shall be in addition to the time requirement for the administration of oxygen to the patient); and

(e) one each of oropharyngeal airways in adult, child and infant sizes;

(3) dressings, bandages, and bandaging equipment that shall include, at a minimum:

(a) two universal or multitrauma dressings approximately ten inches by 30 inches;

(b) twelve sterile gauze pads or twelve sterile abdominal pad dressings;

(c) two rolls of adhesive tape;

(d) six soft rolled bandages, approximately six inches wide and five yards long; and

(e) bandage shears;

(4) one poison-treatment kit that shall include:

(a) two ounces of syrup of ipecac, and

(b) one quart drinking water in a non-breakable container;

(5) one emergency obstetric kit that shall include:

(a) three sterile towels and two sterile drapes;

(b) bulb syringe;

(c) four sterile pads or sterile sanitary napkins;

(d) plastic bag or basin;

(e) two sterile cord clamps or ties;

(f) one 18-inch by 25-foot roll of aluminum foil or one aluminum blanket, either of which must be sterile and wrapped;

(g) sterile shears or scalpel; and

(h) single service sterile gloves;

(6) equipment for determination of vital signs that shall include:

(a) one stethoscope, and

(b) one sphygmomanometer with cuffs for use with child and adult patients;

(7) a detailed current map for use in locating all points in the primary service area;

(8) extrication equipment that shall include either one twenty-four-inch wrecking bar or a commercial extrication device (KT tool or similar device); and

(9) other equipment that shall include:

(a) one stretcher 72 to 84 inches long and 18 to 24 inches wide;

(b) two sheets, two blankets, and one pillow;

(c) emesis container;

(d) one flashlight; and

(e) one fire extinguisher, five-pound dry-chemical type with A:B:C rating.

b. Inflatable anti-shock trousers may be carried and used by BLS services only if:

(1) all attendants and drivers have been trained in their use;

(2) use of such equipment has been authorized by the medical advisor; and

(3) documentation of (1) and (2) is retained in the licensee's files.

c. All equipment carried by an ambulance shall be stored so that the patient, attendant and/or driver are not injured or otherwise interfered with in the event of sudden stop or movement of the ambulance during transport.

d. All equipment required by 7 MCAR § 1.603 B.1.a. shall be permanently stored and kept on or in the ambulance unless otherwise provided for in 7 MCAR § 1.603 B.2.

2. Air ambulance equipment.

a. Air ambulances licensed to provide basic life support transportation service shall carry all equipment listed in 7 MCAR § 1.603 B.1.a. with the exception of the equipment in 7 MCAR § 1.603 B.1.a.(8) and (9)(e).

b. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

c. Equipment required in 7 MCAR § 1.603 B.2.a. that is not permanently stored on or in an air ambulance shall be kept separate from the air ambulance in a modular pre-packaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

3. Maintenance and sanitation.

a. All equipment shall be maintained in full operating condition and in good repair.

b. All equipment and containers used for storage of equipment shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. Sheets and pillowcases shall be changed after each use.

d. Single-service equipment shall be wrapped, stored and handled so as to prevent contamination and shall be disposed of after use.

e. Re-usable equipment shall be cleaned after each use so as to be free from dirt, grease and other offensive matter.

f. Equipment soiled or otherwise not free from dirt, grease and other offensive matter, shall be kept in plastic bags or securely covered containers until disposed of or prepared for re-use.

g. Procedures for the periodic performance testing of mechanical equipment listed in 7 MCAR § 1.603 B.1.a.(2) and (6)(b) shall be developed, maintained and followed; and records of such performance testing shall be kept in the licensee files.

C. Ambulance standards.

1. Land ambulances.

a. All new land ambulances purchased by a licensee after June 30, 1981, shall comply with the following standards:

(1) the size of the patient compartment shall be a minimum of 116 inches long and 54 inches high (floor to ceiling) and shall provide in width:

(a) not less than 69 inches (wall to wall); or

(b) attendant walkway and kneeling space that shall consist of:

(i) not less than 12 inches of clear walkway between stretcher and fixed bench and between stretchers, and

(ii) not less than 25 inches width and 9 inches height of kneeling space for attendants along the right-hand side of the forward half of the primary stretcher, measured at floor level from the forward right-hand corner of the primary stretcher;

(2) the door openings to the patient compartment shall be a minimum of 30 inches wide and 42 inches high and the doors to the patient compartment must be operable from inside the ambulance;

(3) the interior storage areas shall provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and shall be located so as to provide for easy access to all equipment;

(4) the interior lighting in the patient compartment shall include overhead or dome lighting and be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; illumination shall provide a minimum intensity of 40 foot candles at the floor level to allow illumination for administering life support services;

(5) environmental equipment shall include a heater for the patient compartment that shall have a minimum output of 21,000 BTUs; and

(6) the ambulance shall:

(a) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less,

(b) have fuel capacity to provide no less than 175-mile range;

(c) have ground clearance of at least six inches when loaded to G.V.W. rating; and

(d) be capable of full performance at ambient temperatures of -30 degrees F. to 125 degrees F.

b. Land ambulances that comply with the standards issued by the Department of Transportation in Federal Specifications KKK-1822 for Ambulance Emergency Medical Care Vehicle (dated January 2, 1974 and amended June 25, 1975), with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in this section.

c. All ambulances purchased by a licensee on or before June 30, 1981, shall substantially comply with the standards contained in this section as determined by the Commissioner according to the following considerations:

(1) size of patient compartment to allow adequate space for administering life support services;

(2) dimensions of door openings to patient compartment and operation of doors to patient compartment to allow for easy access;

(3) design and location of interior storage areas to allow for adequate storage and easy access;

(4) design and operation of interior lighting in patient compartment to allow adequate illumination for administering life support services;

(5) design and operation of environmental equipment to allow for proper heating; and

(6) design, operation and suspension to allow for safe and stable transport.

2. Air ambulances.

a. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

3. Standards for ambulances other than land or air ambulances.

a. Ambulances other than land or air ambulances shall substantially comply with 7 MCAR § 1.603 C.1.a. as determined by the Commissioner according to the considerations set forth in 7 MCAR § 1.603 C.1.c.(1)-(6).

4. Restraining devices.

a. All ambulances shall be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

5. Maintenance and sanitation.

a. Each ambulance shall be maintained in full operating condition and in good repair and documentation of such maintenance shall be kept in the licensee's file.

b. The interior of the ambulance, including all storage areas, shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a contagious disease (other than a common cold) liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment that come in contact with such patient shall, immediately after each use, be cleaned so as to be free from dirt, grease and other offensive matter and be disinfected so as to prevent the presence of a level of microbiologic agents injurious to health.

D. Communications.

1. Compliance. All BLS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Ambulances shall have a two-way Very High Frequency (VHF) mobile radio, with Continuous Tone Coded Squelch System (CTCSS), capable of operating on at least two VHF high-band radio-frequency (r-f) channels.

b. Each BLS service shall have the capability of using a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels.

c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for medical communications as provided in 7 MCAR § 1.603 D.2.d. and shall use Channel Two for statewide communications.

d. Ambulances and communications bases shall operate Channel One at the radio-frequency assigned to the district within which the communications base is located as follows:

(1) Agassiz district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman and Mahnomen Counties) shall have Channel One r-f of 155.325 MHz;

(2) Arrowhead district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton and Aitkin Counties) shall have Channel One r-f of 155.355 MHz;

(3) Min-Dak district (Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Stevens, Traverse and Pope Counties) shall have Channel One r-f of 155.355 MHz;

(4) Central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties) shall have Channel One r-f of 155.385 MHz;

(5) Southwest district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone and Jackson Counties) shall have Channel One r-f of 155.400 MHz;

(6) South Central district (Sibley, LeSueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin and Faribault Counties) shall have Channel One r-f of 155.355 MHz;

(7) Southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore and Houston Counties) shall have Channel One r-f of 155.385 MHz; and

(8) Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott and Dakota Counties) shall have Channel One r-f of 155.325 MHz.

e. The CTCSS tone operation on Channel One of the mobile radio shall be the same as the CTCSS tone operation of the base radio.

f. Ambulances and communications bases shall operate Channel Two at an r-f of 155.340 MHz and shall use a CTCSS tone of 210.7 Hz for channel two.

g. Ambulances and communications bases shall communicate by telephone and other alternative means of communication rather than radio communications when radio communications are not necessary and when readily available.

h. Mobile telephone services shall not be acceptable as an alternative to the required two-way radio operation.

3. Equipment performance. All communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area.

4. Equipment maintenance. All communication equipment shall be maintained in full operating condition and in good repair, and documentation of such maintenance shall be kept in the licensee's file.

7 MCAR § 1.604 Standards for operation of advanced life support transportation services.

A. Personnel.

1. Qualifications and training requirements.

a. No person shall function as an attendant or represent himself or herself as an attendant of an advanced life support transportation service (ALS) ambulance unless than person:

(1) is registered by the Commissioner pursuant to Minn. Stat. § 214.13 to provide paramedic services; or

(2) has successfully completed the written examination and the practical examination approved by the Commissioner according to the provisions of 7 MCAR § 1.604 A.2. and fulfills the continuing education requirements set forth in 7 MCAR § 1.604 A.3.

b. No person shall function as a driver or represent himself or herself as a driver of an ALS ambulance unless that person:

(1) possesses a current emergency care certificate issued by the Commissioner pursuant to Minn. Stat. § 214.13;

(2) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(3) meets the requirements of 7 MCAR § 1.604 A.1.a.

c. The requirement set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances.

2. Written and practical examinations.

a. A written examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the Commissioner:

(1) role, responsibilities and training of paramedics,

(2) human systems and patient assessment,

(3) shock and fluid therapy,

(4) general pharmacology,

(5) respiratory system,

(6) cardiovascular system,

(7) central nervous system,

(8) soft tissue injuries,

(9) musculoskeletal system,

(10) medical emergencies,

(11) obstetric/gynecological emergencies,

(12) pediatrics and neonatal,

(13) management of the emotionally disturbed patient,

(14) rescue techniques, and

(15) telemetry and communications.

b. A practical examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the Commissioner:

(1) trauma management including primary and secondary assessment, treating of trauma victims and setting priorities for BLS and ALS management;

(2) cardiology including electrocardiogram interpretation and treatment and related questions;

(3) cardiac arrest, including intubation, intravenous therapy, administration of intravenous medication, and defibrillation;

(4) cardiopulmonary resuscitation (CPR) including one- and two-person CPR, obstructed airway care, and infant resuscitation; and

(5) fracture immobilization.

c. Examiners for practical examinations shall be physicians or nurses with the exception that persons who qualify as attendants under 7 MCAR § 1.604 A.1.a. or drivers under 7 MCAR § 1.604 A.1.b. may serve as examiners for the competencies specified in 7 MCAR § 1.604 A.2.b.(4) or (5).

d. Written and practical examinations shall be administered by the Commissioner or by a designated representative.

e. The National Registry of Emergency Medical Technicians Examination for Emergency Medical Technician-Paramedics as of the effective date of these rules is deemed to comply with 7 MCAR § 1.604 A.2.a.-c.

3. Continuing education requirements.

a. Continuing education requirements for persons qualifying as ALS ambulance attendants pursuant to 7 MCAR § 1.604 A.1.a.(2) are as follows:

(1) successful completion every two years of 48 hours of refresher training in the subject areas listed in 7 MCAR § 1.604 A.2.a.(1)-(15);

(2) successful completion every year of a course in CPR; up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years;

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(4) retention of the competencies listed in 7 MCAR § 1.604 A.2.b.(1)-(5) as documented in a statement of satisfaction by the medical director.

b. Continuing education courses taken to fulfill the requirements of 7 MCAR § 1.604 A.3.a. shall be approved in writing by the licensee's physician medical director; documentation of such approval shall be maintained in the licensee's file.

c. Successful completion of the National Registry of EMT-Paramedics continuing education requirements for EMT-Paramedic re-registration shall be deemed to be complete fulfillment of the continuing education requirements set forth in 7 MCAR § 1.604 A.3.a.

4. Issuance of Certificates.

a. Persons successfully completing the written and practical examinations approved by the Commissioner pursuant to 7 MCAR § 1.604 A.2. shall be issued a certificate by the Commissioner or a designated representative.

b. The certificate shall remain valid for two years from the date of issuance. The certificate may be renewed after each successful completion of the continuing education requirements specified in 7 MCAR § 1.604 A.3. and only for periods of two years.

5. Staffing requirements.

a. Each ALS service shall have on staff a minimum of:

(1) five persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a.; or

(2) three persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a. and three persons meeting the qualifications of drivers set forth in 7 MCAR § 1.604 A.1.b.

b. In addition, each ALS service shall maintain:

(1) a current roster, including the names and addresses of all current attendants and drivers, and

(2) files documenting current personnel qualifications.

c. Each licensee shall have a physician medical director responsible for at least the responsibilities set forth in 7 MCAR § 1.603 A.2.b.(1)-(5).

d. The staffing requirements for BLS services as set forth in 7 MCAR § 1.603 A.2.c.-d. shall be applicable to ALS services.

e. Each ALS service shall have a formal affiliation with a medical facility capable of providing medical control for patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the ALS service documenting the terms of the formal affiliation shall be maintained in the files of the licensee.

6. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 114.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. Equipment standards for BLS ambulances set forth in 7 MCAR § 1.603 B.1.a. through B.2.c. shall be applicable to ALS ambulances.

b. In addition to compliance with the equipment standards in 7 MCAR § 1.604 B.1.a., all ALS ambulances shall be required to have the following equipment:

(1) advanced cardiac care equipment that shall include one portable cardioscope and defibrillator;

(2) airway maintenance equipment that shall include one esophageal obturator airway;

(3) equipment for intravenous therapy and the administration of intravenous medication;

(4) medications and medication administration equipment and supplies; and

(5) one set inflatable anti-shock trousers.

c. All equipment or supplies specified in 7 MCAR § 1.604 B.1.b.(3) and (4) and any additional equipment and supplies used to provide advanced life support shall be specified in writing by the medical director and documented in the licensee's files.

d. Medications shall be securely stored according to written procedures developed and maintained by the licensee's medical director and shall comply with applicable rules of the Minnesota Board of Pharmacy.

2. Maintenance and sanitation.

a. The maintenance and sanitation requirements for BLS services set forth in 7 MCAR § 1.603 B.3.a.-b. shall be applicable to ALS services.

b. Procedures for the periodic performance testing of airway maintenance and electronic equipment shall be developed, maintained and followed; and records of such testing shall be kept in the licensee files.

C. Compliance with ambulance standards. All ALS ambulances shall comply with 7 MCAR § 1.603 C.

D. Communications.

1. Compliance. All ALS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Each ALS service shall have the capability of using a communications base that complies with the provisions of 7 MCAR § 1.604 D.2.b.-c.

b. Ambulances and their communications bases that operate telemetry shall have:

(1) one two-way Ultra High Frequency (UHF) radio, with CTCSS, capable of operating on ten UHF voice and telemetry r-f channels, or

(2) one two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating on two dispatching r-f channels.

c. Ambulances and communications bases that do not operate telemetry shall comply with 7 MCAR § 1.604 D.2.b. or 7 MCAR § 1.603 D.2.a.-b.

d. Ambulances and communication bases using VHF shall comply with 7 MCAR § 1.603 D.2.c.-f.

e. Ambulances and communications bases using UHF for dispatching shall have the capability of using the following radio frequences for such functions:

(1) 462.950 MHz or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

(2) 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

f. Ambulances and communications bases while operating telemetry shall use only the following radio frequencies for medical control:

(1) 468.000 MHZ or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

(2) 468.025 MHz or 463.025 MHz, for mobile radio and 463.025 MHz for base radio;

(3) 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

(4) 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

(5) 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

(6) 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

(7) 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

(8) 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

g. Ambulances and communications bases shall have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § 1.603 D.2.f. Documentation of such capability shall be kept in the licensee's file.

h. Ambulances and communications bases shall comply with the provisions of 7 MCAR § 1.603 D.2.e., g., and h.

3. Equipment performance. Communications equipment shall comply with 7 MCAR § 1.603 D.3.

4. Equipment maintenance. Communications equipment shall comply with 7 MCAR § 1.603 D.4.

7 MCAR § 1.605 Standards for the operation of scheduled life support transportation services.

A. General standards.

1. Scheduled life support transportation services shall be either basic or advanced life support transportation services.

2. Scheduled basic life support transportation services shall comply with the provisions of 7 MCAR § 1.603, and scheduled advanced life support transportation services shall comply with provisions of 7 MCAR § 1.604, except that such services shall be exempt from those provisions that would specifically prohibit or are not required for their operation as scheduled BLS or ALS services in accordance with 7 MCAR § 1.605.

B. Declaration of and adherence to schedule.

1. An applicant for licensure as a scheduled life support transportation service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and type(s) of service provided.

2. A licensed scheduled life support transportation service shall provide only the declared schedule of services approved by the Commissioner in the granting of the license pursuant to Minn. Stat. § 144.802. Any change in this schedule is subject to the provisions of Minn. Stat. § 144.802.

C. Primary service area. An applicant for licensure as a scheduled life support transportation service shall comply with 7 MCAR § 1.608 F., with the exception of 7 MCAR § 1.608 F.1.c.

7 MCAR § 1.606 Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings.

Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled life support transportation services and shall comply with the provisions of 7 MCAR § 1.605.

7 MCAR § 1.607 Life support transportation services provided for an employer for the benefit of its employees.

Life support transportation services that are operated by or for an employer for the benefit of its employees are scheduled life support transportation services and shall comply with provisions of 7 MCAR § 1.605.

7 MCAR § 1.608 General provisions.

A. Waivers.

1. Application for waiver. A life support transportation service may apply to the Commissioner for a time-limited waiver of any of these rules. Such a waiver will be granted if the applicant affirmatively substantiates that:

a. the rule or rules in question do not address a problem of significance to the public in relation to the applicant's service;

b. the application of the rule or rules would impose an undue burden upon the applicant; and

c. the granting of a waiver will not adversely affect the public health or welfare.

2. Renewal, revocation, and reporting.

a. A waiver may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 A.1.

b. A waiver may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a waiver shall immediately notify the Department of Health in writing of any such material change in circumstances.

B. Variances.

1. Application for variance. A life support transportation service may apply to the Commissioner for a time-limited variance from any of these rules. Such a variance will be granted if the applicant specifies alternative practices or measures equivalent or superior to those prescribed in the rule or rules in question and affirmatively substantiates that:

a. the rationale for the rule or rules in question can be met or exceeded by the specified alternative practices or measures;

b. the application of the rule or rules would impose an undue burden upon the applicant; and

c. the granting of the variance will not adversely affect the public health or welfare.

2. Compliance. Any life support transportation service that is granted a variance shall comply with the alternative practices or measures specified in its successful application for the variance.

3. Renewal, revocation, and reporting.

a. A variance may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 B.1.

b. A variance may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a variance shall immediately notify the Department of Health of any such material change in circumstances.

C. Disasters.

1. These rules shall not apply to life support transportation services provided during time of disaster, mass casualty or other public emergency.

2. The Commissioner reserves the right to determine whether a disaster, mass casualty or other public emergency is occurring or has occurred so as to cause these rules to be nonapplicable.

D. Advertisement.

1. No life support transportation service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those life support transportation services that it is licensed to provide under these rules.

2. All life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR § 1.605 C. or 7 MCAR § 1.608 F. in conducting or allowing any form of advertisement for its service(s).

E. Enforcement provisions.

1. Inspections. Life support transportation services shall not hinder the inspection activities of authorized agents of the Commissioner pursuant to Minn. Stat. § 144.803.

2. Correction order. Violation of any of these rules or of the provisions of Minn. Stat. §§ 144.801-144.808 shall constitute grounds for the issuance of a correction order. Any life support transportation service that is issued a correction order shall correct the violation within the time period specified in the correction order.

3. Time periods for correction of violations.

a. Violations of these rules or of Minn. Stat. §§ 144.801-144.808 that create a risk of serious harm to patients of the life support transportation service shall be corrected within time periods ranging from 0 to 14 days as specified by the Commissioner or authorized agent.

b. All other violations of these rules or of Minn. Stat. §§ 144.801-144.808 shall be corrected within time periods ranging from 15 to 120 days as specified by the Commissioner or authorized agent.

4. Noncompliance. If, upon re-inspection, it is determined that a life support transportation service has not complied with the provisions of a correction order, such noncompliance shall constitute grounds for the initiation of suspension, revocation or non-renewal proceeding pursuant to Minn. Stat. § 144.803.

F. Primary service area.

1. Designation of primary service area.

a. An applicant for licensure as a service shall, at the time of application for new service, for a change in type of service or base of operation, or for an expansion of primary service area, declare the primary service area that it intends to serve as a primary provider of life support transportation service and for which it seeks designation. Such a primary service area shall contain one or more bases of operation.

b. In applying for initial designation of a primary service area or an expansion of a primary service area, an applicant shall affirmatively substantiate the reasonableness of the primary service area for which designation is sought according to the following considerations:

(1) the average and maximum probable response times in good and severe weather from its proposed base of operations to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain more than one base of operation, the average and maximum probable response times in good and severe weather from each base of operation to the most distant point covered by that base of operation;

(2) the projected distances to be traveled to provide such service;

(3) the specific type(s) of service to be provided;

(4) the applicant's current status as a licensed provider of life support transportation services to the population of that area; and

(5) the applicant's intention to be responsible to the general population of the declared primary service area or to a specified group of persons as a primary source of the life support transportation service for which it requests licensure.

c. The maximum primary service areas designated, as measured from a base of operation, shall not exceed:

(1) eight miles or distance equivalent to ten minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that include any portion of a city of the first and second class; or

(2) twenty-five miles or distance equivalent to 30 minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

d. Licensees that have declared primary service areas in licensure applications current as of September 30, 1980, shall have those declared primary service areas designated in licensure beginning October 1, 1980, provided:

(1) that such primary service areas are consistent with 7 MCAR § 1.608 F.;

(2) that no change in primary service area base of operations, type or schedule of services, schedule of patients to be served, or schedule of availability has been made by the licensee since the receipt of the current effective license; and

(3) that licensees are eligible for licensure beginning October 1, 1980.

Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d. (1)-(3) shall comply with the provisions of 7 MCAR § 1.608 F.1.a.-c.

2. Observance of primary service areas.

a. No life support transportation service shall regularly provide its services within an area other than its primary service area(s).

b. Nothing in 7 MCAR § 1.608 F.2.a. shall prohibit a life support transportation service from responding to a request for service in any location in the state when it can reasonably be expected that:

(1) such a response is required by the immediate medical need of an individual, and

(2) no other licensed life support transportation service is capable of or available for immediate and appropriate response.

3. Air life support transportation services. 7 MCAR § 1.608 F.1.c. shall not apply to life support transportation services provided by air ambulances.

G. Mutual aid.

1. Life support transportation service other than scheduled services shall have written agreements with at least one neighboring life support transportation service for coverage during times when the licensee's ambulances are not available for service in its primary service area. Such agreements shall specify the duties and responsibilities of the agreeing parties.

2. A copy of each mutual aid agreement shall be maintained in the files of the licensee.

H. Compliance with approved local ordinances. Life support transportation services that are subject to local ordinances, rules or regulations that have been approved by the Commissioner pursuant to Minn. Stat. § 144.804, subd. 5, shall comply with the provisions of such ordinances, rules or regulations.

7 MCAR § 1.609 Emergency care course and emergency care refresher course approval.

A. Emergency care course.

1. Application for initial course approval.

a. Application for initial approval of an emergency care course shall be made on a form provided by the Commissioner, and shall include information so as to permit a complete evaluation of whether the applicant meets the requirements for course approval as specified by 7 MCAR § 1.609 A.3.-7. The information provided on the application shall include the following:

(1) course content;

(2) the length of course and course schedule;

(3) the number of times per year the course will be given;

(4) the number of trainees anticipated per year;

(5) identification of source materials, text books, references and equipment to be used;

(6) name, address and qualifications of physician medical advisor;

(7) names and addresses and qualifications of physician, nurse and lay instructors;

(8) name and address of affiliated hospital;

(9) admission requirements of trainees; and

(10) other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

c. The approval of an emergency care course shall expire two years from the date of approval unless renewed according to the requirements of 7 MCAR § 1.609 A.2.

2. Application for renewal of course approval.

a. Applications for renewal of emergency care course approval shall be made on a form provided by the Commissioner and shall specify any changes from the information provided for initial approval, and other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. An applicant for renewal shall have given the emergency care course at least two times during the previous biennial approval period.

3. Course personnel.

a. Each course shall have a physician medical advisor, who shall be present for a minimum of three (3) hours during each course.

b. A minimum of fourteen (14) hours of the curriculum shall be taught by a physician or physicians.

c. Instructors shall be physicians, nurses, or others qualified as specified in 7 MCAR § 1.603 A.1.a.(2)-(4).

d. Documentation including the name, address, and qualifications of the medical advisor, and each of the instructors shall be maintained in the files of the applicant.

e. At least one instructor shall be required for every ten (10) students in the practical skill sessions and at least one instructor shall be required for every one hundred (100) students in the classroom didactic sessions.

4. Course content.

a. An emergency care course shall have a total of not less than 81 hours of instruction with a minimum of 60 hours classroom didactic and practical skills instruction and a minimum of 10 hours clinical experience.

b. The following subjects shall be included in the course content:

(1) role, responsibilities and equipment of BLS ambulance attendant;

(2) ambulance operation;

(3) communications;

(4) emergency room procedures;

(5) airway obstruction and cardiopulmonary resuscitation;

(6) mechanical aids to breathing and pulmonary resuscitation;

(7) determination of vital signs;

(8) introduction to intravenous therapy;

(9) bleeding;

(10) shock;

(11) wounds, dressings, bandages and bandaging;

(12) fractures of upper and lower extremities;

(13) injuries to chest, abdomen and pelvis, face, eye, head, neck, spine and genitalia;

(14) medical conditions including poisons, stings, bites, unconscious state, stroke, heart attack, epilepsy, acute abdomen, intestinal bleeding, communicable disease, diabetes, and dyspnea;

(15) medical conditions due to environmental factors including burns, cold, heat, radiation, electrical hazards, water accidents, and explosions;

(16) emergency childbirth;

(17) care of the pediatric patient;

(18) care of the disturbed and unruly patient;

(19) emergency care of the drug abuser; and

(20) extrication and rescue techniques.

5. Equipment and supplies.

a. Courses shall have student and instructor texts and current reference sources in emergency care.

b. Courses shall have standard teaching aids consisting of such items as projectors, screens, films, slides and other equipment and material used by the instructor to facilitate learning.

c. Courses shall use emergency care equipment of the following types so as to train each student as a BLS ambulance attendant:

(1) splinting equipment;

(2) ventilation assistance and airway maintenance equipment;

(3) dressings, bandages and bandaging supplies;

(4) emergency obstetrical kit;

(5) poison treatment kit;

(6) burn treatment supplies;

(7) equipment for determination of vital signs; and

(8) extrication and rescue equipment.

6. Testing. In order to complete an approved emergency care course successfully, each student shall pass the written and the practical examinations approved by the Commissioner and administered by the Commissioner or a designated representative.

7. Test approval.

a. The written and the practical examinations that test for competency in the subjects specified in 7 MCAR § 1.609 A.4.b. are eligible for approval by the Commissioner.

b. The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians-Ambulance as of the effective date of these rules is deemed to comply with 7 MCAR § 1.609 A.7.a.

B. Emergency care refresher course.

1. Applications for initial course approval shall comply with 7 MCAR § 1.609 A.1.-7., with the exception of 7 MCAR § 1.609 A.3.b. and A.4.

2. Course content.

a. A refresher course shall provide a total of not less than 20 hours of instruction and four hours of testing.

b. The content of a refresher course shall include the subjects listed in 7 MCAR § 1.609 A.4.b.

C. Issuance of certificates.

1. Persons successfully completing an emergency care course shall be issued a certificate by the Commissionr or a designated representative.

2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successful completion of a refresher course.

D. Course audit. Approved applicants shall cooperate with and in no way hinder the audit activities of authorized agents of the Commissioner.

E. Enforcement. Failure to comply with the provisions of 7 MCAR § 1.609 A.3-D. shall constitute grounds for disapproval or nonrenewal.

7 MCAR § 1.610 Documentation.

A. Documentation requirements for licenses.

1. Personnel records and documentation shall include:

a. current roster and documentation of qualifications of attendants and drivers required in 7 MCAR § 1.603 A.2.a. and 7 MCAR § 1.604 A.4.b.;

b. name and address of and signed statement by the medical advisor or director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR § 1.604 A.4.d.;

c. documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d. (2)-(3) and 7 MCAR § 1.604 A.4.d.;

d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and

e. the name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.4.e.

2. Equipment records and documentation shall include:

a. documentation by the medical advisor regarding the use of inflatable anti-shock trousers as specified in 7 MCAR § 1.603 B.1.b.

b. performance testing of equipment required in 7 MCAR § 1.603 B.3.g. and 7 MCAR § 1.604 B.2.b.;

c. any written approval of the medical director of the advanced life support equipment and supplies required in 7 MCAR § 1.604 B.1.c.; and

d. any written procedures for secure storage of medications required in 7 MCAR § 1.604 B.1.d.

3. Ambulance records and documentation shall include maintenance of ambulance required in 7 MCAR § 1.603 C.5.a. and 7 MCAR § 1.604 C.

4. Communications records and documentation shall include:

a. maintenance of communications equipment as required in 7 MCAR § 1.603 D.4. and 7 MCAR § 1.604 D.4.; and

b. communications capability as required in 7.MCAR § 1.604 D.2.f.

5. Other records and documentation shall include:

a. licensure application information required in 7 MCAR § 1.602;

b. a copy of mutual aid agreements required in 7 MCAR § 1.608 G.2.;

c. copies of all pertinent correspondence between the Department of Health to the licensee; and

d. trip reports for every run in which patient care was offered to be provided or provided, so as to meet the reporting requirements of Minn. Stat. § 144.807.

B. Documentation requirements for approved emergency care and refresher courses. Approved emergency care and refresher courses shall comply with the following documentation requirements:

1. approval application information required in 7 MCAR § 1.609 A.1.b., and

2. the names, addresses and qualifications of the physician medical advisor and instructors required in 7 MCAR § 1.609 A.3.c.

7 MCAR § 1.611. License Fees and Expiration Dates.

A. License Fees. Each application for a license to operate a life support transportation service, as defined in Minn. Stat. §§ 144.801 to 144.806, shall be accompanied by a basic fee of $35.00 plus a $10.00 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional $10.00 fee for each ambulance added to the life support transportation service during the period for which the license is issued.

B. Expiration Dates. Life support transportation services shall be licensed annually for a period from October 1 (or from the date the original license is issued) until September 30. Applicants for license renewal shall submit complete applications by June 30 of each year on a form provided by the commissioner. The license of life support transportation services that are licensed as of the effective date of these rules are hereby extended until September 30, 1980.

File No. 591

ADMIN 1000 (Rev. 1/78)
SF-00006-01

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : GEORGE R. PETTERSEN, M.D.
Commissioner of Health

DATE: May 6, 1980

Attn: WILLIAM B. MILLER

FROM : JOANNE E. HINDERAKER
Special Assistant
Attorney General

PHONE: 296-4692

SUBJECT: In the Matter of Proposed Rules Relating to Life Support Transportation Services

The rules in the above-captioned matter have not been approved for the following reasons:

1. In 7 MCAR 1.603 B. 3. g. (pg. 11) it appears that the reference to "license files" should read "licensee's files." A corresponding reference in 7 MCAR 1.604 B. 2. b. (pg. 20) also appears to require a reference to "licensee's files" and not to "licensee files."

2. It is not evident in the record before this office that the Chief Hearing Examiner approved the incorporation by reference of the DOT Federal Specifications KKK - 1822 referred to in 7 MCAR 1.603 C. 1. b. (pg. 12). Pursuant to Minn. Stat. sec. 15.0412 subd. 4, such approval must be obtained before this office can approve these rules.

3. At 7 MCAR 1.604 A. 1. a. (pg. 16) a typographical error appears in the reference to "than people" which should read "that people." Also at 7 MCAR 1.604 A. 1. b(1) (pg. 16) it is not clear whether the Department should have added an "or" between provisions (1) and (2) of the rule (similar to the "or" that was added between 7 MCAR 1.603 A. 1. a.(2) and (3)) or whether this ALS requirement is different than the BLS requirement. Clarification of this point by the Department would be helpful to this office in its review.

4. It appears that the reference in 7 MCAR 1.604 A. 6. (pg. 19) to Minn. Stat. sec. 114.804, subd. 2, should be a reference to Minn. Stat. sec. 144.804 subd. 2.

5. It appears that in 7 MCAR 1.608 E. 1 (pg. 24) the reference to Minn. Stat. sec. 144.803 should read Minn. Stat. sec. 144.808.

6. In 7 MCAR 1.609 C. 1. (pg. 31) a typographical error appears in the word "Commissioner."

7. In 7 MCAR 1.610 A. 1. (pg. 31) the cross-reference to 7 MCAR 1.604 A. 4. b. should read 7 MCAR 1.604 A. 5. b., the cross-references to 1.604 A. 4. d. should read 1.604 A. 5. d. and the cross-reference to 1.604 A. 4. e. should read 1.604 A. 5. e.

8. Finally, at 7 MCAR 1.610 A. 4. b. (pg. 32) the cross-reference to 7 MCAR 1.604 D. 2. f. should read 7 MCAR 1.604 D. 2. g.

Upon consideration of the issues raised in this memorandum and after any further action taken by the Department in regard to these rules, the file may be resubmitted to this office with three (3) copies of the rules as amended and three copies of a revised order adopting rules. Copies of the other pertinent documents in the file have been retained by this office.

I also wish to advise you that the Chief Hearing Examiner requests the resubmission of rules that are changed subsequent to his review. Therefore you may wish to contact Mr. Duane Harves regarding any changes in the rules prior to resubmission to this office.

Please contact me if you have any questions regarding this matter.

JEH/bw
cc: Duane Harves
Susan Robertson

Our File #591

4/25 ph. Bill Miller for copy of Statement Need + Reason. lack of #8 - Cert. of Delivery.

Permanent Rule X

Temporary Rule _____

RULES REVIEW CHECKLIST

4/29 ph. Bill Miller, missing .611
4/29 Statement + .611 rec'd.

DATE RULES RECEIVED 4/24 DUE DATE 5/14

Resubmitted and Received 5/7/80 - Dukes 5/17/80

a. Returned to Agency w/o Filing w/Secretary of State 5/6/80
b. Approved _____ Date Sent Back to Agency _____

Received Call fr. Beck on 5/7/80 notifying me that CHE had approved item 7 by rep. SCA

1. Rules as Adopted ✓
   Changes to Rules as Proposed ✓
2. Rules as Proposed ✓ see SR 12.24.79 Revised Language ✓
3. Certificate of Board's Authorizing Resolution, where applicable N/A
4. Order for Hearing ✓
5. Notice of Hearing ✓ 1.31.80
   Sufficiency ✓
6. Secretary of State's List ✓ (one copy only)
7. Certificate of Acquisition of Secretary of State's List ✓
8. Secretary of State's Certification of Delivery of Secretary of State's List to Agency _____
9. Affidavit of Mailing ✓
   At least 30 days prior to hearing ✓
10. Publication in State Register ✓
    At least 30 days prior to hearing ✓
11. A Statement of Need and Evidence ✓ filed late with H.E. — see H.E. conclusion #3
    B Supplementary Statement of Need + Reasonableness ✓
    C Letter to H.E. fr. Beck, Exhibit 12
12. Hearing Examiner's Report ✓
13. Agency's Findings of Fact ✓
14. Certificate of Board's Resolution Adopting Rules, where applicable N/A
15. Order Adopting ✓
16. Report of Chief Hearing Examiner ✓
17. Order Approving Incorporation by Reference, where applicable N/A
18. Certificate of Compliance with Rulemaking Procedures ✓
19. Copy of Notice of Intent to Solicit Outside Opinion, where applicable ✓
20. Petition by Public, where applicable N/A

ADMIN 1000 (Rev. 1/78)
SF-00006-01

DEPARTMENT ATTORNEY GENERAL - Health

STATE OF MINNESOTA

Office Memorandum

TO : Joanne Hinderacker
Special Assistant
Attorney General
G-25 Administration Building

DATE: May 7, 1980

FROM : William G. Miller
Special Assistant
Attorney General

PHONE: 341-7272

SUBJECT:

In the Matter of the Proposed Adoption of Rules Relating to Life Support Transportation Services

This memo is in response to your memorandum to the Commissioner of Health regarding the above-referenced rules proposal. As noted in the memorandum sent to you by Jim Parker of the health department staff on May 6, the department has accepted all of the suggestions you made for the correction of these rules. The federal standards referenced in proposed rule 7 MCAR § 1.603(C)(1)(b) have been presented to the Chief Hearing Examiner for his approval, which I hope to be forthcoming in the next few days.

As the changes you suggested involved only typographical errors and minor errors in internal citations, no further order of the Commissioner is necessary for the final promulgation of these rules, assuming them to now meet the standards for approval.

Thank you for your cooperation on this matter.

WGM:cs

RECEIVED
MAY 7 1980
ATTORNEY GENERAL
ADMINISTRATIVE AGENCIES

PRINTED ON RECYCLED PAPER

STATE OF MINNESOTA
OFFICE OF HEARING EXAMINERS

FOR THE DEPARTMENT OF HEALTH

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES RELATING TO LIFE SUPPORT TRANSPORTATION SERVICES.

ORDER OF THE CHIEF HEARING EXAMINER

WHEREAS, on May 7, 1980, the Minnesota Department of Health (hereinafter "Department"), by its Special Assistant Attorney General William G. Miller, submitted a request to the Chief Hearing Examiner for approval of the incorporation by reference of certain documents in the above-entitled rules; and

WHEREAS, pursuant to Minnesota Statutes 1978, § 15.0412, subd. 4, agencies may incorporate by reference provisions of federal law or rule or other materials from sources which the Chief Hearing Examiner determines are conveniently available for viewing, copying and acquisition by interested persons; and

WHEREAS, the Chief Hearing Examiner has reviewed the "Federal Specification Ambulance, Emergency Medical Care Vehicle" (KKK-A-1822) of January 2, 1974, and the amendment to this document of June 25, 1975 (KKK-A-1822 Amendment 1) and has found them to be in excess of 3,000 words and has determined that they would exceed five pages of publication in the State Register; and

WHEREAS, the Division has indicated that the documents are available for viewing, copying and acquisition at the Minnesota Department of Health, Section of Emergency Medical Services, in Minneapolis, Minnesota, and at the General Services Administration, Specifications Section, in Washington, D. C., the Chief Hearing Examiner thus finds that the documents are thereby conveniently available for viewing, copying and acquisition by interested persons.

NOW, THEREFORE, IT IS ORDERED, that the Department shall have the approval of the Chief Hearing Examiner to incorporate by reference in their proposed rules the above-referenced documents.

Dated this 7th day of May, 1980.

DUANE R. HARVES
Chief Hearing Examiner

By: GEORGE A. BECK
Hearing Examiner

ATTORNEY GENERAL - Health

George Beck
Hearing Examiner
Minnesota Office of Hearing Examiners

May 7, 1980

William G. Miller
Special Assistant
Attorney General

341-7272

In the Matter of the Proposed Adoption of Rules Relating to Life Support Transportation Services
H.E. #HLTH-80-026-GB

I am forwarding for review by the Chief Hearing Examiner a copy of "Federal Specification Ambulance, Emergency Medical Care Vehicle" (KKK-A-1822) of January 2, 1974, and the amendment to this document of June 25, 1975 (KKK-A-1822 Amendment 1). The standards contained in these documents are referred to in proposed 7 MCAR § 1.603C(1)(b) of the above-referenced rules proposal. The agency seeks the approval of the Chief Hearing Examiner for the incorporation of these federal standards into these rules, pursuant to Minn. Stat. § 15.0412, subd. 4 (1978).

As is obvious in the attachment, these standards contain more than 3000 words and would require five or more pages to print in the State Register. The standards are conveniently available for viewing, copying and acquisition by interested persons, who may contact:

Minnesota Department of Health
Section of Emergency Medical Services
717 Delaware Street Southeast
Minneapolis, Minnesota 55440

or

General Services Administration
Specifications Section
Bldg. 197 Washington Navy Yard
Washington, D.C. 20407

In our conversation of May 7, 1980, we also discussed the remaining questions raised regarding these rules by Joanne Hinderaker's memo of May 6, 1980. As her concerns were only toward typographical errors and minor errors in cross-citation internally within the rules, it was decided that no further review by the Chief Hearing Examiner was necessary regarding the issue of substantial change.

Thank you for your cooperation in this matter. In order to facilitate the meeting of the deadline the legislature has placed on the agency for the promulgation of these rules, I am asking that you inform Joanne Hinderaker by phone of when the approval of the proposed incorporation is made.

WGM:cs

cc: ✓Joanne Hinderaker

ADMIN 1000 (Rev. 1/78)
SF-00006-01

STATE OF MINNESOTA

DEPARTMENT HEALTH

Office Memorandum

TO : Joanne Hinderaker
Office of the Attorney General
G25 Administration

DATE: May 6, 1980

FROM : Jim Parker, Assistant Chief
Emergency Medical Services

PHONE: 296-5281

SUBJECT: Typographical Errors in Rules Submitted for Review (7 MCAR §§ 1.601 - 1.611)

In response to your recent memorandum to William Miller, Special Assistant Attorney General, I am forwarding you three copies of rules adopted by the Commissioner of Health pursuant to Minn. Stat. § 144.804. We have corrected several typographical errors not detected in our proofreading prior to submission for final review prior to publication in the State Register.

I trust that this final corrected version will be acceptable for review and decision by the Attorney General. If I can be of any further assistance, please let me know.

JP:mt

cc:William G. Miller
Special Assistant Attorney General

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ATTORNEY GENERAL
ADMINISTRATIVE AGENCIES

Rules As Adopted - AG copy.

7 MCAR § 1.601 Definitions.

A. "Air ambulance" means an ambulance that is designed and manufactured to travel by air, and includes fixed wing aircraft and helicopters.

B. "ALS" means advanced life support transportation service.

C. "BLS" means basic life support transportation service.

D. "Central base of operation" means a base of operation for a life support transportation service that serves as the coordinating point for other bases of operation of a licensee within a single primary service area.

E. "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

F. "Change in type of service" means any change in the schedule of:

1. skills and equipment used in patient care;

2. hours during which service will be available; or

3. group(s) of individuals for whom services will be provided exclusively such that a new type or types of licenses are required.

G. "Change of base of operation" means a change involving a relocation of vehicles, related equipment, and personnel housed at one location for housing at another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

H. "City of the first class" and "city of the second class" have the meanings given to them in Minn. Stat. ch. 410.

I. "Commissioner" means Commissioner of Health.

J. "Communications base" means the location at which equipment is housed for use in two-way radio communications with ambulances or medical facilities.

K. "Disaster" means a sudden occurrence or other temporary condition determined to have resulted or to be likely to result in such widespread damage and such mass casualties or threats to the health and safety of members of the public that available life support transportation services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

L. "Full operating condition and good repair" means a condition whereby all systems, parts, elements and components are completely workable, operational and reliable.

M. "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

N. "Medical control" means the direction by physicians of out-of-hospital emergency medical care delivered by non-physicians that is provided directly on the scene or through direct oral communication by radio or telephone, or indirectly through written patient triage, treatment, and transfer guidelines or protocols, and that includes the following:

1. providing advice on training and orientation of personnel,

2. providing advice on upgrading and purchasing equipment,

3. prescribing and maintaining any standing orders,

4. providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment, and

5. assisting with the development and operation of an internal quality assurance mechanism that includes review of services provided.

O. "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

P. "Osteopath" means a person licensed to practice osteopathy pursuant to Minn. Stat. §§ 148.11-148.16 prior to 1963 or licensed to practice medicine pursuant to Minn. Stat. ch. 147.

Q. "Physician" means a person licensed to practice medicine pursuant to Minn. Stat. ch. 147.

R. "Registered Nurse" means a person licensed to practice professional nursing pursuant to Minn. Stat. ch. 148.

S. "Scheduled advanced life support transportation service" means an advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

T. "Scheduled basic life support transportation service" means a basic life support transportation service that:

1. restricts the availability of its service to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

U. "Scheduled life support transportation service" means basic or advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

V. "Single-service" means designed and manufactured to be used once and then disposed of, not to be re-used.

W. "Sterile" means the state of being free from microorganisms.

X. "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological parameters.

Y. "Treatment" means the use of the skills or equipment required by these rules for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

Z. "Variance" means permission to comply in a manner other than that generally specified.

AA. "Waiver" means permission not to comply.

144.802
+
144.122

7 MCAR § 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, change in primary service area, change in base of operations, or type of service provided shall be made on a form provided by the Commissioner and shall include, at a minimum, the following categories of information to allow

a determination of compliance with the requirements of Minn. Stat. §§ 144.801 et seq. and to provide sufficient information for local and regional reviews as prescribed in Minn. Stat. § 144.802:

a. identification, location and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. the address of all bases of operation;

c. the names, addresses, and telephone numbers of the following:

(1) the medical advisor or medical director of the service, and

(2) the base hospital or affiliated medical facility, if any, for the service;

d. the location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. the type of action requested (new license, license renewal, change in primary service area, change of base of operations, or change in type of service provided);

f. the type and identification of ownership;

g. the type and identification of the entity responsible for operation, if different from ownership;

h. a declaration of proposed primary service area according to the requirements of 7 MCAR § 1.608 F.;

i. back-up coverage, including reserve ambulance(s) owned by applicant, back-up services, and indication of signed mutual aid agreements with neighboring providers;

j. other licensed providers in the primary service area;

k. a description of the population to be served;

l. type of service to be licensed;

m. actual past and estimated future utilization of service;

n. basic actual or estimated financial data, including:

(1) revenue or income (actual and in-kind),

(2) actual or projected charges,

(3) sources of revenue by type, and

(4) expenses (actual and imputed) by category;

o. qualifications of personnel, including:

(1) numbers and credentials of attendants and drivers, and

(2) names and addresses of key personnel; and

p. a listing and description of all ambulances to be used by the service if licensed.

2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

3. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

B. Contents of applications for license of new services, expansions of primary service area, and changes in base of operation or type of service.

1. An application for licensure of a new service or for a change in base of operation, primary service area, or type of service shall include, at a minimum, the following categories of information to allow for a determination of need for the proposed service by local units of government, local boards of health, and Health Systems Agencies, as prescribed in Minn. Stat. § 144.802, subd. 3, and to allow for a determination of the applicability of Minn. Stat. §§ 145.832-144.845, the Minnesota Certificate of Need Law:

a. a description of the proposed new service, change in base of operation, expansion of primary service area, or change in type of service;

b. a justification of the need for the proposed new service or modification in service;

c. a description of the population to be served by the proposed new service or modified service;

d. a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service; and

e. a statement of all costs associated with the new service, including any capital costs as defined in Minn. Stat. §§ 145.832-145.845, operating costs and projected patient charges for at least one year, and other related information.

2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

C. Contents of applications for life support licensure by health care facilities subject to certificate of need review under Minn. Stat. §§ 145.832-145.845.

1. Applicants for life support licensure that are health care facilities as defined in Minn. Stat. § 145.833, subd. 2, shall submit sufficient information on the forms described in 7 MCAR § 1.602 A. and B. above to allow for a determination of the need for review for a certificate of need as prescribed in Minn. Stat. § 145.834.

2. Applicants for life support licensure that are determined to be subject to certificate of need review by the Commissioner shall provide such additional information as may be required by Minn. Stat. § 145.836; such information shall be submitted on forms provided by the Commissioner and shall meet all criteria specified in rule and statute for certificate of need applications.

7 MCAR § 1.603 Standards for operation of basic life support transportation services.

A. Personnel.

1. Qualifications.

a. No person shall function as an attendant or driver or represent himself or herself as an attendant or driver of a basic life support transportation service (BLS) ambulance unless that person:

(1) possesses a current American Red Cross advanced first aid certificate; or

(2) possesses a current emergency care certificate issued by the Commissioner pursuant to Minn. Stat. § 214.13; or

(3) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(4) meets the qualifications of 7 MCAR § 1.604 A. for an advanced life support transportation service ambulance.

b. The requirement set forth in 7 MCAR § 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulances.

2. Staffing.

a. Each BLS licensee shall employ or otherwise have on staff a minimum of five persons qualified under 7 MCAR § 1.603 A.1.a. and shall maintain:

(1) a current roster, including the name, address and qualification of such persons; and

(2) files documenting personnel qualifications.

b. By July 1, 1985, each licensee shall have a physician medical advisor responsible for at least:

(1) providing advice on training and orientation of personnel;

(2) providing advice on upgrading and purchasing equipment;

(3) prescribing and maintaining any standing orders;

(4) providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and

(5) assisting with the development and operation of an internal quality assurance mechanism that shall include review of services provided.

c. The name and address of the medical advisor and a written statement signed by the medical advisor indicating his or her acceptance of the responsibilities as specified in 7 MCAR § 1.603 A.2.b. shall be maintained in the files of the licensee.

d. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant, provided that the service shall:

(1) make all reasonble efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;

(2) document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient (such documentation shall include an explanation of what reasonable efforts were made to arrange for an attendant to be present); and

(3) maintain such documentation in its files.

3. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. All ambulances shall carry equipment that complies with the following standards:

(1) splinting equipment that shall include:

(a) one lower-extremity traction splint;

(b) fixation splints for fractures of both legs and both arms;

(c) one short and one long backboard with head immobilization gear and patient fixation straps;

(2) ventilation assistance and airway maintenance equipment that shall include:

(a) one portable oxygen system complying with the following specifications:

(i) high-pressure tank regulated to 50 psi at flowmeter;

(ii) calibrated to deliver to patient two to 15 liters per minute;

(iii) minimum of 20 minutes supply at a rate of 15 liters per minute;

(iv) single service tubing from regulator valve outlet to patient;

(v) single service nasal cannula and single-service inhalation mask;

(vi) one each of infant, child and adult masks for administration of oxygen at a concentration of at least 40%; and

(vii) capability for use as oxygen source as described in 7 MCAR § 1.603 B.1.a.(2)(c) below.

(b) one oxygen system for use in the ambulance that complies with 7 MCAR § 1.603 B.1.a.(2)(a)(i),(ii),(iv)-(vii); such a system shall be capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute;

(c) one each clear-domed mask for infant, child and adult patients with a 15/22 mm adapter and oxygen inlet port for mouth-to-mask or mechanical-device mask ventilation; or one each of infant, child and adult masks with an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

(d) portable suction apparatus with catheter or oral suction equipment that shall:

(i) use a non-breakable bottle for collection of the aspirated material, and

(ii) be capable of producing a vacuum of 150 mmHg with an air flow rate of 15 liters per minute for a period of at least five minutes (if the power source is oxygen, this requirement shall be in addition to the time requirement for the administration of oxygen to the patient); and

(e) one each of oropharyngeal airways in adult, child and infant sizes;

(3) dressings, bandages, and bandaging equipment that shall include, at a minimum:

(a) two universal or multitrauma dressings approximately ten inches by 30 inches;

(b) twelve sterile gauze pads or twelve sterile abdominal pad dressings;

(c) two rolls of adhesive tape;

(d) six soft rolled bandages, approximately six inches wide and five yards long; and

(e) bandage shears;

(4) one poison-treatment kit that shall include:

(a) two ounces of syrup of ipecac, and

(b) one quart drinking water in a non-breakable container;

(5) one emergency obstetric kit that shall include:

(a) three sterile towels and two sterile drapes;

(b) bulb syringe;

(c) four sterile pads or sterile sanitary napkins;

(d) plastic bag or basin;

(e) two sterile cord clamps or ties;

(f) one 18-inch by 25-foot roll of aluminum foil or one aluminum blanket, either of which must be sterile and wrapped;

(g) sterile shears or scalpel; and

(h) single service sterile gloves;

(6) equipment for determination of vital signs that shall include:

(a) one stethoscope, and

(b) one sphygmomanometer with cuffs for use with child and adult patients;

(7) a detailed current map for use in locating all points in the primary service area;

(8) extrication equipment that shall include either one twenty-four-inch wrecking bar or a commercial extrication device (KT tool or similar device); and

(9) other equipment that shall include:

(a) one stretcher 72 to 84 inches long and 18 to 24 inches wide;

(b) two sheets, two blankets, and one pillow;

(c) emesis container;

(d) one flashlight; and

(e) one fire extinguisher, five-pound dry-chemical type with A:B:C rating.

b. Inflatable anti-shock trousers may be carried and used by BLS services only if:

(1) all attendants and drivers have been trained in their use;

(2) use of such equipment has been authorized by the medical advisor; and

(3) documentation of (1) and (2) is retained in the licensee's files.

c. All equipment carried by an ambulance shall be stored so that the patient, attendant and/or driver are not injured or otherwise interfered with in the event of sudden stop or movement of the ambulance during transport.

d. All equipment required by 7 MCAR § 1.603 B.1.a. shall be permanently stored and kept on or in the ambulance unless otherwise provided for in 7 MCAR § 1.603 B.2.

2. Air ambulance equipment.

a. Air ambulances licensed to provide basic life support transportation service shall carry all equipment listed in 7 MCAR § 1.603 B.1.a. with the exception of the equipment in 7 MCAR § 1.603 B.1.a.(8) and (9)(e).

b. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

c. Equipment required in 7 MCAR § 1.603 B.2.a. that is not permanently stored on or in an air ambulance shall be kept separate from the air ambulance in a modular pre-packaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

3. Maintenance and sanitation.

a. All equipment shall be maintained in full operating condition and in good repair.

b. All equipment and containers used for storage of equipment shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. Sheets and pillowcases shall be changed after each use.

d. Single-service equipment shall be wrapped, stored and handled so as to prevent contamination and shall be disposed of after use.

e. Re-usable equipment shall be cleaned after each use so as to be free from dirt, grease and other offensive matter.

f. Equipment soiled or otherwise not free from dirt, grease and other offensive matter, shall be kept in plastic bags or securely covered containers until disposed of or prepared for re-use.

g. Procedures for the periodic performance testing of mechanical equipment listed in 7 MCAR § 1.603 B.1.a.(2) and (6)(b) shall be developed, maintained and followed; and records of such performance testing shall be kept in the licensee files.

C. Ambulance standards.

1. Land ambulances.

a. All new land ambulances purchased by a licensee after June 30, 1981, shall comply with the following standards:

(1) the size of the patient compartment shall be a minimum of 116 inches long and 54 inches high (floor to ceiling) and shall provide in width:

(a) not less than 69 inches (wall to wall); or

(b) attendant walkway and kneeling space that shall consist of:

(i) not less than 12 inches of clear walkway between stretcher and fixed bench and between stretchers, and

(ii) not less than 25 inches width and 9 inches height of kneeling space for attendants along the right-hand side of the forward half of the primary stretcher, measured at floor level from the forward right-hand corner of the primary stretcher;

(2) the door openings to the patient compartment shall be a minimum of 30 inches wide and 42 inches high and the doors to the patient compartment must be operable from inside the ambulance;

(3) the interior storage areas shall provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and shall be located so as to provide for easy access to all equipment;

(4) the interior lighting in the patient compartment shall include overhead or dome lighting and be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; illumination shall provide a minimum intensity of 40 foot candles at the floor level to allow illumination for administering life support services;

(5) environmental equipment shall include a heater for the patient compartment that shall have a minimum output of 21,000 BTUs; and

(6) the ambulance shall:

(a) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less,

(b) have fuel capacity to provide no less than 175-mile range;

(c) have ground clearance of at least six inches when loaded to G.V.W. rating; and

(d) be capable of full performance at ambient temperatures of -30 degrees F. to 125 degrees F.

b. Land ambulances that comply with the standards issued by the Department of Transportation in Federal Specifications KKK-1822 for Ambulance Emergency Medical Care Vehicle (dated January 2, 1974 and amended June 25, 1975), with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in this section.

Incorporation by ref ?

c. All ambulances purchased by a licensee on or before June 30, 1981, shall substantially comply with the standards contained in this section as determined by the Commissioner according to the following considerations:

(1) size of patient compartment to allow adequate space for administering life support services;

(2) dimensions of door openings to patient compartment and operation of doors to patient compartment to allow for easy access;

(3) design and location of interior storage areas to allow for adequate storage and easy access;

(4) design and operation of interior lighting in patient compartment to allow adequate illumination for administering life support services;

(5) design and operation of environmental equipment to allow for proper heating; and

(6) design, operation and suspension to allow for safe and stable transport.

2. Air ambulances.

a. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

3. Standards for ambulances other than land or air ambulances.

a. Ambulances other than land or air ambulances shall substantially comply with 7 MCAR § 1.603 C.1.a. as determined by the Commissioner according to the considerations set forth in 7 MCAR § 1.603 C.1.c.(1)-(6).

4. Restraining devices.

a. All ambulances shall be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

5. Maintenance and sanitation.

a. Each ambulance shall be maintained in full operating condition and in good repair and documentation of such maintenance shall be kept in the licensee's file.

b. The interior of the ambulance, including all storage areas, shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a contagious disease (other than a common cold) liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment that come in contact with such patient shall, immediately after each use, be cleaned so as to be free from dirt, grease and other offensive matter and be disinfected so as to prevent the presence of a level of microbiologic agents injurious to health.

D. Communications.

1. Compliance. All BLS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Ambulances shall have a two-way Very High Frequency (VHF) mobile radio, with Continuous Tone Coded Squelch System (CTCSS), capable of operating on at least two VHF high-band radio-frequency (r-f) channels.

b. Each BLS service shall have the capability of using a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels.

c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for medical communications as provided in 7 MCAR § 1.603 D.2.d. and shall use Channel Two for statewide communications.

d. Ambulances and communications bases shall operate Channel One at the radio-frequency assigned to the district within which the communications base is located as follows:

(1) Agassiz district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman and Mahnomen Counties) shall have Channel One r-f of 155.325 MHz;

(2) Arrowhead district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton and Aitkin Counties) shall have Channel One r-f of 155.355 MHz;

(3) Min-Dak district (Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Stevens, Traverse and Pope Counties) shall have Channel One r-f of 155.355 MHz;

(4) Central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties) shall have Channel One r-f of 155.385 MHz;

(5) Southwest district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone and Jackson Counties) shall have Channel One r-f of 155.400 MHz;

(6) South Central district (Sibley, LeSueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin and Faribault Counties) shall have Channel One r-f of 155.355 MHz;

(7) Southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore and Houston Counties) shall have Channel One r-f of 155.385 MHz; and

(8) Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott and Dakota Counties) shall have Channel One r-f of 155.325 MHz.

e. The CTCSS tone operation on Channel One of the mobile radio shall be the same as the CTCSS tone operation of the base radio.

f. Ambulances and communications bases shall operate Channel Two at an r-f of 155.340 MHz and shall use a CTCSS tone of 210.7 Hz for channel two.

g. Ambulances and communications bases shall communicate by telephone and other alternative means of communication rather than radio communications when radio communications are not necessary and when readily available.

h. Mobile telephone services shall not be acceptable as an alternative to the required two-way radio operation.

3. Equipment performance. All communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area.

4. Equipment maintenance. All communication equipment shall be maintained in full operating condition and in good repair, and documentation of such maintenance shall be kept in the licensee's file.

7 MCAR § 1.604 Standards for operation of advanced life support transportation services.

A. Personnel.

1. Qualifications and training requirements.

a. No person shall function as an attendant or represent himself or herself as an attendant of an advanced life support transportation service (ALS) ambulance unless than person:

(1) is registered by the Commissioner pursuant to Minn. Stat. § 214.13 to provide paramedic services; or

(2) has successfully completed the written examination and the practical examination approved by the Commissioner according to the provisions of 7 MCAR § 1.604 A.2. and fulfills the continuing education requirements set forth in 7 MCAR § 1.604 A.3.

b. No person shall function as a driver or represent himself or herself as a driver of an ALS ambulance unless that person:

(1) possesses a current emergency care certificate issued by the Commissioner pursuant to Minn. Stat. § 214.13;

(2) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(3) meets the requirements of 7 MCAR § 1.604 A.1.a.

c. The requirement set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances.

2. Written and practical examinations.

a. A written examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the Commissioner:

(1) role, responsibilities and training of paramedics,

(2) human systems and patient assessment,

(3) shock and fluid therapy,

(4) general pharmacology,

(5) respiratory system,

(6) cardiovascular system,

(7) central nervous system,

(8) soft tissue injuries,

(9) musculoskeletal system,

(10) medical emergencies,

(11) obstetric/gynecological emergencies,

(12) pediatrics and neonatal,

(13) management of the emotionally disturbed patient,

(14) rescue techniques, and

(15) telemetry and communications.

b. A practical examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the Commissioner:

(1) trauma management including primary and secondary assessment, treating of trauma victims and setting priorities for BLS and ALS management;

(2) cardiology including electrocardiogram interpretation and treatment and related questions;

(3) cardiac arrest, including intubation, intravenous therapy, administration of intravenous medication, and defibrillation;

(4) cardiopulmonary resuscitation (CPR) including one- and two-person CPR, obstructed airway care, and infant resuscitation; and

(5) fracture immobilization.

c. Examiners for practical examinations shall be physicians or nurses with the exception that persons who qualify as attendants under 7 MCAR § 1.604 A.1.a. or drivers under 7 MCAR § 1.604 A.1.b. may serve as examiners for the competencies specified in 7 MCAR § 1.604 A.2.b.(4) or (5).

d. Written and practical examinations shall be administered by the Commissioner or by a designated representative.

e. The National Registry of Emergency Medical Technicians Examination for Emergency Medical Technician-Paramedics as of the effective date of these rules is deemed to comply with 7 MCAR § 1.604 A.2.a.-c.

3. Continuing education requirements.

a. Continuing education requirements for persons qualifying as ALS ambulance attendants pursuant to 7 MCAR § 1.604 A.1.a.(2) are as follows:

(1) successful completion every two years of 48 hours of refresher training in the subject areas listed in 7 MCAR § 1.604 A.2.a.(1)-(15);

(2) successful completion every year of a course in CPR; up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years;

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(4) retention of the competencies listed in 7 MCAR § 1.604 A.2.b.(1)-(5) as documented in a statement of satisfaction by the medical director.

b. Continuing education courses taken to fulfill the requirements of 7 MCAR § 1.604 A.3.a. shall be approved in writing by the licensee's physician medical director; documentation of such approval shall be maintained in the licensee's file.

c. Successful completion of the National Registry of EMT-Paramedics continuing education requirements for EMT-Paramedic re-registration shall be deemed to be complete fulfillment of the continuing education requirements set forth in 7 MCAR § 1.604 A.3.a.

4. Issuance of Certificates.

a. Persons successfully completing the written and practical examinations approved by the Commissioner pursuant to 7 MCAR § 1.604 A.2. shall be issued a certificate by the Commissioner or a designated representative.

b. The certificate shall remain valid for two years from the date of issuance. The certificate may be renewed after each successful completion of the continuing education requirements specified in 7 MCAR § 1.604 A.3. and only for periods of two years.

5. Staffing requirements.

a. Each ALS service shall have on staff a minimum of:

(1) five persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a.; or

(2) three persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a. and three persons meeting the qualifications of drivers set forth in 7 MCAR § 1.604 A.1.b.

b. In addition, each ALS service shall maintain:

(1) a current roster, including the names and addresses of all current attendants and drivers, and

(2) files documenting current personnel qualifications.

c. Each licensee shall have a physician medical director responsible for at least the responsibilities set forth in 7 MCAR § 1.603 A.2.b.(1)-(5).

d. The staffing requirements for BLS services as set forth in 7 MCAR § 1.603 A.2.c.-d. shall be applicable to ALS services.

e. Each ALS service shall have a formal affiliation with a medical facility capable of providing medical control for patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the ALS service documenting the terms of the formal affiliation shall be maintained in the files of the licensee.

6. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. Equipment standards for BLS ambulances set forth in 7 MCAR § 1.603 B.1.a. through B.2.c. shall be applicable to ALS ambulances.

b. In addition to compliance with the equipment standards in 7 MCAR § 1.604 B.1.a., all ALS ambulances shall be required to have the following equipment:

(1) advanced cardiac care equipment that shall include one portable cardioscope and defibrillator;

(2) airway maintenance equipment that shall include one esophageal obturator airway;

(3) equipment for intravenous therapy and the administration of intravenous medication;

(4) medications and medication administration equipment and supplies; and

(5) one set inflatable anti-shock trousers.

c. All equipment or supplies specified in 7 MCAR § 1.604 B.1.b.(3) and (4) and any additional equipment and supplies used to provide advanced life support shall be specified in writing by the medical director and documented in the licensee's files.

d. Medications shall be securely stored according to written procedures developed and maintained by the licensee's medical director and shall comply with applicable rules of the Minnesota Board of Pharmacy.

2. Maintenance and sanitation.

a. The maintenance and sanitation requirements for BLS services set forth in 7 MCAR § 1.603 B.3.a.-b. shall be applicable to ALS services.

b. Procedures for the periodic performance testing of airway maintenance and electronic equipment shall be developed, maintained and followed; and records of such testing shall be kept in the licensee files.

C. Compliance with ambulance standards. All ALS ambulances shall comply with 7 MCAR § 1.603 C.

D. Communications.

1. Compliance. All ALS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Each ALS service shall have the capability of using a communications base that complies with the provisions of 7 MCAR § 1.604 D.2.b.-c.

b. Ambulances and their communications bases that operate telemetry shall have:

(1) one two-way Ultra High Frequency (UHF) radio, with CTCSS, capable of operating on ten UHF voice and telemetry r-f channels, or

(2) one two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating on two dispatching r-f channels.

c. Ambulances and communications bases that do not operate telemetry shall comply with 7 MCAR § 1.604 D.2.b. or 7 MCAR § 1.603 D.2.a.-b.

d. Ambulances and communication bases using VHF shall comply with 7 MCAR § 1.603 D.2.c.-f.

e. Ambulances and communications bases using UHF for dispatching shall have the capability of using the following radio frequences for such functions:

(1) 462.950 MHz or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

(2) 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

f. Ambulances and communications bases while operating telemetry shall use only the following radio frequencies for medical control:

(1) 468.000 MHZ or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

(2) 468.025 MHz or 463.025 MHz, for mobile radio and 463.025 MHz for base radio;

(3) 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

(4) 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

(5) 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

(6) 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

(7) 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

(8) 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

g. Ambulances and communications bases shall have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § 1.603 D.2.f. Documentation of such capability shall be kept in the licensee's file.

h. Ambulances and communications bases shall comply with the provisions of 7 MCAR § 1.603 D.2.e., g., and h.

3. Equipment performance. Communications equipment shall comply with 7 MCAR § 1.603 D.3.

4. Equipment maintenance. Communications equipment shall comply with 7 MCAR § 1.603 D.4.

7 MCAR § 1.605 Standards for the operation of scheduled life support transportation services.

A. General standards.

1. Scheduled life support transportation services shall be either basic or advanced life support transportation services.

2. Scheduled basic life support transportation services shall comply with the provisions of 7 MCAR § 1.603, and scheduled advanced life support transportation services shall comply with provisions of 7 MCAR § 1.604, except that such services shall be exempt from those provisions that would specifically prohibit or are not required for their operation as scheduled BLS or ALS services in accordance with 7 MCAR § 1.605.

B. Declaration of and adherence to schedule.

1. An applicant for licensure as a scheduled life support transportation service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and type(s) of service provided.

2. A licensed scheduled life support transportation service shall provide only the declared schedule of services approved by the Commissioner in the granting of the license pursuant to Minn. Stat. § 144.802. Any change in this schedule is subject to the provisions of Minn. Stat. § 144.802.

C. Primary service area. An applicant for licensure as a scheduled life support transportation service shall comply with 7 MCAR § 1.608 F., with the exception of 7 MCAR § 1.608 F.1.c.

7 MCAR § 1.606 Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings.

Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled life support transportation services and shall comply with the provisions of 7 MCAR § 1.605.

7 MCAR § 1.607 Life support transportation services provided for an employer for the benefit of its employees.

Life support transportation services that are operated by or for an employer for the benefit of its employees are scheduled life support transportation services and shall comply with provisions of 7 MCAR § 1.605.

7 MCAR § 1.608 General provisions.

A. Waivers.

1. Application for waiver. A life support transportation service may apply to the Commissioner for a time-limited waiver of any of these rules. Such a waiver will be granted if the applicant affirmatively substantiates that:

a. the rule or rules in question do not address a problem of significance to the public in relation to the applicant's service;

b. the application of the rule or rules would impose an undue burden upon the applicant; and

c. the granting of a waiver will not adversely affect the public health or welfare.

2. Renewal, revocation, and reporting.

a. A waiver may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 A.1.

b. A waiver may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a waiver shall immediately notify the Department of Health in writing of any such material change in circumstances.

B. Variances.

1. Application for variance. A life support transportation service may apply to the Commissioner for a time-limited variance from any of these rules. Such a variance will be granted if the applicant specifies alternative practices or measures equivalent or superior to those prescribed in the rule or rules in question and affirmatively substantiates that:

a. the rationale for the rule or rules in question can be met or exceeded by the specified alternative practices or measures;

b. the application of the rule or rules would impose an undue burden upon the applicant; and

c. the granting of the variance will not adversely affect the public health or welfare.

2. Compliance. Any life support transportation service that is granted a variance shall comply with the alternative practices or measures specified in its successful application for the variance.

3. Renewal, revocation, and reporting.

a. A variance may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 B.1.

b. A variance may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a variance shall immediately notify the Department of Health of any such material change in circumstances.

C. Disasters.

1. These rules shall not apply to life support transportation services provided during time of disaster, mass casualty or other public emergency.

2. The Commissioner reserves the right to determine whether a disaster, mass casualty or other public emergency is occurring or has occurred so as to cause these rules to be nonapplicable.

D. Advertisement.

1. No life support transportation service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those life support transportation services that it is licensed to provide under these rules.

2. All life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR § 1.605 C. or 7 MCAR § 1.608 F. in conducting or allowing any form of advertisement for its service(s).

E. Enforcement provisions.

1. Inspections. Life support transportation services shall not hinder the inspection activities of authorized agents of the Commissioner pursuant to Minn. Stat. § 144.803.

2. Correction order. Violation of any of these rules or of the provisions of Minn. Stat. §§ 144.801-144.808 shall constitute grounds for the issuance of a correction order. Any life support transportation service that is issued a correction order shall correct the violation within the time period specified in the correction order.

3. Time periods for correction of violations.

a. Violations of these rules or of Minn. Stat. §§ 144.801-144.808 that create a risk of serious harm to patients of the life support transportation service shall be corrected within time periods ranging from 0 to 14 days as specified by the Commissioner or authorized agent.

b. All other violations of these rules or of Minn. Stat. §§ 144.801-144.808 shall be corrected within time periods ranging from 15 to 120 days as specified by the Commissioner or authorized agent.

4. Noncompliance. If, upon re-inspection, it is determined that a life support transportation service has not complied with the provisions of a correction order, such noncompliance shall constitute grounds for the initiation of suspension, revocation or non-renewal proceeding pursuant to Minn. Stat. § 144.803.

F. Primary service area.

1. Designation of primary service area.

a. An applicant for licensure as a service shall, at the time of application for new service, for a change in type of service or base of operation, or for an expansion of primary service area, declare the primary service area that it intends to serve as a primary provider of life support transportation service and for which it seeks designation. Such a primary service area shall contain one or more bases of operation.

b. In applying for initial designation of a primary service area or an expansion of a primary service area, an applicant shall affirmatively substantiate the reasonableness of the primary service area for which designation is sought according to the following considerations:

(1) the average and maximum probable response times in good and severe weather from its proposed base of operations to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain more than one base of operation, the average and maximum probable response times in good and severe weather from each base of operation to the most distant point covered by that base of operation;

(2) the projected distances to be traveled to provide such service;

(3) the specific type(s) of service to be provided;

(4) the applicant's current status as a licensed provider of life support transportation services to the population of that area; and

(5) the applicant's intention to be responsible to the general population of the declared primary service area or to a specified group of persons as a primary source of the life support transportation service for which it requests licensure.

c. The maximum primary service areas designated, as measured from a base of operation, shall not exceed:

(1) eight miles or distance equivalent to ten minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that include any portion of a city of the first and second class; or

(2) twenty-five miles or distance equivalent to 30 minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

d. Licensees that have declared primary service areas in licensure applications current as of September 30, 1980, shall have those declared primary service areas designated in licensure beginning October 1, 1980, provided:

(1) that such primary service areas are consistent with 7 MCAR § 1.608 F.;

(2) that no change in primary service area base of operations, type or schedule of services, schedule of patients to be served, or schedule of availability has been made by the licensee since the receipt of the current effective license; and

(3) that licensees are eligible for licensure beginning October 1, 1980.

Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d. (1)-(3) shall comply with the provisions of 7 MCAR § 1.608 F.1.a.-c.

2. Observance of primary service areas.

a. No life support transportation service shall regularly provide its services within an area other than its primary service area(s).

b. Nothing in 7 MCAR § 1.608 F.2.a. shall prohibit a life support transportation service from responding to a request for service in any location in the state when it can reasonably be expected that:

(1) such a response is required by the immediate medical need of an individual, and

(2) no other licensed life support transportation service is capable of or available for immediate and appropriate response.

3. Air life support transportation services. 7 MCAR § 1.608 F.1.c. shall not apply to life support transportation services provided by air ambulances.

G. Mutual aid.

1. Life support transportation service other than scheduled services shall have written agreements with at least one neighboring life support transportation service for coverage during times when the licensee's ambulances are not available for service in its primary service area. Such agreements shall specify the duties and responsibilities of the agreeing parties.

2. A copy of each mutual aid agreement shall be maintained in the files of the licensee.

H. Compliance with approved local ordinances. Life support transportation services that are subject to local ordinances, rules or regulations that have been approved by the Commissioner pursuant to Minn. Stat. § 144.804, subd. 5, shall comply with the provisions of such ordinances, rules or regulations.

7 MCAR § 1.609 Emergency care course and emergency care refresher course approval.

A. Emergency care course.

1. Application for initial course approval.

a. Application for initial approval of an emergency care course shall be made on a form provided by the Commissioner, and shall include information so as to permit a complete evaluation of whether the applicant meets the requirements for course approval as specified by 7 MCAR § 1.609 A.3.-7. The information provided on the application shall include the following:

(1) course content;

(2) the length of course and course schedule;

(3) the number of times per year the course will be given;

(4) the number of trainees anticipated per year;

(5) identification of source materials, text books, references and equipment to be used;

(6) name, address and qualifications of physician medical advisor;

(7) names and addresses and qualifications of physician, nurse and lay instructors;

(8) name and address of affiliated hospital;

(9) admission requirements of trainees; and

(10) other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

c. The approval of an emergency care course shall expire two years from the date of approval unless renewed according to the requirements of 7 MCAR § 1.609 A.2.

2. Application for renewal of course approval.

a. Applications for renewal of emergency care course approval shall be made on a form provided by the Commissioner and shall specify any changes from the information provided for initial approval, and other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. An applicant for renewal shall have given the emergency care course at least two times during the previous biennial approval period.

3. Course personnel.

a. Each course shall have a physician medical advisor, who shall be present for a minimum of three (3) hours during each course.

b. A minimum of fourteen (14) hours of the curriculum shall be taught by a physician or physicians.

c. Instructors shall be physicians, nurses, or others qualified as specified in 7 MCAR § 1.603 A.1.a.(2)-(4).

d. Documentation including the name, address, and qualifications of the medical advisor, and each of the instructors shall be maintained in the files of the applicant.

e. At least one instructor shall be required for every ten (10) students in the practical skill sessions and at least one instructor shall be required for every one hundred (100) students in the classroom didactic sessions.

4. Course content.

a. An emergency care course shall have a total of not less than 81 hours of instruction with a minimum of 60 hours classroom didactic and practical skills instruction and a minimum of 10 hours clinical experience.

b. The following subjects shall be included in the course content:

(1) role, responsibilities and equipment of BLS ambulance attendant;

(2) ambulance operation;

(3) communications;

(4) emergency room procedures;

(5) airway obstruction and cardiopulmonary resuscitation;

(6) mechanical aids to breathing and pulmonary resuscitation;

(7) determination of vital signs;

(8) introduction to intravenous therapy;

(9) bleeding;

(10) shock;

(11) wounds, dressings, bandages and bandaging;

(12) fractures of upper and lower extremities;

(13) injuries to chest, abdomen and pelvis, face, eye, head, neck, spine and genitalia;

(14) medical conditions including poisons, stings, bites, unconscious state, stroke, heart attack, epilepsy, acute abdomen, intestinal bleeding, communicable disease, diabetes, and dyspnea;

(15) medical conditions due to environmental factors including burns, cold, heat, radiation, electrical hazards, water accidents, and explosions;

(16) emergency childbirth;

(17) care of the pediatric patient;

(18) care of the disturbed and unruly patient;

(19) emergency care of the drug abuser; and

(20) extrication and rescue techniques.

5. Equipment and supplies.

a. Courses shall have student and instructor texts and current reference sources in emergency care.

b. Courses shall have standard teaching aids consisting of such items as projectors, screens, films, slides and other equipment and material used by the instructor to facilitate learning.

c. Courses shall use emergency care equipment of the following types so as to train each student as a BLS ambulance attendant:

(1) splinting equipment;

(2) ventilation assistance and airway maintenance equipment;

(3) dressings, bandages and bandaging supplies;

(4) emergency obstetrical kit;

(5) poison treatment kit;

(6) burn treatment supplies;

(7) equipment for determination of vital signs; and

(8) extrication and rescue equipment.

6. Testing. In order to complete an approved emergency care course successfully, each student shall pass the written and the practical examinations approved by the Commissioner and administered by the Commissioner or a designated representative.

7. Test approval.

a. The written and the practical examinations that test for competency in the subjects specified in 7 MCAR § 1.609 A.4.b. are eligible for approval by the Commissioner.

b. The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians-Ambulance as of the effective date of these rules is deemed to comply with 7 MCAR § 1.609 A.7.a.

B. Emergency care refresher course.

1. Applications for initial course approval shall comply with 7 MCAR § 1.609 A.1.-7., with the exception of 7 MCAR § 1.609 A.3.b. and A.4.

2. Course content.

a. A refresher course shall provide a total of not less than 20 hours of instruction and four hours of testing.

b. The content of a refresher course shall include the subjects listed in 7 MCAR § 1.609 A.4.b.

C. Issuance of certificates.

1. Persons successfully completing an emergency care course shall be issued a certificate by the Commissionr or a designated representative.

2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successful completion of a refresher course.

D. Course audit. Approved applicants shall cooperate with and in no way hinder the audit activities of authorized agents of the Commissioner.

E. Enforcement. Failure to comply with the provisions of 7 MCAR § 1.609 A.3-D. shall constitute grounds for disapproval or nonrenewal.

7 MCAR § 1.610 Documentation.

A. Documentation requirements for licenses.

1. Personnel records and documentation shall include:

a. current roster and documentation of qualifications of attendants and drivers required in 7 MCAR § 1.603 A.2.a. and 7 MCAR § 1.604 A.4.b.;

b. name and address of and signed statement by the medical advisor or director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR § 1.604 A.4.d.;

c. documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d. (2)-(3) and 7 MCAR § 1.604 A.4.d.;

d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and

e. the name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.4.e.

2. Equipment records and documentation shall include:

a. documentation by the medical advisor regarding the use of inflatable anti-shock trousers as specified in 7 MCAR § 1.603 B.1.b.

b. performance testing of equipment required in 7 MCAR § 1.603 B.3.g. and 7 MCAR § 1.604 B.2.b.;

c. any written approval of the medical director of the advanced life support equipment and supplies required in 7 MCAR § 1.604 B.1.c.; and

d. any written procedures for secure storage of medications required in 7 MCAR § 1.604 B.1.d.

3. Ambulance records and documentation shall include maintenance of ambulance [illegible] required in 7 MCAR § 1.603 C.5.a. and 7 MCAR § 1.604 C.

4. Communications records and documentation shall include:

a. maintenance of communications equipment as required in 7 MCAR § 1.603 D.4. and 7 MCAR § 1.604 D.4.; and

b. communications capability as required in 7 MCAR § 1.604 D.2.f. D.2.g.

5. Other records and documentation shall include:

a. licensure application information required in 7 MCAR § 1.602;

b. a copy of mutual aid agreements required in 7 MCAR § 1.608 G.2.;

c. copies of all pertinent correspondence between the Department of Health to the licensee; and

d. trip reports for every run in which patient care was offered to be provided or provided, so as to meet the reporting requirements of Minn. Stat. § 144.807.

B. Documentation requirements for approved emergency care and refresher courses. Approved emergency care and refresher courses shall comply with the following documentation requirements:

1. approval application information required in 7 MCAR § 1.609 A.1.b., and

2. the names, addresses and qualifications of the physician medical advisor and instructors required in 7 MCAR § 1.609 A.3.c.

7 MCAR § 1.611. License Fees and Expiration Dates.

A. License Fees. Each application for a license to operate a life support transportation service, as defined in Minn. Stat. §§ 144.801 to 144.806, shall be accompanied by a basic fee of $35.00 plus a $10.00 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional $10.00 fee for each ambulance added to the life support transportation service during the period for which the license is issued.

B. Expiration Dates. Life support transportation services shall be licensed annually for a period from October 1 (or from the date the original license is issued) until September 30. Applicants for license renewal shall submit complete applications by June 30 of each year on a form provided by the commissioner. The license of life support transportation services that are licensed as of the effective date of these rules are hereby extended until September 30, 1980.

File Number 571

ATTORNEY GENERAL

GEORGE R. PETTERSEN, M.D.
Commissioner of Health

Attn: WILLIAM B. MILLER

JOANNE E. HINDERAKER
Special Assistant
Attorney General

In the Matter of Proposed Rules Relating to Life Support Transportation Services

The rules in the above-captioned matter have not been approved for the following reasons:

1. In 7 MCAR 1.603 B. 3. g. (pg. 11) it appears that the reference to "license files" should read "licensee's files." A corresponding reference in 7 MCAR 1.604 B. 2. b. (pg. 20) also appears to require a reference to "licensee's files" and not to "licensee files."

2. It is not evident in the record before this office that the Chief Hearing Examiner approved the incorporation by reference of the DOT Federal Specifications KKK - 1822 referred to in 7 MCAR 1.603 C. 1. b. (pg. 12). Pursuant to Minn. Stat. sec. 15.0412 subd. 4, such approval must be obtained before this office can approve these rules.

3. At 7 MCAR 1.604 A. 1. a. (pg. 16) a typographical error appears in the reference to "than people" which should read "that people." Also at 7 MCAR 1.604 A. 1. b(1) (pg. 16) it is not clear whether the Department should have added an "or" between provisions (1) and (2) of the rule (similar to the "or" that was added between 7 MCAR 1.603 A. 1. a.(2) and (3)) or whether this ALS requirement is different than the BLS requirement. Clarification of this point by the Department would be helpful to this office in its review.

4. It appears that the reference in 7 MCAR 1.604 A. 6. (pg. 19) to Minn. Stat. sec. 114.804, subd. 2, should be a reference to Minn. Stat. sec. 144.804 subd. 2.

5. It appears that in 7 MCAR 1.608 E. 1 (pg. 24) the reference to Minn. Stat. sec. 144.803 should read Minn. Stat. sec. 144.808.

6. In 7 MCAR 1.609 C. 1. (pg. 31) a typographical error appears in the word "Commissioner."

7. In 7 MCAR 1.610 A. 1. (pg. 31) the cross-reference to 7 MCAR 1.604 A. 4. b. should read 7 MCAR 1.604 A. 5. b., the cross-references to 1.604 A. 4. d. should read 1.604 A. 5. d. and the cross-reference to 1.604 A. 4. e. should read 1.604 A. 5. e.

8. Finally, at 7 MCAR 1.610 A. 4. b. (pg. 32) the cross-reference to 7 MCAR 1.604 D. 2. f. should read 7 MCAR 1.604 D. 2. g.

Upon consideration of the issues raised in this memorandum and after any further action taken by the Department in regard to these rules, the file may be resubmitted to this office with three (3) copies of the rules as amended and three copies of a revised order adopting rules. Copies of the other pertinent documents in the file have been retained by this office.

I also wish to advise you that the Chief Hearing Examiner requests the resubmission of rules that are changed subsequent to his review. Therefore ~~I suggest that~~ you ~~submit the rules to~~ Mr. Duane Harves prior to resubmission to this office. regarding any changes in the rules may wish to contact

Please contact me if you have any questions regarding this matter.

JEH/bw
cc: Duane Harves
Susan Robertson

roofing system, and that its products were compatible with other available roofing materials.

9. On or about April 30, 1976, Keho and Central executed a written guarantee (hereinafter "Roofing Guarantee") warranting the roofing of the maintenance and athletic storage building. The guarantee warranted the workmanship of the roofing, guaranteed that installation of the roofing was in conformance with the contract documents and manufacturer's specifications and recommendations, guaranteed that the roofing and composition flashing would be maintained weather and watertight as necessitated by normal wear and tear of the elements, defective materials, or defective workmanship, and guaranteed inspection and maintenance of the roofing for a period of five years. A true and correct copy of the Roofing Guarantee is attached hereto as Exhibit "B".

10. Final inspection and acceptance of the roof was made by the plaintiff in July 1976. Upon final acceptance of the roof, plaintiff paid Keho the remaining amount due under the contract in full satisfaction of plaintiff's obligation under the contract.

11. Commencing in July 1978 and continuing through the spring of 1979, the roofing leaked repeatedly causing destruction and damage to plaintiff's building and its contents and disruption of the normal and intended activities therein.

12. Central was notified immediately upon each discovery of damage or leakage. All other defendants were also apprised of the damage and leakage.

13. Defendants failed to permanently or satisfactorily repair the roofing. Plaintiff then gave notice to all defendants that replacement of the roofing was required.

14. After defendants refused to repair the roofing in a suitable fashion, the roofing was replaced in December 1979 at the expense of the plaintiff.

FIRST CLAIM

15. Keho and Central failed to construct and install the roofing in accordance with the contract documents, resulting in damage to plaintiff's building and its contents.

16. As a direct and natural consequence of Keho's and Central's breach of the contract relating to the installation and construction of the roofing,

Our File # 498

ADMIN 1000 (Rev. 1/78)

STATE OF MINNESOTA

DEPARTMENT Attorney General

Office Memorandum

TO : Eric Ingvaldson
Special Attorney
Aeronautics Division
Department of Transportation

DATE: January 24, 1979

FROM : Lee E. Sheehy
Special Assistant
Attorney General

PHONE: 296-1288

SUBJECT: In the Matter of the Proposed Adoption of Amendments to Rules of the Department of Transportation Governing Airport Zoning Standards

The above-captioned rules have not been approved by this office or filed with the Secretary of State for the below-enumerated reasons. After agency consideration of these reasons and appropriate agency action, if any, the rules may be resubmitted to this office for approval. At that time, please ensure that the agency resubmits the original of the Order Adopting and the Adopted Rules which is necessary for filing with the Secretary of State.

The rules have not been approved for the following reasons:

1. Retroactivity: Construing law to be retroactive is disfavored under Minnesota law. See Minn. Stat. § 645.21. The Minnesota A.P.A. implicitly recognizes this notion when it defines a rule as an "agency statement of general applicability and future effect..." (Emphasis added.) Minn. Stat. § 15.0411, Subd. 3. Scholarly commentary in the area also acknowledges concern over the legality of retroactive agency rules. See Davis, Administrative Law Text, Section 5.05. Absent an agency showing of proper legal authority, all retroactive provisions in the above-captioned rules are disapproved, except those expressly authorized by Minn. Stat. § 360.066, Subd. 1a(b).

2. Incorrect Citation: 14 MCAR § 1.3010 F(5)(e)(3) contains an incorrect citation in the last sentence. I believe that the citation should be "Minn. Stat. § 360.066, subd. 1a (a) and (d) (1978)."

If you have any questions, do not hesitate to call me.

LES:mb

Enclosure

cc: Duane Harves
Allan Williams

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the
Adoption of Rules Relating to
Life Support Transportation
Services

COMMISSIONER'S
FINDINGS OF FACT
AND CONCLUSIONS

The above-entitled matter came on for hearing before the Commissioner of Health at 9:30 a.m. on Thursday, January 31, 1980, in Room 105 of the Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, after proper notice had been given as required by Minn. Stat. §§ 15.0411 to 15.0417 and 15.052.

The Commissioner of Health hereby submits a copy of the Order Adopting Rules, a copy of additional Findings of Fact and Conclusions, a copy of the rules as originally proposed, and a copy of the rules as adopted to the Chief Hearing Examiner for review pursuant to Minn. Stat. § 15.052, subd. 4 (1978). The Chief Hearing Examiner shall complete his review and submit his report to the Commissioner on the issues of substantial changes in the rule and compliance with Minn. Stat. § 15.0412 (1978) within ten calendar days. The Commissioner will be responsible for filing the rules with the Attorney General and for notifying persons who have indicated that they wish to be notified of such filing.

After giving interested persons an opportunity to present written and oral information, statements and arguments, having heard all of the testimony, having considered all the evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards and criteria, and having confirmed the need for the above-captioned rules, the Commissioner hereby adopts as his own the Findings and Conclusions reported by the Hearing Examiner in his report dated March 20, 1980,(HLTH-80-026-GB) with the exception of:

(1) finding number 17(e), which refers to Section 1.609 A.4.b.(8) of the Proposed Rules (see Report of the Hearing Examiner, page 11), and

(2) finding number 18(d), which refers to Section 1.603 C.1.c. of the Proposed Rules (see Report of the Hearing Examiner, page 11).

A copy of the Hearing Examiner's Findings and Conclusions is attached hereto and made a part hereof.

In justification of the adoption of Sections 1.609 A.4.b.(8) and 1.603 C.1.c., the Commissioner makes the following additional:

FINDINGS OF FACT

Section 1.609 A.4.b.(8)

The Hearing Examiner found that Section 1.609 A.4.b.(8) of the Proposed Rules, which require that initial basic emergency care courses include training in intravenous therapy, was not needed or reasonable because "intravenous therapy is not required of BLS services and intravenous equipment is not required to be carried by BLS vehicles" (see Report of the Hearing Examiner, page 11). The Commissioner's Statement of Need and Reasonableness does not, in fact, discuss in detail each topic to be included in the approvable course curriculum; however, the Statement does explain that the course topics, including intravenous (IV) therapy, "cover the skills and knowledge that must be possessed by BLS attendants and drivers" to provide the services defined by Minn. Stat. § 144.804 (see Statement, page 81). The rationale for this lack of specific reference to topics is, in part, that it is reasonable to assume that ambulance attendants should have some understanding of the nature of essential emergency treatment required by the patients they will be caring for, even though they might not provide those treatments themselves. The Hearing Examiner appears to have accepted this implicit justification in his acceptance of the topic of "emergency room procedures," which is also included in the list of required curriculum items in this rule 1.609 B.4.b.(4), and which clearly do not entail the use of equipment carried on a BLS ambulance or the use of skills normally provided by BLS ambulance attendants.

The testimony of Mr. William Wohlers at the public hearing suggests that this requirement should be discretionary rather than required (see Exhibit E to Report of the Hearing Examiner, page 5, and Transcript, pages 57-58). It is

important to note, however, that Mr. Wohlers recommends in two places earlier in his testimony that BLS services be allowed to provide IV therapy if a physician orders it (Ibid, page 2 and 3, and Transcript, page 53). The Commissioner does not consider it appropriate for BLS services to be free to provide statutorily defined elements of ALS services (see Minn. Stat. § 144.804, subd. 3(b)) without a clear license to do so as an ALS service or as a BLS service with an approved variance as provided in 7 MCAR § 1.608 B; but the Commissioner does consider it necessary for BLS attendants to understand the nature and uses of IV therapy. Mr. Wohlers himself provides testimony to the effect that BLS services should, at a minimum, be sufficiently familiar with IV therapy to allow their attendants to provide it on physician's orders (Ibid). This apparent inconsistency in Mr. Wohlers' statement can be reconciled by assuming that he misread the requirement in the rule, which specifically requires only that this topic be introduced, and that, furthermore, he is actually in favor of BLS services having this capability. Viewed in this light, the only public testimony received regarding Section 1.609 A.4.b.(8) can be explained as being implicitly in favor of the actual requirement. Therefore, this requirement has been justified at the Public Hearing as being both needed and reasonable.

Section 1.603 C.1.c.

Section 1.603 C.1.c. requires substantial compliance with categorical vehicle standards by ambulances purchased prior to June 30, 1981. The Hearing Examiner found in relation to this section that: "The Statement of Need and Reasonableness does not appear to specifically address this subsection. Accordingly, it has not been shown to be needed or reasonable. Additionally, the determination of substantial compliance appears to be totally within the Commissioner's discretion without any criteria to guide him. The items listed within the proposed subsection are merely categories which echo the categories established under Section 1.603 C.1.a. They do not, however, provide any guidance for the exercise of the Commissioner's discretion." (See Report of the Hearing Examiner, page 11.)

The Commissioner agrees that the categories listed in Section 1.603 C.1.c. echo the categories in 1.60 3 C.1.a.; this was done for a specific purpose. The need and reasonableness of each of the seven general vehicle

standards listed in Section 1.603 C.1.c. was demonstrated when the Commissioner presented the justifications for each of the seven comparable but more specific standards listed in Section 1.603 C.1.a. Each of these statements of need and reasonableness is stated in general, functional terms similar or identical to the terms used in Section 1.603 C.1.c. prior to being stated in the specific, measurable terms of the rule itself. This was done to justify the substantial character or purpose of the standard simultaneous with justifying its measurable expression in rule. This method was based on the presumption that no reiteration of this detailed justification would be needed for the section requiring substantial compliance. Thus, the lack of a specific statement of need and reasonableness for Section 1.603 C.1.c. is a matter of form not of content.

The Commissioner has established considerations that provide guidance for the exercise of discretion in enforcement of Section 1.603 C.1.c. in stating the standards in functional, purpose-oriented terms. The Commissioner proposed this section in part precisely because it would give notice of the general functional terms under which the Commissioner would exercise discretion in the application of these rules to vehicles purchased prior to their effective date.

In view of these considerations and of the fact that the Commissioner has demonstrated the need for and reasonableness of measurable ambulance standards, which are based entirely on the need and reasonableness of the general functional standards listed in Section 1.603 C.1.c., the need and reasonableness of these general standards and of requiring substantial compliance with them has been justified at the public hearing.

The Hearing Examiner introduced another point in regard to this rule, that "Another legal consideration is whether or not these rules may have a retroactive effect by attempting to regulate vehicles which were purchased prior to the effective date of the rules" (see Report, page 11). It is by no means certain that this rule is retroactive. It does not apply to entities with existing licenses; rather, it applies only to entities that seek to acquire licenses after the effective date of these rules. In any case, the Commissioner fully considered the issue of retroactivity in preparing these rules, as is shown by the requirements regarding ALS training standards that affect personnel who may have been trained prior to the effective date of the rules, communications standards that apply to all equipment used for communications regardless of the date of purchase of the equipment, and standards for general equipment. Further, the Commissioner has proposed a rule (Section 1.611) that requires annual renewal

of licenses according to the standards in these rules. At least once each year, therefore, compliance with standards must be demonstrated. Also, ambulances that have been used by licensed services at some time in the past may or may not be part of licensed services on the effective date of these rules; it is not reasonable to expect that all vehicles in the state that have been purchased by licensed services as ambulances should by that association be considered to be in compliance with Section 1.603 C.1.a. This would be unreasonable because some of these vehicles may conceivably be so unsuited for use as ambulances that they are patently unsafe for patient transport or care. The rules provide for a determination of which of such vehicles do meet the substantial requirements of Section 1.603 C.1.a. and which do not. The language of Section 1.603 C.1.c. clarifies the authority of the Commissioner to assure the public that dangerously substandard vehicles will not be used as ambulances. Finally, the provisions of Sections 1.608 A. and B., which set conditions for the granting of waivers and variances, assure that areas that suffer from economic hardship will not be penalized for inability to purchase new vehicles to replace substandard vehicles unless there is a greater hazard to the use of the current vehicle than would result from the lack of a service in the area.

The Commissioner demonstrated in the Statement of Need and Reasonableness that the health of patients is an overriding concern in regard to the regulation of personnel, vehicles, equipment, and operation of life support transportation services (see Statement of Need and Reasonableness, passim). The Commissioner has demonstrated the necessity and reasonableness of establishing standards that affect certain personnel and equipment that may have been hired or purchased prior to the effective date of these rules (see Section 1.603 B., Statement of Need and Reasonableness, pages 17-57; and the Report of the Hearing Examiner, passim). To claim that a service must meet certain personnel and equipment standards, with no exceptions for date of hiring or purchase, yet to allow the same services to use a vehicle that does not allow for adequate patient care, does not allow easy access to the patient compartment, does not have adequate storage space, is not adequately illuminated to allow for patient care, does not have proper heating, and is not designed or operated to allow for safe and stable transport would be inconsistent with the general content of the rules and would oppose the general purpose of Minn. Stat. § 144.804. Therefore, the

need and reasonableness of requiring ambulances purchased prior to the effective date of these rules to comply substantially with essential minimum standards was shown at the public hearing.

In response to the comments on Section 1.603 C.1.c. of Dr. White, the Zumbrota Ambulance Association, and Joel M. Radjenovich (Transcript of the Public Hearing, pages 18-19, and Exhibits O and Q to the Report of the Hearing Examiner, respectively), the Commissioner points out the allowances made for unusual circumstances in Sections 1.608 A. and B., which provide for waivers and variances in cases of undue burden to providers. More particularly, the Commissioner notes that Dr. White's comment was "supporting an interpretation here to permit ambulances purchased on or before 30 June 1981 to remain in service and that again I believe is the intent of the language" (see Transcript, page 18). Dr. White is not testifying here against this section; he is merely recommending an interpretation of the rule that is consistent with its plain language. The comments of the Zumbrota Ambulance Association do directly recommend deletion of this section, but only on the assumption that the Commissioner would use its authority to prohibit the use of large numbers of the ambulances now in use (see Exhibit O to Report, page 4). No evidence demonstrating the probability or severity of such an occurrence happening was submitted by any party; in effect, therefore, this comment is nothing more than opinion. In response, the Commissioner refers again to the safeguards offered in the waivers and variances sections of the rules, which have been written specifically to protect services from undue burdens caused by the administration of these rules. Finally, Mr. Radjenovich's comments,which recommend deletion, are based on opinion rather than a presentation of fact regarding the effects of Section 1.603 C.1.c.; Mr. Radjenovich also gives no consideration to the allowances provided for in Sections 1.608 A. and B.

An important consideration not addressed by the Hearing Examiner, although it is implicit in the record, is the considerable review of these rules by the Technical Advisory Group, the Emergency Medical Services Advisory Task Force, and several interested parties throughout the State. After this review, only three persons chose to comment at all on Section 1.603 C.1.c. It can be inferred from this fact that the general consensus of reviewers is in support of Section 1.603 C.1.c.as written.

The need and reasonableness of Section 1.603 C.1.c. can be summarized as follows: This rule serves primarily to give notice to regulated services of what considerations will be used to determine whether or not a vehicle may be considered to be and used as an "ambulance" as defined in statute and rule. This allows all parties to determine whether or not they might best consider requesting a waiver or variance for their services. This also assures that due latitude is allowed for vehicles that might vary from measurable standards to be required of vehicles purchased after July 1, 1981, but that still are entirely serviceable as ambulances. The overwhelming consensus of reviewers, who commented in detail on other sections, appears to favor this rule as written.

Most significant in justifying Section 1.603 C.1.c., however, is the fact that in its absence vehicles that lack the features listed in this rule might be used as ambulances. A review of these features and the justifications given for them at the public hearing and in the Statement of Need and Reasonableness leads to the following:

CONCLUSIONS

1. That the Commissioner has demonstrated the need for and reasonableness of Sections 1.609 A.4.b.(8) and 1.603 C.1.c.
2. That the proposed rules should be adopted as written and revised by these Findings of Fact and Conclusions and as otherwise set out by the Commissioner in his Order Adopting Rules and related documents.

George R. Pettersen, M.D.
Commissioner of Health

Apr 21, 1980
Date

PROPOSED RULES

Pursuant to Minn. Stat. § 15.0412, subd. 4, agencies must hold public hearings on proposed new rules and/or proposed amendment of existing rules. Notice of intent to hold a hearing must be published in the *State Register* at least 30 days prior to the date set for the hearing, along with the full text of the proposed new rule or amendment. The agency shall make at least one free copy of a proposed rule available to any person requesting it.

Pursuant to Minn. Stat. § 15.0412, subd. 5, when a statute, federal law or court order to adopt, suspend or repeal a rule does not allow time for the usual rulemaking process, temporary rules may be proposed. Proposed temporary rules are published in the *State Register*, and for at least 20 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Health
Health Systems Division
Proposed Rules Relating to Life Support Transportation Services

Notice is hereby given that a public hearing in the above-entitled matter will be held in Room 105, at the Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on January 31, 1980, commencing at 9:30 a.m.

All interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to George Beck, Hearing Examiner, Room 300, 1745 University Avenue, St. Paul, Minnesota 55104 (Telephone: (612) 296-8108). Unless a longer period not to exceed 20 calendar days is ordered by the Hearing Examiner at the hearing, the hearing record will remain open for the inclusion of written material for five working days after the hearing ends. The hearing shall be conducted in accordance with the rules of the Office of Hearing Examiners, 9 MCAR § 2.101 *et seq*.

The proposed rules, if adopted, would set standards for the operation of basic life support transportation services, advanced life support transportation services, scheduled life support transportation services, life support transportation services operated on a non-profit basis for special events, and life support transportation services provided by an employer for the benefit of its employees. The rules would set requirements for each of these types of service relating to personnel training and certification, minimum equipment and vehicle standards, and radio communications. The proposed rules address the issues of the establishment of primary service areas, enforcement of the relevant statutes and rules, mutual aid and coverage between and among services, and documentation requirements. Provision is also made for the granting of waivers and variances from the strict application of the rules in specific circumstances, as well as for the special needs created during times of disaster, mass casualty or other public emergency.

Copies of the proposed rules are now available, and one free copy may be obtained by writing to the Section of Emergency Medical Services, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440. Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota Commissioner of Health to promulgate the proposed rules is contained in Minn. Stat. §§ 144.801-144.8091 (1979 Supp.).

Notice: The proposed rules are subject to change as a result of the rule hearing process. The Commissioner therefore strongly urges those who are potentially affected in any manner by the substance of the proposed rules to participate in the rule hearing process.

Please be advised that pursuant to Minn. Stat. § 10A.03, subd. 1 (1978), lobbyists must register with the State Ethical Practices Board within five days after becoming lobbyists.

" 'Lobbyist' means any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than $250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials."

Minn. Stat. § 10A.01, subd. 11 (1979 Supp.). The statute provides certain exceptions. Questions concerning lobbyists or their required registration should be directed to the State Ethical Practices Board, Room 41, State Office Building, Wabasha Street, St. Paul, Minnesota 55155, at telephone number (612) 296-5615.

Notice is hereby given that 25 days prior to the hearing, a Statement of Need and Reasonableness will be available for review at the agency and at the Office of Hearing Examiners. This Statement of Need and Reasonableness will include a

KEY: RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language. **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

summary of all of the evidence which will be presented by the Commissioner at the hearing justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Hearing Examiners at a minimal charge.

Notice: Any person may request notification of the date on which the Hearing Examiner's report will be available, after which date the Commissioner may not take any final action on the rules for a period of five working days. Any person may request notification of the date on which the hearing record has been submitted (or resubmitted) to the Attorney General by the Commissioner. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Hearing Examiner (in the case of the Hearing Examiner's Report), or to the Commissioner (in the case of the Commissioner's submission or resubmission to the Attorney General).

As a number of municipalities and other local public bodies operate, directly or indirectly, services which may be affected by these proposed rules, there may be some fiscal impact on these local agencies if these rules are adopted. However, it is anticipated that the total expenditure for all such local bodies due to these rules would not exceed $100,000 in either of the two years immediately following an adoption of these rules.

December, 1979.

George R. Pettersen, M.D.
Commissioner of Health

Rules as Proposed (all new material)

7 MCAR § 1.601 Definitions.

A. "Air ambulance" means an ambulance that is designed and manufactured to travel by air, and includes fixed wing aircraft and helicopters.

B. "ALS" means advanced life support transportation service.

C. "BLS" means basic life support transportation service.

D. "Central base of operation" means a base of operation for a life support transportation service that serves as the coordinating point for other bases of operation of a licensee within a single primary service area.

E. "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

F. "Change in type of service" means any change in the schedule of:

1. skills and equipment used in patient care;

2. hours during which service will be available; or

3. group(s) of individuals for whom service will be provided exclusively such that a new type or types of licenses are required.

G. "Change of base of operation" means a change involving a relocation of vehicles, related equipment, and personnel housed at one location for housing at another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

H. "City of the first class" and "city of the second class" have the meanings given to them in Minn. Stat. ch. 410.

I. "Commissioner" means Commissioner of Health.

J. "Communications base" means the location at which equipment is housed for use in two-way radio communications with ambulances or medical facilities.

K. ~~"Credentialed" means registered by the Commissioner pursuant to Minn. Stat. § 214.13.~~

L. "Full operating condition and good repair" means a condition whereby all systems, parts, elements and components are completely workable, operational and reliable.

M. "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

N. "Medical control" means the direction by physicians of out-of-hospital emergency medical care delivered by non-physicians that is provided directly on the scene or through direct oral communication by radio or telephone, or indirectly through written patient triage, treatment, and transfer guidelines or protocols, and that includes the following:

1. providing advice on training and orientation ~~of~~ personnel,

2. providing advice on upgrading and purchasing equipment,

3. prescribing and maintaining any standing orders,

4. providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment, and

5. assisting with the development and operation of an internal quality assurance mechanism that includes review of services provided.

O. "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

P. "Osteopath" means a person licensed to practice osteopathy pursuant to Minn. Stat. §§ 148.11-148.16 prior to 1963 or licensed to practice medicine pursuant to Minn. Stat. ch. 147.

Q. "Physician" means a person licensed to practice medicine pursuant to Minn. Stat. ch. 147.

R. "Registered Nurse" means a person licensed to practice professional nursing pursuant to Minn. Stat. ch. 148.

S. "Scheduled advanced life support transportation service" means an advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

T. "Scheduled basic life support transportation service" means a basic life support transportation service that:

1. restricts the availability of its service to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

U. "Scheduled life support transportation service" means basic or advanced life support transportation service that:

1. restricts the availability of its services to specified periods of time;

2. restricts the availability of its services to a specified group of people; or

3. restricts the type of services it provides to a specified medical category or categories.

V. "Single-service" means designed and manufactured to be used once and then disposed of, not to be re-used.

W. "Sterile" means the state of being free from micro-organisms.

X. "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological parameters.

Y. "Treatment" means the use of the skills or equipment required by these rules for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

Z. "Variance" means permission to comply in a manner other than that generally specified.

AA. "Waiver" means permission not to comply.

7 MCAR § 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, change in primary service area, change in base of operations, or type of service provided shall be made on a form provided by the Commissioner and shall include, at a minimum, the following categories of information to allow a determination of compliance with the requirements of Minn. Stat. §§ 144.801 *et seq.* and to provide sufficient information for local and regional reviews as prescribed in Minn. Stat. § 144.802:

a. identification, location and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. the address of all bases of operation;

c. ~~the name of the~~ affiliated medical facility, if any, for the service;

d. the location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. the type of action requested (new license, license renewal, change in primary service area, change of base of operations, or change in type of service provided);

f. the type and identification of ownership;

g. the type and identification of the entity responsible for operation if different from ownership;

h. a declaration of proposed primary service area according to the requirements of 7 MCAR § 1.608 F.;

i. back-up coverage, including reserve ambulance(s) owned by applicant, back-up services, and indication of signed mutual aid agreements with neighboring providers;

j. other licensed providers in the primary service area;

k. a description of the population to be served;

l. type of service to be licensed;

m. actual past and estimated future utilization of service;

n. basic actual or estimated financial data, including:

(1) revenue or income,

(2) actual or projected charges,

(3) sources of revenue by type, and

(4) expenses (~~real and in-kind~~) by category;

o. qualifications of personnel, including:

(1) numbers and credentials of attendants and drivers,

(2) ~~description of staff turnover,~~

~~(3)~~ names and addresses of key personnel;

p. a listing and description of all ambulances to be used by the service if licensed; and

~~q.~~ other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

KEY: RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike-outs~~ indicate deletions from proposed rule language. **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

B. Contents of applications for licensure of new services, expansions of primary service area, and changes in base of operation or type of service.

1. An application for licensure of a new service or for a change in base of operation, primary service area, or type of service shall include, at a minimum, the following categories of information to allow for a determination of need for the proposed service by local units of government, local boards of health, and Health Systems Agencies, as prescribed in Minn. Stat. § 144.802, subd. 3, and to allow for a determination of the applicability of Minn. Stat. §§ 145.832-144.845, the Minnesota Certificate of Need Law:

a. a description of the proposed new service, change in base of operation, expansion of primary service area, or change in type of service;

b. a justification of the need for the proposed new service or modification in service;

c. a description of the population to be served by the proposed new service or modified service;

d. a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service;

e. a statement of all costs associated with the new service, including any capital costs as defined in Minn. Stat. §§ 145.832-145.845, operating costs and projected patient charges for at least one year, and other related information; ~~and~~

~~f.~~ other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

C. Contents of applications for life support licensure by health care facilities subject to certificate of need review under Minn. Stat. §§ 145.832-145.845.

1. Applicants for life support licensure that are health care facilities as defined in Minn. Stat. § 145.833, subd. 2, shall submit sufficient information on the forms described in 7 MCAR § 1.602 A. and B. above to allow for a determination of the need for review for a certificate of need as prescribed in Minn. Stat. § 145.834.

2. Applicants for life support licensure that are determined to be subject to certificate of need review by the Commissioner shall provide such additional information as may be required by Minn. Stat. § 145.836; such information shall be submitted on forms provided by the Commissioner and shall meet all criteria specified in rule and statute for certificate of need applications.

7 MCAR § 1.603 Standards for operation of basic life support transportation services.

A. Personnel.

1. Qualifications.

a. No person shall function as an attendant or driver or represent himself or herself as an attendant or driver of a basic life support transportation service (BLS) ambulance unless that person:

(1) possesses a current ~~advanced~~ American Red Cross first aid certificate;

(2) possesses a current emergency care certificate issued by the commissioner pursuant to Minn. Stat. § 214.13;

(3) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(4) meets the qualifications of 7 MCAR § 1.604 A. for an advanced life support transportation service ambulance.

b. The requirement set forth in 7 MCAR § 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulances.

2. Staffing.

a. Each BLS licensee shall employ or otherwise have on staff a minimum of five persons qualified under 7 MCAR § 1.603 A.1.a. and shall maintain:

(1) a current roster, including the name, address and qualification of such persons; and

(2) files documenting personnel qualifications.

b. By July 1, 1985, each licensee shall have a physician medical ~~director~~ responsible for at least:

(1) providing advice on training and orientation or personnel;

(2) providing advice on upgrading and purchasing equipment;

(3) prescribing and maintaining any standing orders;

(4) providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and

(5) assisting with the development and operation of an internal quality assurance mechanism that shall include review of services provided.

c. The name and address of the medical ~~director~~ and a written statement signed by the medical director indicating his or her acceptance of the responsibilities as specified in 7 MCAR § 1.603 A.2.b. shall be maintained in the files of the licensee.

d. If a life support transportation service finds it impossible to arrange for an attendant to accompany the driver, the driver may ~~respond~~ to ~~an~~ emergency ~~call~~ without an accompanying attendant, provided that the service shall:

(1) make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;

(2) document ~~why~~ it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient ~~and~~ what reasonable efforts were made to arrange for an attendant to be present; and

(3) maintain such documentation in the files ~~of the licensee.~~

3. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. All ambulances shall ~~comply~~ with the following standards:

(1) splinting equipment that shall include:

(a) one ~~hinged half-ring~~ lower-extremity ~~splint or one~~ traction splint ~~with ankle harness for fractures of the femur;~~

(b) ~~two~~ fixation splints ~~each~~ for fractures of ~~the~~ leg or arm;

(c) one short and one long backboard with ~~fixation straps; or one neck splint with fixation straps and one full spine splint with~~ head immobilization gear and fixation straps;

(2) ventilation assistance and airway maintenance equipment that shall include:

(a) one portable oxygen system complying with the following specifications:

(i) high-pressure tank regulated to 50 psi at flowmeter;

(ii) calibrated to deliver to patient two to 15 liters per minute;

(iii) minimum of 20 minutes supply at a rate of 15 liters per minute;

(iv) single service tubing from regulator valve outlet to patient;

(v) single service nasal cannula and single-service inhalation mask;

(vi) one each of infant, child and adult masks for administration of oxygen; and

(vii) capability for use as oxygen source as described in 7 MCAR § 1.603 B.1.a.(2)(c) below.

(b) one oxygen system for use in the ambulance that complies with 7 MCAR § 1.603 B.1.a.(2)(a)(i), (ii), (iv)-(vii); such a system shall be capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute;

(c) one clear-domed mask with a 15/22 mm adapter and oxygen inlet port for mouth-to-mask or mechanical-device mask ventilation; or one each of infant, child and adult ~~hand-operated bag-mask resuscitation units, or~~ an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute; ~~or one bag-valve-mask that shall:~~

~~(i) have an inlet port for connection to the oxygen-source tubing,~~

~~(ii) be capable of flow rates of 15 liters per minute without malfunctioning,~~

~~(iii) be capable of 80% inspired oxygen concentration to the patient at a flow rate of 12 liters per minute from the oxygen source, and~~

~~(iv) have a transparent dome so as to allow visualization of the airway.~~

(d) portable suction apparatus with catheter or oral suction equipment that shall:

(i) use a non-breakable bottle for collection of the aspirated material, and

(ii) be capable of producing a vacuum of 150 mmHg with an air flow rate of 15 liters per minute for a period of at least five minutes (if the power source is oxygen, this requirement shall be in addition to the time requirement for the administration of oxygen to the patient);

(e) one each of oropharyngeal airways in adult, child and infant sizes; and

~~(f) seizure sticks;~~

(3) dressings, bandages, and bandaging equipment that shall include, at a minimum:

(a) two universal or multitrauma dressings approximately ten inches by 30 inches;

(b) twelve sterile gauze pads or twelve sterile abdominal pad dressings;

(c) two rolls of adhesive tape;

(d) six soft rolled bandages, approximately six inches wide and five yards long;

(e) ~~twelve triangular bandages; and~~

~~(f)~~ bandage shears;

(4) one poison-treatment kit that shall include:

(a) two ounces of syrup of ipecac, and

(b) one quart drinking water in a non-breakable container;

(5) one emergency obstetric kit that shall include:

(a) three sterile towels and two sterile drapes;

(b) bulb syringe;

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(c) four sterile pads or sterile sanitary napkins;

(d) plastic bag or basin;

(e) two sterile cord clamps or ties;

(f) one 18-inch by 25-foot roll of aluminum foil or one aluminum blanket, either of which must be sterile and wrapped;

(g) sterile shears or scalpel; and

(h) single service sterile gloves;

(6) equipment for determination of vital signs that shall include:

(a) one stethoscope, and

(b) one sphygmomanometer with cuff~~(s)~~ for use with child and adult patients;

(7) a detailed current map for use in locating all points in the primary service area;

(8) extrication equipment that shall include either one twenty-four-inch wrecking bar or a commercial extrication device (K~~/~~T tool or similar device); and

(9) other equipment that shall include:

(a) two sheets, two blankets, and one pillow;

(b) emesis container;

(c) one flashlight; and

(d) one fire extinguisher, five-pound dry-chemical type with A:B:C rating.

b. All equipment carried by an ambulance shall be stored so that the patient, attendant and/or driver are not injured or otherwise interfered with in the event of sudden stop or movement of the ambulance during transport.

c. All equipment required by 7 MCAR § 1.603 B.1.a. shall be permanently stored and kept on or in the ambulance unless otherwise provided for in 7 MCAR § 1.603 B.2.

2. Air ambulance equipment.

a. Air ambulances licensed to provide basic life support transportation service shall carry all equipment listed in 7 MCAR § 1.603 B.1.a. with the exception of the equipment in 7 MCAR § 1.603 B.1.a. (8).

b. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

c. Equipment required in 7 MCAR § 1.603 B.2.a. that is not permanently stored on or in an air ambulance shall be kept separate from the air ambulance in a modular pre-packaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

3. Maintenance and sanitation.

a. All equipment shall be maintained in full operating condition and in good repair.

b. All equipment and containers used for storage of equipment shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. Sheets and pillowcases shall be changed after each use.

d. Single-service equipment shall be wrapped, stored and handled so as to prevent contamination and shall be disposed of after use.

e. Re-usable equipment shall be cleaned after each use so as to be free from dirt, grease and other offensive matter.

f. Equipment soiled or otherwise not free from dirt, grease and other offensive matter, shall be kept in plastic bags or securely covered containers until disposed of or prepared for re-use.

g. Procedures for the periodic performance testing of mechanical equipment listed in 7 MCAR § 1.603 B.1.a.(2) shall be developed, maintained and followed; and records of such performance testing shall be kept in the licensee's files.

C. Ambulance standards.

1. Land ambulances.

a. All new land ambulances purchased by a licensee after June 30, 1981, shall comply with the following standards:

(1) the size of the patient compartment shall be a minimum of 116 inches long and ~~69 inches wide (wall to wall) and shall~~ be 54 inches high (floor to ceiling);

(2) the door openings to the patient compartment shall be a minimum of 30 inches wide and 42 inches high and the doors to the patient compartment must be operable from inside the ambulance;

(3) the interior storage areas shall provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and shall be located so as to provide for easy access to all equipment;

(4) the interior lighting in the patient compartment shall include overhead or dome lighting and be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; illumination shall provide a minimum intensity of 40 foot candles at the floor level to allow illumination for administering life support services;

(5) environmental equipment shall include a heater for the patient compartment that shall have a minimum output of 21,000 BTUs;

~~(6) markings on the ambulance shall include identification of the type of service the ambulance is licensed to provide in letters three inches or larger on the sides of the ambulance;~~

~~(7)~~ The ambulance shall:

(a) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less,

(b) have fuel capacity to provide no less than 175-mile range;

(c) have ground clearance of at least six inches when loaded to G.V.W. rating; and

(d) be capable of full performance at ambient temperatures of -30 degrees F to 125 degrees F.

b. Land ambulances that comply with the standards issued by the Department of Transportation in Federal Specifications KKK-1822 for Ambulance Emergency Medical Care Vehicle (dated January 2, 1974 and amended June 25, 1975), with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in this section.

c. All ambulances purchased by a licensee on or before June 30, 1981, shall substantially comply with the standards contained in this section as determined by the commissioner according to the following considerations:

(1) size of patient compartment to allow adequate space for administering life support services;

(2) dimensions of door openings to patient compartment and operation of doors to patient compartment to allow for easy access;

(3) design and location of interior storage areas to allow for adequate storage and easy access;

(4) design and operation of interior lighting in patient compartment to allow adequate illumination for administering life support services.

(5) design and operation of environmental equipment to allow for proper heating;

(6) ~~design, contents and location of markings on the ambulance to allow for easy and correct identification by the public; and~~

~~(7)~~ design, operation and suspension to allow for safe and stable transport.

2. Air ambulances.

a. Air ambulances shall comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

3. Standards for ambulances other than land or air ambulances.

a. Ambulances other than land or air ambulances shall substantially comply with 7 MCAR § 1.603 C.1.a. as determined by the commissioner according to the considerations set forth in 7 MCAR § 1.603 C.1.c.(1)-(7).

4. Restraining devices.

a. All ambulances shall be equipped with restraining devices for the ~~cot~~ and all seating places in the patient compartment for patient and attendant.

5. Maintenance and sanitation.

a. Each ambulance shall be maintained in full operating condition and in good repair and documentation of such maintenance shall be kept in the licensee's file.

b. The interior of the ambulance, including all storage areas, shall be kept clean so as to be free from dirt, grease, and other offensive matter.

c. If an ambulance has been used to transport a patient ~~that~~ is known or should be known by the attendant or driver to have a contagious disease (other than a common cold liable to be transmitted from person to person through exposure or contact), surfaces in the interior of the ambulance and surfaces of equipment that come in contact with such patient shall, immediately after each use, be cleaned so as to be free from dirt, grease and other offensive matter and be disinfected so as to prevent the presence of a level of microbiologic agents injurious to health.

D. Communications.

1. Compliance. All BLS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Ambulances shall have a two-way Very High Frequency (VHF) mobile radio, with Continuous Tone Coded Squelch System (CTCSS), capable of operating on at least two VHF high-band radio-frequency (r-f) channels.

b. Each BLS service shall have a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels.

c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for ~~routine~~ communications as provided in 7 MCAR § 1.603 D.2.d. and shall use Channel Two for statewide communications.

d. Ambulances and communications bases shall operate Channel One at the radio-frequency assigned to the district within which the communications base is located as follows:

(1) Agassiz district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman and Mahnomen Counties) shall have Channel One r-f of 155.325 MHz;

(2) Arrowhead district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton and Aitkin Counties) shall have Channel One r-f of 155.355 MHz;

(3) Min-Dak district (Clay, Becker, Wilkin,

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Otter Tail, Grant, Douglas, Stevens, Traverse and Pope Counties) shall have Channel One r-f of 155.355 MHz;

(4) Central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties) shall have Channel One r-f of 155.385 MHz;

(5) Southwest district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone and Jackson Counties) shall have Channel One r-f of 155.400 MHz;

(6) South Central district (Sibley, LeSueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin and Faribault Counties) shall have Channel One r-f of 155.355 MHz;

(7) Southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore and Houston Counties) shall have Channel One r-f of 155.385 MHz; and

(8) Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott and Dakota Counties) shall have Channel One r-f of 155.325 MHz ~~or shall comply with 7 MCAR § 1.604 D.2.a.-e.~~

e. The CTCSS tone operation on Channel One of the mobile radio shall be the same as the CTCSS tone operation of the base radio.

f. Ambulances and communications bases shall operate Channel Two at an r-f of 155.340 MHz and shall use a CTCSS tone of 210.7 Hz for channel two.

g. Ambulances and communications bases shall communicate by telephone and other alternative means of communication rather than radio communications when radio communications are not necessary and when readily available.

h. Mobile telephone services shall not be acceptable as an alternative to the required two-way radio operation.

3. Equipment performance. All communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area.

4. Equipment maintenance. All communication equipment shall be maintained in full operating condition and in good repair, and documentation of such maintenance shall be kept in the licensee's file.

7 MCAR § 1.604 Standards for operation of advanced life support services.

A. Personnel.

1. Qualifications and training requirements.

a. No person shall function as an attendant or represent himself or herself as an attendant of an advanced life support transportation service (ALS) ambulance unless that person:

(1) is ~~credentialed~~ to provide paramedic services, or

(2) has successfully completed the written examination and the practical examination approved by the commissioner according to the provisions of 7 MCAR § 1.604 A.2. and fulfills the continuing education requirements set forth in 7 MCAR § 1.604 A.3.

b. No person shall function as a driver or represent himself or herself as a driver of an ALS ambulance unless that person:

(1) possesses a current emergency care certificate issued by the commissioner pursuant to section Minn. Stat. § 214.13;

(2) possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or

(3) meets the requirements of 7 MCAR § 1.604 A.1.a.

c. The requirement set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances.

2. Written and practical examinations.

a. A written examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the commissioner:

(1) role, responsibilities and training of paramedics,

(2) human systems and patient assessment,

(3) shock and fluid therapy,

(4) general pharmacology,

(5) respiratory system,

(6) cardiovascular system,

(7) central nervous system,

(8) soft tissue injuries,

(9) musculoskeletal system,

(10) medical emergencies,

(11) obstetric/gynecological emergencies,

(12) pediatrics and neonatal,

(13) management of the emotionally disturbed patient,

(14) rescue techniques, and

(15) telemetry and communications.

b. A practical examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the commissioner:

(1) trauma management including primary and secondary assessment, treating of trauma victims and setting priorities for BLS and ALS management;

(2) cardiology including electrocardiogram interpretation and treatment and related questions;

(3) cardiac arrest, including intubation, intravenous therapy, administration of intravenous medication, and defibrillation;

(4) cardiopulmonary resuscitation (CPR) including one- and two-person CPR, obstructed airway care, and infant resuscitation; and

(5) fracture immobilization.

c. Examiners for practical examinations shall be physicians or nurses with the exception that persons who qualify as attendants under 7 MCAR § 1.604 A.1.a. or drivers under 7 MCAR § 1.604 A.1.b, may serve as examiners for the competencies specified in 7 MCAR § 1.604 A.2.b.(4) or (5).

d. Written and practical examinations shall be administered by the commissioner or by a designated representative.

e. The National Registry of Emergency Medical Technicians Examination for Emergency Medical Technician-Paramedics as of the effective date of these rules is deemed to comply with 7 MCAR § 1.604 A.2.a.-c.

3. Continuing education requirements.

a. Continuing education requirements for persons qualifying as ALS ambulance attendants pursuant to 7 MCAR § 1.604 A.1.a.(2) are as follows:

(1) successful completion every two years of 48 hours of refresher training in the subject areas listed in 7 MCAR § 1.604 A.2.a.(1)-(15);

(2) successful completion every year of a course in CPR; up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years.

b. Continuing education courses taken to fulfill the requirements of 7 MCAR § 1.604 A.3.a. shall be approved in writing by the licensee's physician medical director; documentation of such approval shall be maintained in the licensee's file.

c. Successful completion of the National Registry of EMT-Paramedics continuing education requirements for EMT-Paramedic re-registration shall be deemed to be complete fulfillment of the continuing education requirements set forth in 7 MCAR § 1.604 A.3.a.

~~4.~~ Staffing requirements.

a. Each ALS service shall have on staff a minimum of:

(1) five persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a.; or

(2) three persons meeting the qualifications of attendants set forth in 7 MCAR § 1.604 A.1.a. and three persons meeting the qualifications of drivers set forth in 7 MCAR § 1.604 A.1.b.

b. In addition, each ALS service shall maintain:

(1) a current roster, including the names and addresses of all current attendants and drivers, and

(2) files documenting current personnel qualifications.

c. Each licensee shall have a physician medical director responsible for at least the responsibilities set forth in 7 MCAR § 1.603 A.2.b.(1)-(5).

d. The staffing requirements for BLS services as set forth in 7 MCAR § 1.603 A.2.c.-d. shall be applicable to ALS services.

e. Each ALS service shall have a formal affiliation with a medical facility capable of providing medical control for patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the ALS service documenting the terms of the formal affiliation shall be maintained in the files of the licensee.

~~5.~~ Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 114.804, subd. 2.

B. Equipment.

1. Minimum standards.

a. Equipment standards for BLS ambulances set forth in 7 MCAR § 1.603 B.1.a. through B.2.c. shall be applicable to ALS ambulances.

b. In addition to compliance with the equipment standards in 7 MCAR § 1.604 B.1.a., all ALS ambulances shall be required to have the following equipment:

(1) advanced cardiac care equipment that shall include one portable cardioscope and defibrillator;

(2) airway maintenance equipment that shall include one esophageal obturator airway;

(3) equipment for intravenous therapy and the administration of intravenous medication;

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(4) medications and medication administration equipment and supplies; and

(5) one set inflatable anti-shock trousers.

c. All equipment or supplies specified in 7 MCAR § 1.604 B.1.b.(3) and (4) and any additional equipment and supplies used to provide advanced life support shall be specified in writing by the medical director and documented in the licensee's files.

d. Medications shall be securely stored according to written procedures developed and maintained by the licensee's medical director and shall comply with applicable rules of the Minnesota Board of Pharmacy.

2. Maintenance and sanitation.

a. The maintenance and sanitation requirements for BLS services set forth in 7 MCAR § 1.603 B.3.a.-b. shall be applicable to ALS services.

b. Procedures for the periodic performance testing of airway maintenance and electronic equipment shall be developed, maintained and followed; and records of such testing shall be kept in the licensee's files.

C. Compliance with ambulance standards. All ALS ambulances shall comply with 7 MCAR § 1.603 C.

D. Communications.

1. Compliance. All ALS services shall comply with these communication standards by June 30, 1981.

2. Standards and radio frequency assignments.

a. Ambulances and their communications bases that operate telemetry shall have, ~~as a minimum:~~

(1) one two-way Ultra High Frequency (UHF) ~~mobile~~ radio, with CTCSS, capable of operating of ten UHF voice and telemetry r-f channels, or

(2) one two-way UHF ~~mobile~~ radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF ~~mobile~~ radio, with CTCSS, capable of operating of two dispatching r-f channels.

b. Ambulances and their communications bases that do not operate telemetry shall comply with 7 MCAR § 1.604 D.2.a. or 7 MCAR § 1.603 D.2.a.-b.

c. Ambulances and their communication bases using VHF shall comply with 7 MCAR § 1.603 D.2.c.-f.

d. Ambulances and communications bases using UHF for dispatching ~~or routine communications~~ shall use the following radio frequencies for such functions:

(1) 462.950 MHz or 467.950 MH for the mobile radio and 462.950 MHz for the base radio; and

(2) 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

e. Ambulances and communications bases shall use only the following radio frequencies for medical control:

(1) 468.000 MHz or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

(2) 468.025 MHz or 463.025 MHz, for mobile radio and 463.025 MHz for base radio;

(3) 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

(4) 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

(5) 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

(6) 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

(7) 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

(8) 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

f. Ambulances and communications bases shall have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § 1.603 D.2.f. Documentation of such capability shall be kept in the licensee's file.

g. Ambulances and communications bases shall comply with the provisions of 7 MCAR § 1.603 D.2.e., g., and h.

3. Equipment performance. Communications equipment shall comply with 7 MCAR § 1.603 D.3.

4. Equipment maintenance. Communications equipment shall comply with 7 MCAR § 1.603 D.4.

7 MCAR § 1.605 Standards for the operation of scheduled life support transportation services.

A. General standards.

1. Scheduled life support transportation services shall be either basic or advanced life support transportation services.

2. Scheduled basic life support transportation services shall comply with the provisions of 7 MCAR § 1.603 and scheduled advanced life support transportation services shall comply with provisions of 7 MCAR § 1.604 except ~~as follows: Scheduled basic and advanced life support services~~ shall be exempt from those provisions that would specifically prohibit the operation of a basic or advanced life support transportation service as scheduled service in accordance with 7 MCAR § 1.605.

B. Declaration of and adherence to schedule.

1. An applicant for licensure as a scheduled life support transportation service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and type(s) of service provided.

2. A licensed scheduled life support transportation service shall provide only the declared schedule of services approved by the commissioner in the granting of the license pursuant to Minn. Stat. § 144.802. Any change in this schedule is subject to the provisions of Minn. Stat. § 144.802.

C. Primary service area. An applicant for licensure as a scheduled life support transportation service shall comply with 7 MCAR § 1.608 F., with the exception of 7 MCAR § 1.608 F.1.c.

7 MCAR § 1.606 Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings. Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled life support transportation services and shall comply with the provisions of 7 MCAR § 1.605.

7 MCAR § 1.607 Life support transportation services provided for an employer for the benefit of its employees. Life support transportation services that are operated by or for an employer for the benefit of its employees are scheduled life support transportation services and shall comply with provisions of 7 MCAR § 1.605.

7 MCAR § 1.608 General provisions.

A. Waivers.

1. Application for waiver. A life support transportation service may apply to the commissioner for a time-limited waiver of any of these rules. Such a waiver will be granted if the applicant affirmatively substantiates that:

a. the rule or rules in question do not address a problem of significance to the public in relation to the applicant's service;

b. the application of the rule or rules would impose an undue burden upon the applicant; and,

c. the granting of a waiver will not adversely affect the public health or welfare.

2. Renewal, reporting, and revocation.

a. A waiver may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 A.1.

b. A waiver may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a waiver shall immediately notify the Department of Health in writing of any such material change in circumstances.

B. Variances.

1. Application for variance. A life support transportation service may apply to the commissioner for a time-limited variance from any of these rules. Such a variance will be granted if the applicant specifies alternative practices or measures equivalent or superior to those prescribed in the rule or rules in question and affirmatively substantiates that:

a. the rationale for the rule or rules in question can be met or exceeded by the specified alternative practices or measures;

b. the application of the rule or rules would impose an undue burden upon the applicant; and,

c. the granting of the variance will not adversely affect the public health or welfare.

2. Compliance. Any life support transportation service that is granted a variance shall comply with the alternative practices or measures specified in its successful application for the variance.

3. Renewal, reporting, and revocation.

a. A variance may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 B.1.

b. A variance may be revoked if a material change in the circumstances justifying its granting occurs.

c. Any life support transportation service that has been granted a variance shall immediately notify the Department of Health of any such material change in circumstances.

C. Disasters.

1. These rules shall not apply to life support transportation services provided during time of disaster, mass casualty or other public emergency.

2. The Commissioner reserves the right to determine whether a disaster, mass casualty or other public emergency is occurring or has occurred so as to cause these rules to be nonapplicable.

D. Advertisement.

1. No life support transportation service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those life support transportation services that it is licensed to provide under these rules.

2. All life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR § 1.605 C. or 7 MCAR § 1.608 F. in conducting or allowing any form of advertisement for its service(s).

E. Enforcement provisions.

1. Inspections. Life support transportation services shall not hinder the inspection activities of authorized agents of the commissioner pursuant to Minn. Stat. § 144.803.

2. Correction order. Violation of any of these rules or of the provisions of Minn. Stat. §§ 144.801-144.808 shall consti-

KEY: RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language. **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

tute grounds for the issuance of a correction order. Any life support transportation service that is issued a correction order shall correct the violation within the time period specified in the correction order.

3. Time periods for correction of violations.

a. Violations of these rules or of Minn. Stat. §§ 144.801-144.808 that create a risk of serious harm to patients of the life support transportation service shall be corrected within time periods ranging from 0 to 14 days as specified by the Commissioner or authorized agent.

b. All other violations of these rules or of Minn. Stat. §§ 144.801-144.808 shall be corrected within time periods ranging from 15 to 120 days as specified by the Commissioner or authorized agent.

4. Noncompliance. If, upon re-inspection, it is determined that a life support transportation service has not complied with the provisions of a correction order, such noncompliance shall constitute grounds for the initiation of suspension, revocation or non-renewal proceeding pursuant to Minn. Stat. § 144.803.

F. Primary service area.

1. Designation of primary service area.

a. An applicant for licensure as a service shall, at the time of application for new service, for a change in type of service or base of operation, or for an expansion of primary service area, declare the primary service area that it intends to serve as a primary provider of life support transportation service and for which it seeks designation. Such a primary service area shall contain one or more bases of operation.

b. In applying for initial designation of a primary service area or an expansion of a primary service area, an applicant shall affirmatively substantiate the reasonableness of the primary service area for which designation is sought according to the following considerations:

(1) the average and maximum probable response times in good and severe weather from its proposed base of operations to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain more than one base of operation, the average and maximum probable response times in good and severe weather from each base of operation to the most distant point covered by that base of operation;

(2) the projected distances to be traveled to provide such service;

(3) the specific type(s) of service to be provided;

(4) the applicant's current status as a licensed provider of life support transportation services to the population of that area; and

(5) the applicant's intention to be responsible to the general population of the declared primary service area or to ~~be a~~ specified group of persons as a primary source of the life support transportation service for which it requests licensure.

c. The maximum primary service areas designated, as measured from a base of operation, shall not exceed:

(1) eight miles or distance equivalent to ten minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that include any portion of a city of the first and second class; or

(2) twenty-five miles or distance equivalent to 30 minutes travel time at maximum allowable speeds in good weather, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

d. Licensees that have declared primary service areas in licensure applications current as of ~~June 30,~~ 1980, shall have those declared primary service areas designated in licensure beginning ~~July 1,~~ 1980, provided:

(1) that such primary service areas are consistent with 7 MCAR § 1.608 F.;

(2) that no change in primary service area base of operations, type or schedule of services, schedule of patients to be served, or schedule of availability has been made by the licensee since the receipt of the current effective license; and

(3) that licensees are eligible for licensure beginning ~~July 1,~~ 1980.

Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d.(1)-(3) comply with the provisions of 7 MCAR § 1.608 F.1.a.-c.

2. Observance of primary service areas.

a. No life support transportation service shall regularly provide its services within an area other than its primary service area(s).

b. Nothing in 7 MCAR § 1.608 F.2.a. shall prohibit a life support transportation service from responding to a request for service in any location in the state when it can reasonably be expected that:

(1) such a response is required by the immediate medical need of an individual, and

(2) no other licensed life support transportation service is capable of or available for immediate and appropriate response.

3. Air life support transportation services. 7 MCAR § 1.608 F.1.c. shall not apply to life support transportation services provided by air ambulances.

G. Mutual aid.

1. Life support transportation service other than scheduled services shall have written agreements with at least one ~~other~~ life support transportation service for coverage during times when the licensee's ambulances are not available for service in its primary service area. Such agreements shall specify the duties and responsibilities of the agreeing parties.

2. A copy of each mutual aid agreement shall be maintained in the files of the licensee.

H. Compliance with approved local ordinances. Life support transportation services that are subject to local ordinances, rules or regulations that have been approved by the Commissioner pursuant to Minn. Stat. § 144.804, subd. 5, shall comply with the provisions of such ordinances, rules or regulations.

7 MCAR § 1.609 Emergency care course and emergency care refresher course approval.

A. Emergency care course.

1. Application for initial course approval.

a. Application for initial approval of an emergency care course shall be made on a form provided by the Commissioner, and shall include information so as to permit a complete evaluation of whether the applicant meets the requirements for course approval as specified by 7 MCAR § 1.609 A.3.-7. The information provided on the application shall include the following:

(1) course content;

(2) the length of course and course schedule;

(3) the number of times per year the course will be given;

(4) the number of trainees anticipated per year;

(5) identification of source materials, text books, references and equipment to be used;

(6) name, address and qualifications of physician medical advisor;

(7) names and addresses and qualifications of physician, nurse and lay instructors;

(8) name and address of affiliated hospital;

(9) admission requirements of trainees; and

(10) other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

c. The approval of an emergency care course shall expire two years from the date of approval unless renewed according to the requirements of 7 MCAR § 1.609 A.2.

2. Application for renewal of course approval.

a. Applications for renewal of emergency care course approval shall be made on a form provided by the Commissioner and shall specify any changes from the information provided for initial approval, and other information as the Commissioner may require to clarify incomplete or ambiguous information presented in the application.

b. An applicant for renewal shall have given the emergency care course at least two times during the previous biennial approval period.

3. Course personnel.

a. Each course shall have a physician medical advisor, who shall be present for a minimum of three (3) hours during each course.

b. A minimum of fourteen (14) hours of the curriculum shall be taught by a physician or physicians.

c. Instructors shall be physicians, nurses, or others qualified as specified in 7 MCAR § 1.603 A.1.a.(2)-(4).

d. Documentation including the name, address, and qualifications of the medical advisor, and each of the instructors shall be maintained in the files of the applicant.

e. At least one instructor shall be required for every ~~nine (9)~~ students in the practical skill sessions and at least one instructor shall be required for every one hundred (100) students in the classroom didactic sessions.

4. Course content.

a. An emergency care course shall have a total of not less than 81 hours of instruction with a minimum of 60 hours classroom didactic and a minimum of 10 hours clinical experience.

b. The following subjects shall be included in the course content:

(1) role, responsibilities and equipment of BLS ambulance attendant;

(2) ambulance operation;

(3) communications;

(4) emergency room procedures;

(5) airway obstruction and cardiopulmonary resuscitation;

(6) mechanical aids to breathing and pulmonary resuscitation;

(7) determination of vital signs;

(8) introduction to intra-venous therapy;

(9) bleeding;

(10) shock;

(11) wounds, dressings, bandages and bandaging;

(12) fractures of upper and lower extremities;

(13) injuries to chest, abdomen and pelvis, face, eye, head, neck, spine and genitalia;

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(14) medical conditions including poisons, stings, bites; unconscious state, stroke, heart attack, epilepsy, acute abdomen, intestinal bleeding, communicable disease, diabetes, and dyspnea;

(15) medical conditions due to environmental factors including burns, cold, heat, radiation, electrical hazards, water accidents, and explosions;

(16) emergency childbirth;

(17) care of the pediatric patient;

(18) care of the disturbed and unruly patient;

(19) emergency care of the drug abuser; and

(20) extrication and rescue techniques.

5. Equipment and supplies.

a. Courses shall have student and instructor texts and current reference sources in emergency care.

b. Courses shall have standard teaching aids consisting of such items as projectors, screens, films, slides and other equipment and material used by the instructor to facilitate learning.

c. Courses shall use emergency care equipment of the following types so as to train each student as a BLS ambulance attendant:

(1) splinting equipment;

(2) ventilation assistance and airway maintenance equipment;

(3) dressings, bandages and bandaging supplies;

(4) emergency obstetrical kit;

(5) poison treatment kit;

(6) burn treatment supplies;

(7) equipment for determination of vital signs; and

(8) extrication and rescue equipment.

6. Testing. In order to complete an approved emergency care course successfully, each student shall pass the written and the practical examinations approved by the Commissioner and administered by the Commissioner or a designated representative.

7. Test approval.

a. The written and the practical examinations that test for competency in the subjects specified in 7 MCAR § 1.609 A.4.b. are eligible for approval by the commissioner.

b. The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians-Ambulance as of the effective date of these rules is deemed to comply with 7 MCAR § 1.609 A.7.a.

B. Emergency care refresher course.

1. Applications for initial course approval shall comply with 7 MCAR § 1.609 A.1.-7., with the exception of 7 MCAR § 1.609 A.3.b. and A.4.

2. Course content.

a. A refresher course shall provide a total of not less than 20 hours of instruction and four hours of testing.

b. The content of a refresher course shall include the subjects listed in 7 MCAR § 1.609 A.4.b.

C. Issuance of certificates.

1. Persons successfully completing an emergency care course shall be issued a certificate by the commissioner or a designated representative.

2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successful completion of a refresher course.

D. Course audit. Approved applicants shall cooperate with and in no way hinder the audit activities of authorized agents of the Commissioner.

E. Enforcement. Failure to comply with the provisions of 7 MCAR § 1.609 A.3.-D. shall constitute grounds for disapproval or nonrenewal.

7 MCAR § 1.610 Documentation.

A. Documentation requirements for licensees.

1. Personnel records and documentation shall include:

a. current roster and documentation of qualifications of attendants and drivers required in 7 MCAR § 1.603 A.2.a. and 7 MCAR § 1.604 A.4.b.;

b. name and address of and signed statement by the medical director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR § 1.604 A.4.d.;

c. documentation of reasonable efforts to arrange for second attendants under special curcumstances as required in 7 MCAR § 1.603 A.2.d.(2)-(3) and 7 MCAR § 1.604 A.4.d.; and

d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and

e. the name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.4.e.

2. Equipment records and documentation shall include:

a. performance testing of equipment required in 7 MCAR § 1.603 B.3.g. and 7 MCAR § 1.604 B.2.b.;

b. any written approval of the medical director of the advanced life support equipment and supplies required in 7 MCAR § 1.604 B.1.c.; and

c. any written procedures for secure storage of medications required in 7 MCAR § 1.604 B.1.d.

3. Ambulance records and documentation shall include maintenance of ambulance required in 7 MCAR § 1.603 C.5.a. and 7 MCAR § 1.604 C.

4. Communications records and documentaion shall include:

a. maintenance of communications equipment as required in 7 MCAR § 1.603 D.4. and 7 MCAR § 1.604 D.4.; and

b. communications capability as required in 7 MCAR § 1.604 D.2.f.

5. Other records and documentation shall include:

a. licensure application information required in 7 MCAR § 1.602;

b. a copy of mutual aid agreements required in 7 MCAR § 1.608 G.2.;

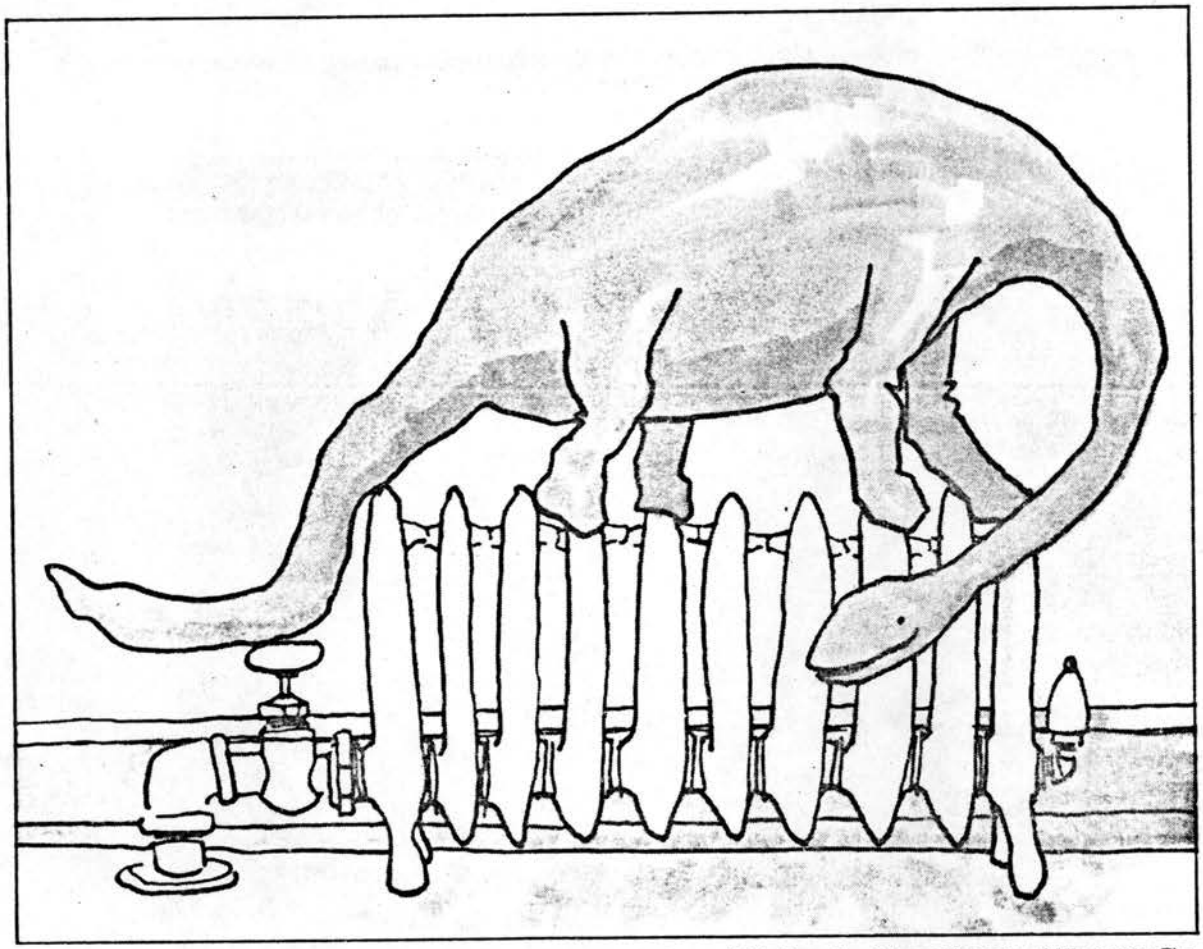
c. copies of all pertinent correspondence between the Department of Health to the licensee; and

d. trip reports for every run in which patient care was offered to be provided or provided, so as to meet the reporting requirements of Minn. Stat. § 144.807.

B. Documentation requirements for approved emergency care and refresher courses. Approved emergency care and refresher courses shall comply with the following documentation requirements:

1. approval application information required in 7 MCAR § 1.609 A.1.b., and

2. the names, addresses and qualifications of the physician medical advisor and instructors required in 7 MCAR § 1.609 A.3.c.



"Dinosaur on the Radiator" is the title of a new audio visual presentation available from The Science Museum of Minnesota. The show's title came from a comment by a 4-year-old girl who told the museum she would like to take a dinosaur home and that she would "keep it on my radiator." The 10-minute presentation relates the history and development of the Science Museum since the opening of its new building in 1978. It is available without charge to all organizations. Call (612) 221-9423.

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TO: Office of the Attorney General
Room G-25 - Administration Building
St. Paul, Minnesota 55155

FROM: George R. Pettersen, M.D.
Commissioner of Health

SUBJECT: Omission from Adopted Rules

Due to a staff oversight, section 1.611 of the rules as adopted pursuant to Minn. Stat. § 144.804 was omitted from the final typed copy of the rules. Attached is a corrected page in three copies that includes the inadvertently omitted section.

This section (7 MCAR § 1.611) was included in the material forwarded for review and was reviewed and approved by me for adoption as a part of these rules.

Please substitute the attached copies of page 32 of the final adopted rules for the same-numbered page in the packet delivered to your office on April 22.

If I or my staff can be of further assistance, please let me know.

George R. Pettersen MD
George R. Pettersen, M.D.

Apr 29, 1980
Date

cc: William G. Miller

changes to proposed rules

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
COMMISSIONER OF HEALTH

In the Matter of the
Adoption of Rules Relating to
Life Support Transportation
Services

CHANGES TO RULES
PUBLISHED IN 4 STATE REGISTER 1003
AND SUBSEQUENT AMENDMENTS PRESENTED
IN PUBLIC HEARING

The following changes to rules proposed by the Commissioner of Health pursuant to Minn. Stat. § 144.804 are presented for review by the Office of the Hearing Examiner and the Attorney General, as prescribed in Minn. Stat. § 15.0412 (1978). These changes are accompanied by a copy of the rules as proposed and a copy of the rules to be adopted. For the convenience of the reviewer, the format used in this document presents each rule in its original language, either as published in 4 State Register 1003 or in the revised language presented in Commissioner's Exhibit 8 to the Report of the Hearing Examiner (HLTH-80-026-GB), with final changes shown by strikeover or underlining for deletions or additions, respectively. A brief rationale for each change is given in the right column.

Final language:	Explanation
1.601 K. "Disaster" means a sudden occurrence or other temporary condition determined to have resulted or to be likely to result in such widespread damage and such mass casualties or threats to the health and safety of members of the public that available life support transportation services cannot reasonably be considered adequate to respond	This change was recommended at the public hearing and would not result in any substantial change in the rule.

to the emergency needs of the affected public.

1.602 A.1.

c. the names, addresses, and telephone numbers of the following:

(1) the medical advisor or medical director of the service, and

(2) ~~the name of~~ the base hospital or affiliated medical facility, if any, for the service;

This change is needed to make this section consistent with sections 1.603 A.2.b., 1.604 A.4.c. and 1.604 A.4.c. The words "base hospital" are added for the same reason "medical advisor" has been used for BLS services: to allow a distinction to be made between BLS and ALS affiliations. "Base hospital" is used in reference to BLS services in Guideline 32 a of the EMS component of the State Health Plan (page 67). Section 1.602 A.1.c.(2) makes no requirement, as shown by the phrase "if any."

1.602 A.1.

g. the type and identification of the entity responsible for operation, if different from ownership.

Change is needed for grammatical reasons.

1.602 A.1.n.

(1) revenue or income (actual and in kind),

(2) (remains as written)

(3) (remains as written)

(4) expenses (~~real or in-kind~~ actual and imputed) by category;

This change is needed to clarify that all sources of revenue, which may include donated time, space, or supplies, must be reported on applications. This is needed to assure that comparable revenues and costs can be computed to for fully paid and for volunteer services, as will be required occasionally to fulfill the review criteria specified in

statute, especially Minn. Stat. § 144.802, subd. 3(d)(5). It is not a substantial change, in that such an interpretation could have been given this rule even in the absence of the notice provided with this language; such an interpretation would be consistent with the language of 1.602 A.1.n.(4).

1.602 A.1.o.

~~(2) description of staff turnover;~~

~~(3)~~ (2) a listing and description of all ambulances to be used by the service if licensed;

This item is not needed on an application, and need not be listed in these required items.

1.602 A.1.

~~q.~~ 2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

~~2.~~ 3. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.

This change in numbering was suggested by the Hearing Examiner (Report, finding 18 (b), page 11); the Commissioner agrees with the Hearing Examiner that it is appropriate in form as revised.

1.602 B.1.

~~f~~2. Applicants shall also furnish such other information that may be needed by the Commissioner to clarify incomplete or ambiguous information presented in the application.

This change makes this section consistent with the format of section 1.602 A.

1.603 A.1.

(1) possesses a current advanced American Red Cross advanced first aid certificate; or (2) possesses a current emergency care certificate issued by the eCommissioner pursuant to Minn. Stat. § 214.13; or

(3) possesses a current emergency care certificate the complies with the provisions of 7 MCAR § 1.609; or . . .

The addition of the word "or" at the points noted was recommended at the public hearing; other changes that clarify language and intent but do not change meaning have also been made.

1.603 A.2.

b. By July 1, 1985, each licensee shall have a physician medical ~~director~~ advisor responsible for at least;

1.603 A.2.

c. The name and address of the medical ~~director~~ advisor and a written statement signed by the medical ~~director~~ advisor indicating his or her acceptance of the responsibilities as specified in 7 MCAR § 1.603 A.2.b. shall be maintained in the files of the licensee.

The change of the term "medical director" to "medical advisor" was recommended by several reviewers and by the Hearing Examiner (Report, finding 16 (a) page 7); the Commissioner agrees that this is a reasonable and beneficial change.

1.603 B.1.

a. All ambulances shall carry equipment that complies ~~comply~~ with the following standards:

This change is needed to clarify the meaning of the rule. The change does not change the meaning of the rule in any way.

1.603 B.1.

b. Inflatable anti-shock trousers may be carried and used by BLS services only if:

(1) all attendants and drivers have been trained in their use;

(2) use of such equipment has been authorized by the medical advisor; and

(3) documentation of (1) and (2) is retained in the licensees' files.

(Subsequent sections to be renumbered "c." and "d." respectively.)

This change was recommended by the Medical Association and in other forms by others and was considered needed and reasonable by the Hearing Examiner (Report, finding 16(d), page 8), based on an endorsement of the Commissioner in his post-hearing submission.

1.603 C.1.a.

(1) the size of the patient compartment shall be a minimum of 116 inches long and ~~69 inches wide (wall to wall) and shall be~~ 54 inches high (floor to ceiling) and shall provide in width:

(a) not less than 69 inches (wall to wall); or

(b) attendant walkway and kneeling space that shall consist of:

(i) not less than 12 inches of clear walkway between stretcher and fixed bench and between stretchers, and

(ii) not less than 25 inches width and 9 inches height of kneeling space for attendants along the right-hand side of the forward half of the primary stretcher measured at floor level from the forward right-hand corner of the primary stretcher;

This change was recommended by Dr. Roger White at the public hearing and was considered needed and reasonable by the Hearing Examiner (Report, finding 16(b), page 8). Dimensions and language given here are taken from U.S.Department of Transportation Standards KKK-A-1822, item 3.10.4, page 16. The alternative of a simple wall-to-wall measurement is retained to allow flexibility in the application of this rule to ambulances not designed to U.S.DOT specifications.

1.603 B.

2. Air ambulance equipment.

a. Air ambulances licensed to provide basic life support transportation service shall carry all equipment listed in 7 MCAR s 1.603 B.1.a. with the exception of the equipment in 7 MCAR § 1.603 B.1.a.(8) and (9)(e).

A late letter (February 26) received by the Hearing Examiner in relation to these rules from West Central Airways, Inc., commented, among other things, that aircraft are prohibited from carrying the type of fire extinguisher required by 1.603 B.2.a. In view of the fact that Federal Aviation Regulations do require air ambulances to carry hand-held fire extinguishers, it is not necessary to require such equipment in Minnesota rules. The lateness

of the comment should not preclude adoption of this change, since the change is not substantial and would be needed for reasons of consistency between federal and state standards in any case.

1.603 C.1.a.

~~(6) markings on the ambulance shall include identification of the type of service the ambulance is licensed to provide in letters three inches or larger on the sides of the ambulance;~~

~~(7)~~ (6) The ambulance shall:

This and the subsequent related change in 1.603 C.1.b. were recommended by several reviewers at the public hearing and by the Hearing Examiner (Report, finding 17(c), page 10). The Commissioner concurs with the findings of the Hearing Examiner regarding this rule.

1.603 C.1.b.

~~(6) design, contents and location of markings on the ambulance to allow for easy and correct identification by the public; and~~

~~(7)~~ (6) design, operation, and suspension to allow for safe and stable transport.

1.603 C.5.

c. If an ambulance has been used to transport a patient ~~that~~ who is known or should be known by the attendant or driver to have a contagious disease (other than a common cold) liable to be transmitted from person to person through exposure or contact~~)~~, . . .

These changes are not substantial and are only made for grammatical and clarification purposes.

1.604 D.2.

f. Ambulances and communications bases ~~that operate~~ while operating telemetry shall use only the following radio frequencies for medical control:

This change was recommended in a letter dated February 7 to the Hearing Examiner by the Emergency Medical Services Council of Hennepin County as a clarification of intent. The Hearing Examiner did not include this recommendation in his findings of fact, but the change would not result in a substantial alteration of the effect of the rules, and would prevent the occurrence of some problems that would result from the original language. Had this recommendation been received earlier, it would have been included in the Department's recommended changes submitted at the public hearing.

1.604 A.3.a.

(4) retention of the competencies listed in 7 MCAR § 1.604 A.2.~~B~~ b.(1)-(5) as documented in a statement of satisfaction by the medical director.

This change corrects a typographical error in the changes to the Proposed Rules presented at the public hearing by the Department.

1.605 A.

2. Scheduled basic life support transportation services shall comply with the provisions of 7 MCAR § 1.603, and scheduled advanced life support transportation services shall comply with the provisions of 7 MCAR § 1.604, except ~~as follows: Scheduled~~ that such ~~basic and advanced life support transportation~~ services shall be exempt from those provisions that would specifically prohibit or are not

This change would clarify the intent of this rule, which is to allow the granting of limited service licenses while assuring that the Commissioner retains authority to require that scheduled license holders meet certain specific standards.

required for ~~the~~ their operation ~~of a basic or advanced life support transportation service~~ as scheduled BLS or ALS services in accordance with 7 MCAR § 1.605.

1.608 A.

2. Renewal, ~~reporting, and~~ revocation, and reporting.

This change is made to conform to the sequence in which these topics are addressed in the rules below the hearing.

1.608 B.

3. Renewal, ~~reporting, and~~ revocation, and reporting.

1.608 F.1.b.

(5) the applicant's intention to be responsible to the general population of the delcared primary service area or to ~~be~~ a specified group of persons . . .

This change corrects a typographical error in the proposed rule.

1.608 F.1.

d. Licensees that have declared primary service areas in licensure applications current as of ~~June 30,~~ September 30, 1980, shall have those declared primary service areas designated in licensure beginning ~~July 1,~~ October 1, 1980, provided:

(1) (remains as written)

(2) (remains as written)

(3) (remains as written)

Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d.(1)-(3) shall comply with the provisions of 7 MCAR § 1.608 F.1.a.-c.

This change is needed to make this section of the rules consistent with section 1.611, added to the rules at the public hearing, which establishes September 30, 1980, as the expiration date for current licenses. The addition of the word "shall" to the last paragraph is needed to correct a typographical error in the Proposed Rules.

1.608 G.

1. Life support transportation services other than scheduled services shall have written agreements with at least one ~~other~~ neighboring life support transportation service . . . .

These changes are made to correct a grammatical error and to clarify the intent of the rule, which could otherwise be interpreted to allow agreements between any two services in the State, regardless of proximity. This change would make Section 1.608 G.1. consistent with the language of Section 1.602 A.1.i., which refers to "indications of signed mutual aid agreements with neighboring providers."

1.609 A.3.

e. At least one instructor shall be required for every ~~nine (9)~~ ten (10) students in the practical skill sessions . . . .

This change was recommended by more than one person at the public hearing and by the Hearing Examiner (Report, finding 16(g), page 9). The change makes this rule consistent with other state rules and policies.

1.609 A.4.

a. An emergency care course shall have a total of not less than 81 hours of instruction with a minimum of 60 hours didactic and practical skills instruction and a minimum of ten (10) hours clinical experience.

This change is made to clarify the intent of this rule to distinguish between and set minimum hours for classroom instruction, which mixes lecture and demonstration, and clinical experience.

1.610 A.1.

b. Name and address of and signed statement by the medical advisor or director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR 1.604 A.4.d.;

Needed to make this section consistent with the wording change in Section 1.603 A.2.c.

610

1.603 A.2.

a. documentation by the medical advisor regarding the use of inflatable anti-shock trousers by BLS services, as specified in 7 MCAR §1.603 B.1.b.

This change makes this section consistent with the wording change in section 1.603 B.1.b.

George R. Pettersen MD

George R. Pettersen, MD
Commissioner of Health

Apr 21, 1980

Date

HLTH-80-026-GB

STATE OF MINNESOTA
OFFICE OF HEARING EXAMINERS

FOR THE DEPARTMENT OF HEALTH

In the Matter of the Proposed Adoption of Rules Relating to Life Support Transportation Systems.

REPORT OF THE HEARING EXAMINER

The above-entitled matter came on for hearing before State Hearing Examiner George A. Beck at 9:30 a.m. on Thursday, January 31, 1980, in Room 105 of the Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota.

This Report is a part of a rule hearing procedure pursuant to Minn. Stat. §§ 15.0411 to 15.0417 and 15.052 to determine whether the proposed rule amendments should be adopted and given the force of law. A copy of this Report may be obtained from the Office of Hearing Examiners for the cost of reproduction.

Members of the agency panel appearing at the hearing included: William Miller, Special Assistant Attorney General, representing the Department and Commissioner of Health; Richard Holloway, consultant to the Department of Health, EMS Section; Jim Parker, Assistant Section Chief for Emergency Medical Services Section of the Department of Health; Dan McInerney, Assistant Director of the Health Systems Division of the Department of Health; Don Brandt, Medical Director of the EMS Section of the Department of Health; Richard Portnoy, Licensing Administrator in the Emergency Medical Services Section, Department of Health; Diane Newberg, Administrative Assistant, Emergency Medical Services Section, Health Department; Richard Nordby, Field Consultant, EMS, Department of Health; and Thomas Alcorn, Field Consultant, EMS, Department of Health.

Fifty-one persons signed the hearing register. Ten public witnesses appeared and spoke at the hearing. The Department submitted 12 written exhibits. Twenty-one timely written comments were received from the public.

Pursuant to Minn. Stat. § 15.0412, subd. 4 (1978), this Report shall be available for review to all affected individuals upon request for at least five days. Thereafter, the Department of Health shall, if it proposes to adopt the rules as originally proposed or amended, submit a copy of the Order Adopting Rules, a copy of any additional agency findings, a copy of the rules as originally proposed, and a copy of the rules as adopted to the Chief Hearing Examiner for review pursuant to Minn. Stat. § 15.052, subd. 4 (1978). The submission to the Chief Hearing Examiner shall precede review by the Attorney General. The Chief Hearing Examiner shall complete his review and submit his report to the Department on the issues of substantial changes in the rule and compliance with Minn. Stat. § 15.0412 (1978) within ten calendar

days. The Department will be responsible for filing the rules with the Attorney General and for notifying persons who have indicated that they wish to be notified of such filing.

Based upon all the testimony, exhibits and written comments, the Hearing Examiner makes the following:

FINDINGS OF FACT

1. On July 2, 1979, the Department of Health published a Notice of Intent to Solicit Outside Opinion at 3 State Register 2307. (Ex. 1)

2. On December 6, 1979, the Department filed the following documents with the Chief Hearing Examiner:

(a) A copy of the proposed rule.
(b) An Order for Hearing.
(c) A proposed Notice of Hearing.
(d) A Statement of the number of persons expected to attend the hearing and the length of the hearing. (Ex. 9)

3. On December 26, 1979, the Department mailed the Notice of Hearing to all persons and associations who had registered their names with the Secretary of State to receive such notice and to a supplementary mailing list and to all members of the Minnesota Legislature. (Ex. 3)

4. On December 24, 1979, a Notice of Hearing and a copy of the proposed rule amendments were published at 4 State Register 1003. (Ex. 10)

5. On January 4, 1980, the Department filed a Statement of Need and Reasonableness with the Hearing Examiner. (Ex. 11)

6. On January 18, 1980, the Department filed the following documents with the Hearing Examiner:

(a) The Order for Hearing. (Ex. 6)
(b) The Notice of Hearing as mailed. (Ex. 5)
(c) The Affidavit of Receipt of the Secretary of State's list. (Ex. 4)
(d) The Affidavit of Mailing. (Ex. 3)
(e) A memorandum naming the Department personnel who would represent the Department at the hearing. (Ex. 2)
(f) The Secretary of State's list. (Ex. 4)

The documents cited above were available for inspection at the Office of Hearing Examiners from the date of filing to the date of the hearing.

7. On January 30, 1980, the Department filed a Supplementary Statement of Need and some proposed amendments to the rules. Both documents were also available at the hearing. (Exs. 7, 8)

8. The record remained open through February 20, 1980, for the receipt of written comments and statements.

9. The Department cites Minn. Stat. §§ 144.801 - 144.809 (1979 Supp.) as statutory authority for the promulgation of proposed rule amendments. Minn. Stat. § 144.804, subd. 3 (1979 Supp.) provides:

> Subd. 3. Before April 1, 1980, the commissioner, in consultation with the appropriate standing committees of the legislature, shall promulgate as rules standards for the operation of the following types of life support transportation service:
>
> (a) basic life support service, which shall have appropriate personnel, vehicles and equipment, and be maintained in a sanitary condition so as to ensure that life-threatening situations and potentially serious injuries can be recognized, patients will be protected from additional hazards, basic treatment to reduce the seriousness of emergency situations will be

administered and patients will be transported to an appropriate medical facility for treatment;

(b) advanced life support service which shall have appropriate personnel, vehicles and equipment, and be maintained in a sanitary condition so as to provide medical care beyond the basic life support level, including, but not limited to, intubation, defibrillation and administration of intravenous fluids and certain pharmaceuticals;

(c) scheduled life support transportation service;

(d) life support transportation service provided by an employer for the benefit of its employees;

(e) life support transportation service operated by a nonprofit entity and limited exclusively to providing service by contract for specific events and meetings.

An advanced life support ambulance may be used as a basic life support ambulance provided that its operation fulfills the standards promulgated pursuant to clause (a).

The standards promulgated under this subdivision shall take effect on June 1, 1980.

Minn. Stat. § 144.804, subd. 1, 2, and 4 (1979 Supp.) also contain authority for the promulgation of rules relating to emergency care certificates, a statewide radio commmunications plan, and a definition of primary service area, respectively.

10. This rule proceeding seeks to establish uniform minimum standards governing the operation of basic and advanced life support services throughout the state to ensure that all persons in need of such services will receive adequate and prompt medical attention and to alleviate the high proportion of deaths resulting from medical emergencies.

11. The proposed rules were prepared by the Commissioner of Health following research and review of related literature and legislation and rules from other states. The proposed rules were reviewed by the members of the Ad Hoc Technical Advisory Group and the Emergency Medical Services Advisory Task Force. The names of the members of the above organizations were submitted as Exhibit A with the Statement of Need and Reasonableness. (Ex. 11-A) The proposed rules were reviewed and approved by the House Health and Welfare Committee and the Senate Health Welfare and Corrections Committee. (Ex. 11-B)

12. The Department states that while there may be some fiscal impact, the proposed rules will not require a capital expenditure in excess of $100,000 in either of the two years following adoption.

13. The proposed rules are legislative rules since they enact new substantive provisions and the statutory authority is sufficient for the promulgation of legislative rules since the statute contemplates rules with authoritative force. See, F. Cooper, State Administrative Law, § 1(A)(3) at 175 (1965); Minnesota-Dakotas Retail Hardware Assoc. v. State, 279 N.W.2d 360 (Minn. 1979).

14. The Department of Health made the following minor changes for purposes of grammar and clarification at the time of the hearing (see, Ex. 8), neither of which would appear to be substantial:

(a) Section 1.601 K.: The definition of "credentialed" is deleted for the reason that the meaning has been incorporated into the language of the rules in the one place where the term was used. The subsequent definitions are relettered K-Z. The deletion is needed and reasonable.

(b) Section 1.601 N.1.: This revision involves the change of the word "or" to "of". The rule, with the change, reads: "providing advice on training and orientation of personnel". Because this change is to correct a typographical error, it is needed and reasonable.

15. The Department of Health proposed the following modifications of the rules at the hearing (see, Ex. 8) based in large part on comments received prior to the hearing:

(a) Section 1.603 A.2.d.: The proposed rule requires licensees to document on a case-by-case basis why it was impossible for an attendant to accompany the driver to the emergency when this occurs and to explain what reasonable efforts were made to arrange for an attendant. The modification attempts to clarify this requirement. Earl G. Yonehiro, M.D., Chairman, Subcommittee on Emergency Medical Services, recommended that documentation be made on a case-by-case basis to avoid allowing services to operate with only one man on the basis of a single statement documenting the absence of an attendant. (Ex. A) William Wohlers, Ambulance Director, Plainview, Minnesota, Lead EMS Instructor, Rochester AVTI, orally and by written comment, recommended that the documentation requirement be deleted entirely or recorded on the ambulance report on the grounds that licensees must maintain too many records now. (Tr. p. 50; Ex. E) Gold Cross Ambulance preferred the rule as proposed and not as modified since the modification would place a hardship on small services when this occurrence may be standard operating procedure. (Ex. C, p. 3) However, Minn. Stat. § 144.804, subd. 1 (1979 Supp.), implies a requirement that a driver be accompanied by an attendant. The proposed rule, as modified, furthers the legislative intent and provides a reasonable means of enforcement, and is needed and reasonable.

(b) Section 1.603 B.1.a.(1): The modification proposed by the Department is intended to simplify and clarify, without change in meaning, the proposed rule. A similar modification was recommended by Earl G. Yonehiro, M.D. (Ex. A, p. 12) Because the revised provisions appear to serve the same purpose as the originally proposed provisions, and are more easily understood, the revised provisions are needed and reasonable.

(c) Section 1.603 B.1.a.(2)(c): Based upon the recommendation of the Minnesota Medical Association (Ex. A, p. 3), the Department deleted the availability of bag-mask units as equivalents of the clear-domed mask. Because the rule as previously written was believed to be inadequate by the Department, the committee of the Minnesota Medical Association, and Roger White, M.D., Medical Director for Gold Cross Ambulance Service, Rochester, Minnesota (Tr. pp. 16-17, by implication), the rule as modified is needed and reasonable.

(d) Section 1.603 B.1.a.(2)(e) and (f): The Department recommends the deletion of seizure sticks as required equipment. As stated by Earl G. Yonehiro, M.D. (Ex. A, p. 3), the purpose for seizure sticks may be served as

well by use of oropharyngial airways required by Section 1.603 B.1.a.(2)(e). Because seizure sticks are not associated with serious health problems (Ex. A), and mandating their use would be redundant in light of Section 1.603 B.1.a.(2)(e), the subsection with the deletion is needed and reasonable.

(e) Section 1.603 B.1.a.(3)(d), (e), (f): The Department proposed the deletion of the requirement of 12 triangular bandages and the consequent relettering of (f) to (e). The Department is in agreement with Earl G. Yonehiro, M.D. (Ex. A, p. 3) that the function of the triangular bandages can be served as well by the use of rolled bandages. (See, Section 1.603 B.1.a.(3)(d)) This modification and deletion are needed and reasonable.

(f) Section 1.603 B.1.a.(6)(b): The Department, in agreement with Earl G. Yonehiro, M.D. (Ex. A, p. 3), proposes the deletion of the parentheses around the "s" on the word "cuffs". The deletion will ensure that emergency vehicles will be equipped with cuffs appropriate both for adult and child patients. The subsection and the modification, therefore, is necessary and reasonable.

(g) Section 1.603 B.1.a.(9): The Department proposes the addition of a stretcher to the required equipment list for BLS ambulances. Minn. Stat. § 144.804, subd. 2 (1979 Supp.), requires that every ambulance be equipped with a stretcher and the rules make reference to stretcher dimensions and tie-down characteristics elsewhere. (See, e.g., Section 1.603 C.4.a.) Earl G. Yonehiro, M.D. also recommended the addition of a stretcher. (Ex. A, p. 4) Since it appears the omission of stretcher in the original draft was an oversight, and its use is mandated by statute, the rule as modified is needed and reasonable. Further, the Department's proposed size specifications are needed and are reasonable in that they account for standard stretcher dimensions and permit reasonble variation. Sections (a) through (d) are to be relettered to (b) through (e) due to the above addition.

(h) Section 1.603 B.3.g.: The Department and Earl G. Yonehiro, M.D. recommend that the sphygmomanometer, required by Section 1.603 B.1.a.(6)(b), be added to the list of mechanical equipment to be tested periodically. One comment suggested that such calibration was not needed. However, Dr. Yonehiro stated that periodic testing is necessary because the accuracy of the sphygmomanometer may drift causing potentially hazardous consequences to patients whose blood pressure must be closely monitored. (Ex. A, p. 4) All members of the EMS Committee of the Minnesota Medical Association agree on the necessity of testing this instrument. (Ex. 11, p. 7) Therefore, the addition is needed and reasonable.

(i) Section 1.603 C.4.a.: The Department proposes the substitution of the word "stretcher" for the word "cot". This substitution was suggested by Earl G. Yonehiro, M.D. (Ex. A, p. 4), on the grounds that "stretcher" is the proper term and is required by Minn. Stat. § 144.804, subd. 2 (1979 Supp.). The substitution will also render other sections of the rules consistent with this section. Section 1.603 B.1.a.(9)(a). The substitution is needed and reasonable.

(j) Section 1.603 D.2.b.: The Department proposes that the phrase "[e]ach BLS service shall have a communications base" be modified to read

"shall have the capability of using a communications base". Because access to a communications base fulfills the essential purpose sought to the served by the requirement and because the rule as originally proposed was not intended to require licensees to own a communications base (Ex. 11, p. 39; Ex. 7, p. 8), the recommended modification is needed and reasonable.

(k) Section 1.603 D.2.c.: The Department proposes changing the word "routine" to "medical". The revised phrase reads "the main operating channel for medical communications . . . ." The stated intent of the revision is to clarify the requirement that communications relating to the status of patients be transmitted on a particular channel and to avoid overcrowding on that channel by limiting communications to medical, rather than routine, communications. This revision is needed and reasonable.

(l) Section 1.603 D.2.d.(8): The Department recommends the deletion of the phrase "or shall comply with 7 MCAR § 1.604 D.2.a.-e." because its inclusion was based on erroneous information and its continued inclusion would result in an overloading of essential ALS/UHF channels. For these reasons, the deletion is needed and reasonable.

(m) Section 1.604: The Department inadvertently omitted "transportation" from the section heading. It is needed and reasonable that the heading be amended to read "Standards for Operation of Advanced Life Support Transportation Services".

(n) Section 1.604 A.1.a.(1): The Department recommends that "credentialed" be deleted and substituted with the definition that was formerly included in Section 1.604 K. Because the term is used substantively in this section only, the substitution is needed and reasonable.

(o) Section 1.604 A.3.a.(2), (3) and (4): The Department recommends that a subsection (4) be added. The text of the added subsection refers to Section 1.604 A.2.D.(1) - (5). The "D." should be a "b.". The modification adds a requirement that the physician document the retention of competencies by an ALS attendant by a "statement of satisfaction". This addition was criticized as being too vague (Ex. Q, p. 3); however, it is needed and reasonable and does not appear to be a substantial change since it elaborates upon the function of the physician advisor. (Ex. 7, p. 10)

(p) Section 1.604 A.4.: The Department proposes the addition of a procedure by which ALS certificates may be issued and renewed. The promulgation of such a procedure is authorized by Minn. Stat. § 144.804, subd. 1 (1979 Supp.). Adoption of this subsection also appears to clarify the certification requirements questioned in public comments. (See, e.g., Exs. G, O.) The addition of this subsection is needed and reasonable.

(q) Section 1.604 A.4. and 5.: These sections are renumbered to Section 1.604 A.5. and 6. to accommodate the addition of Section 1.604 A.4. referred to above.

(r) Section 1.604 D.2.a.: The Department recommends that subdivision (a) be added to clarify the agency's intent that each ALS service have the capability of using a communications base. (See, Ex. 7, p. 11.) Because the purpose of adding this subdivision, in part, is to clarify and emphasize the importance of a communications base for ALS as well as BLS (see, Section

1.603 D.2.b.), the proposed rule and the addition is needed and reasonable. Subsection a. through g. are to be relettered to b. through h.

(s) Section 1.609 C.: The Department's recommmended changes regarding issuance of certificates to BLS attendants is needed and reasonable in that it clarifies the original intent of the rule (see, Statement of Need and Reasonableness, Ex. 11, p. 82), and is statutorily authorized. (See, Minn. Stat. § 144.804, subd. 1 (1979 Supp.)) The proposed revision clearly specifies that the emergency care course must comply with Section 1.609 A. in order to qualify a student for BLS certification; the rule as originally drafted was less clear. The Department should also consider Exhibit G, p. 2 and Exhibit O, p. 2, which urge coordination with the National Registry of EMTs.

(t) Section 1.610 A.1.c.: The Department's proposed change in this section is merely to accommodate other changes made in Section 1.603 A.2.d.(1) and (2). For proper cross reference, the modification is needed and reasonable.

(u) Section 1.610 A.1.d. e. and f.: The Department's change here is to correspond to the addition of an earlier section adding documentation. (Ex. 7, p. 13)

(v) Section 1.610 A.4.b.: The change recommended by the Department is merely to reflect the revision in the preceding section to which it refers, i.e., Section 1.604 D.2.f. This change is needed and reasonable.

(w) Section 1.611: The Department proposes to add an existing rule on license fees and expiration dates (Minn. Rule MHD 234) to this set of rules. The existing rule is modified to update the terminology and change the expiration date. It is needed and reasonable.

OK

this Section not included in copy submitted.

None of the proposed modifications appear to be substantial.

16. The Department of Health proposed the following modifications to the rules at the close of the record, February 20, 1980 (see, Ex. 12):

(a) Section 1.603 A.2.b.: The Department accepts the modification recommended by several commentators including Roger White, M.D., Medical Director of Gold Cross Ambulance Service, Rochester, Minnesota, (Tr. pp. 15-16); Roger Klinghagen, Willmar Ambulance Service, (Tr. p. 78); William Wohlers, Lead EMS Instructor, Rochester AVTI, Ambulance Director, Plainview, Minnesota, (Ex. E; Tr. pp. 50-51); Glenn Weibel, Goodhue-Wabasha EMS, Cannon Falls, Minnesota, (Ex. D.; Tr. p. 40); Greg Isaackson, Clerk Administrator, Cottonwood, Minnesota, (Tr. pp. 33-34); State Representative Steve Sviggum, District 25A, Dakota-Goodhue Counties, (Ex. T); State Representative James Swanson, District 37B, Hennepin County, (Ex. U). The recomendation of the above members of the public adopted by the Department is that the term "medical director" be changed to "medical advisor". The need and reasonableness of the proposed change is best expressed by Dr. Roger White, who stated that "advisor" more accurately describes the role of the physician with respect to BLS services and also that the term "medical director" is gaining a national definition including more comprehensive and inclusive responsibilities than those envisioned by the proposed rules. (Tr. pp. 15-16) For these reasons, the revision is needed and reasonable and not substantial.

Some objection was made to the requirement of requiring physician involvement whatever the title. (Ex. F, p. 2; Ex. U) This requirement did receive strong support, however (Exs. I, J) and is well supported by the Department. (Ex. 11, pp. 21-22)

(b) Section 1.603 C.1.a.(1) and (2): The Department, in response to Dr. Roger White's comment (Tr. pp. 17-18), states that the dimensions for land ambulances required by Setion 1.603 C.1.a. are intended to coincide with the nationally accepted standards referred to by Dr. White. The dimensions stated by Dr. White are that the ambulance width allow at least 12 inches of clear aisle walkway between the patient stretcher and the squad bench. Because the dimensions mentioned by Dr. White are uniformly accepted, revising Section 1.603 C.1.a. to require the dimensions a testified to by Dr. White is needed and reasonable.

St. Paul Paramedic Programs (Ex. K, p. 2) suggested that the patient compartment be a minimum of 68 inches wide and 50 inches high. The Department has documented its figures, however. (Ex. 11, pp. 33-35) The subsection is needed and reasonable as proposed.

(c) Section 1.604 A.3.: Dr. Roger White recommended that 24 hours be added to the continuing education requirements. Because local ordinances or the medical advisors of the individual services may require additional continuing education, the minimum requirements of the rule are needed and reasonable. (See, Minn. Stat. § 144.804, subd. 5 (1979 Supp.), "Local units of government may . . . establish standards for life support transportation services which impose additional requirements upon such services.")

(d) Section 1.604 B.1.b.(5): John R. Perkins, President, Gold Cross Ambulance Service, Duluth and Rochester, Minnesota (Ex. C, p. 2), commented that anti-shock trousers should be deleted from equipment required by ALS standards. The Department declines to review or delete the requirement. (Ex. 12, p. 2) Based on reports cited by the Department in its Statement of Need and Reasonableness (Ex. 11, pp. 51-52 and n. 52 (Minn. Dept. Health, Information on the Use of Military Anti-Shock Trousers in Pre-Hospital Care 1 (1979)), this requirement is needed and reasonable. The Department also recommends that inflatable anti-shock trousers be permitted to be used by any BLS service authorized to use them in writing by the BLS service's medical advisor. In light of the justification stated for requiring anti-shock trousers in ALS vehicles (see, Statement of Need and Reasonableness, Ex. 11, pp. 51-52, and n. 52) permitting their use by BLS services is needed and reasonable. Cf. Earl G. Yonehiro, M.D., Ex. A (anti-shock trousers uniformly required for BLS services).

(e) Section 1.608 F.1.c.(1) and (2): These subsections define a primary service area for rural and urban areas. The statute, Minn. Stat. § 144.804, subd. 6 (1979 Supp.), requires a definition. Gold Cross Ambulance, which operates in Duluth and Rochester, thought that the definition was too restrictive. See the comments of John R. Perkins (Ex. C, p. 2; Tr. pp. 23-27). The Department mentioned the flexibility allowed by the "ten minutes" provision in the rule and also cited the possibility of a variance. (Ex. 12, pp. 2-3) Mr. Perkins was the only provider to speak in opposition to this

rule subsection. The Department's justification as set forth in its Statement of Need and Reasonableness (Ex. 11, pp. 67-68) together with its justification set forth in Department Exhibit 12 amply demonstrate the need and reasonableness of Section 1.608 F.1.c.(1) and (2).

(f) Section 1.608 F.2.: This subsection prohibits a licensee from regularly providing its services outside of its primary service area. The Department, in response to coments made by John R. Perkins (Ex. C, p. 2) and Dwain C. Jorgensen, Zumbrota Ambulance Service (Ex. O, p. 6), clarifies that the rules do not preclude service outside of the primary service area so long as such service is not performed regularly. Thus, the proposed rule is needed and reasonable.

(g) Section 1.609 A.3.e.: The Department has proposed an instructor-student ratio of 1:9 in the practical skill sessions of the emergency care course. Numerous public comments were received concerning the ratio. (See, Gerald Otto, President Minnesota Association of EMT, Waverly, Minnesota (Ex. R and Tr. pp. 66-67, board of directors for MAEMT recommends a minimum of 10 students); William Cummings, R.N., EMT Instructor-Coordinator, East Grand Forks AVTI, East Grand Forks, Minnesota (Ex. G, p. 2, additional cost arising from 1:9 ratio prohibitive; recommends 20-25 students in practical sessions); State Representative James C. Swanson, District 37B, Hennepin County (Ex. U, p. 2, state rules for adult vocational education require 1:10 ratio); Dwain C. Jorgensen, Zumbrota Ambulance Association (Ex. O, p. 7, current requirements state a minimum of 10 students; ratio should be determined by instructor). Although the Department's proposed ratio is justified by the record, it is also true that a ratio of 1:10 would fulfill the same goal as that sought to be served by a ratio of 1:9. Additionally, due to the rules governing AVTIs, the Department is encouraged to consider an amendment to a 1:10 ratio. See, Statement of Need and Reasonableness. (Ex. 11, p. 80)

complied with changed to 1:10

17. The following other proposed rules received comment which merits discussion:

(a) Section 1.603 A.2.a.: This rule requires that every BLS licensee "employ or otherwise have on staff a minimum of five persons . . . . " Several persons, orally and in writing, recommended that the requirement be modified, deleting the specific number of staff persons. William Wohlers, Ambulance Director, Planview, Minnesota, Lead EMS Instructor, Rochester AVTI, recommended that each service be required to have one crew (two persons, see, Section 1.603 A.2.d.) and a backup crew. (Ex. E, p. 1) Glenn Weibel, Chairperson, Goodhue-Wabasha EMS, also testified that a staff of four would adequately serve the needs of many rural areas. (Tr. pp. 39-40; Ex. D, p. 2; see also, State Representative Steve Sviggum, District 25A, Dakota-Goodhue Counties, Ex. T, (requiring five member staff would result in "undue hardship" for rural area); Roger Klinghagen, Willmar Ambulance Service Tr. pp. 79-80, (services in Kandiyohi County operate well with three-member staff). In its Statement of Need and Reasonableness, the Department thoroughly establishes the need for a five-member staff based upon current literature in the area. (Ex. 11, pp. 19-20 and n.n. 10, 11) The Department states that only five currently licensed services do not have the required number of staff members. If

the services currently operating with fewer than five persons cannot obtain sufficient personnel, the service may apply for a waiver, see, Section 1.608 A., or a variance, see, Section 1.608 B. The minimum number of staff persons as required by Section 1.603 A.2.a. is needed and reasonable.

(b) Section 1.603 B.1.a.(4): St. Paul Paramedics (Ex. K) recommended that the requirement of a poison-treatment kit in BLS vehicles be deleted as unnecessary. The Department has demonstrated the need and reasonableness of the kit's inclusion. (See, Ex. 11, p. 28)

(c) Section 1.603 C.1.a.(6): William Wohlers (Exs. E and P) recommended that the requirement that ambulances bear markings of "BLS" or "ALS" be deleted. Because the stated purpose of this requirement is "to allow for proper identification by the public" (Ex. 11, p. 36) and because the markings would mean little to the vast majority of the public, the requirement has not been demonstrated by an affirmative presentation of facts to be needed or reasonable. A requirement that the ambulance bear the word "ambulance" in mirror image would seem to be sufficient to inform the public of the nature and function of the vehicle. External markings on life support vehicles are not required by Minn. Stat. §§ 144.801 - 144.807 (1979 Supp.).

markings requirement deleted

(d) Section 1.609 A.2.: Several persons, orally and in writing, expressed concern regarding the manner in which the rules require the emergency care course to be taught. William Wohlers (Tr. pp. 55-56; Ex. E), State Representative James C. Swanson (Ex. U, p. 2) and William Cummings, R.N., East Grand Forks AVTI, East Grand Forks, Minnesota (Ex. G, p. 1) suggested that a video-taped presentation by a physician be permitted rather than requiring the physician to be present. Mr. Cummings stated that some physicians available in rural areas are not aware of the course content. It appears that the rules require the physical presence of a physician for a minimum of three hours (see, Section 1.609 A.3.a.) and that a video-tape for the remaining 14 hours would fulfill the requirements of Section 1.609 A.3.b. Because physician input into the course is significant (see, Statement of Need and Reasonableness, Ex. 11, p. 79), requiring the presence of a physician for three hours is needed and reasonable.

Other comments focused on the length of the courses and on the number of times the course is to be offered during a year (Section 1.609 A.3. and 4.). (See, William Wohlers, Exs. E and P; Tr. pp. 54-55; Greg Isaackson, Clerk Administrator for Cottonwood, Minnesota, Tr. pp. 30-31; Gerald Otto, President, Minnesota Association EMT, Tr. pp. 66-67; Dwain C. Jorgensen, Zumbrota Ambulance Association, Ex. O) With the exception of Mr. Isaackson, who recommended that the number of course hours be reduced, the commentators suggested that the courses be taught more frequently or that a greater number of hours be devoted to different subjects. Since the rules set forth minimum standards they allow individual services to set more rigorous standards for themselves. (See, Ex. 11, pp. 80-81) With respect to Mr. Isaackson's comment, requiring 81 hours of instruction does not appear arbitrary. Therefore, the course requirements as stated in Section 1.609 A.2., 3. and 4. are needed and reasonable.

(e) Section 1.609 A.4.b.(8): William Wohlers (Ex. E, p. 5) questioned the appropriateness of requiring intravenous therapy training for BLS service attendants. Minn. Stat. § 144.804, subd. 3(a) (1979 Supp.), does not appear to require intravenous training for BLS services. If, as Mr. Wohlers stated, intravenous therapy is not required of BLS services, and because intravenous equipment is not required to be carried by BLS vehicles (see, Section 1.603 B.), its inclusion at Section 1.609 A.4.b.(8) would not be needed or reasonable.

18. The following rule subsections bear further discussion:

(a) In regard to 7 MCAR § 1.602 A.1.n., William Wohlers questioned the need for the collection of financial data in connection with a license application. (See, Ex. E, p. 5) The Department stated that this information is needed in order to allow local and regional agencies to meet their statutory responsibilities including the assessment of the benefit of the proposed service with respect to its cost. (Ex. 11, pp. 14-15) The provision is needed and reasonable.

(b) The requirement of Section 1.602 A.1.q. and Section 1.602 B.1.f. appears to reasonably limit the additional application information which may be requested by the Commissioner to those items which would clarify incomplete or ambiguous data which is contained in the initial application. This sufficiently limits the Commissioner's discretion. As a matter of form, this item might more properly be a separate numeral rather than being listed as one of the categories of information in the initial application.

(c) In regard to Section 1.603 A.1.a., two comments called attention to the fact that there is some ambiguity in the listing of the requirements 1 through 4 because of the lack of the word "or" after numbers 1 and 2. (Ex. B; Ex. F, p. 2) Two comments (Ex. O, p. 1; Tr. pp. 14-15) also called for requiring a current national registry of emergency medical technician certificate. This would apparently require a statutory change.

(d) Section 1.603 C.1.c. purports to regulate ambulances purchased by a licensee prior to the effective date of this rule subsection. It provides for "substantial compliance" with the standards in this section. Dr. White expressed concern about this subsection, and stated that it was important that ambulances currently in service be allowed to remain in service. (Tr. pp. 18-19) This comment was repeated by the Zumbrota Ambulance Association (Ex. O, p. 4), and deletion of the subsection was suggested by Joel M. Radjenovich (Ex. Q). The Statement of Need and Reasonableness does not appear to specifically address this subsection. Accordingly, it has not been shown to be needed or reasonable. Additionally, the determination of substantial compliance appears to be totally within the Commissioner's discretion without any criteria to guide him. The items listed within the proposed subsection are merely categories which echo the categories established under Section 1.603 C.1.a. They do not, however, provide any guidance for the exercise of the Commissioner's discretion. Another legal consideration is whether or not these rules may have a retroactive effect by attempting to regulate vehicles which were purchased prior to the effective date of the rules.

(e) Section 1.604 A.2.c. attracted two comments, one of which urged restricting examiners to physicians (Ex. N, p. 1) and the other urging that the physicians or nurses be required to have training in emergency medicine. (Ex. Q, p. 2) The Department has justified the rule (Ex. 11, pp. 45-46), but may consider the comments made.

(f) 7 MCAR § 1.608 C. makes these rules inapplicable during time of disaster, mass casualty or other public emergency and provides that the Commissioner shall determine when this is occurring or has occurred. One commentor noted that this subsection placed a good deal of discretion in the Commissioner and allowed him to declare or not declare a disaster after the fact. (Ex. O, p. 6) The Department may wish to consider some further definition of "disaster, mass casualty or other public emergency" in regard to this section.

definition added. see .601. K.

19. The remaining proposed rule subsections and ammendments thereto not specifically discussed above have been shown to be needed and reasonable by the Department's Statement of Need and Reasonableness (Ex. 11) and the Supplementary Statement (Ex. 7).

20. Support for the rules was expressed by several commentators including Joel M. Radjenovich, Edina, Minnesota (proctor for EMS Division, Minnesota State Board of Health) (see, Ex. Q); Robert T. Leach, EMT Director, Countryside Public Health Service (see, Ex. J); Steve Conroy, Fire Chief, Department of Fire and Safety Services, St. Paul, Minnesota (see, Ex. H); State Representative James C. Swanson, District 37B, Hennepin County (see, Ex. U); Charles R. Weaver, Chairperson, Metropolitan Council, St. Paul, Minnesota (see, Ex. I); St. Paul Paramedics, St. Paul-Ramsey Medical Center (see, Ex. K); Earl G. Yonehiro, M.D., Chairperson, Subcommittee on Emergency Medical Services, Minnesota Medical Association (see, Ex. A); John R. Perkins, President, Gold Cross Ambulance Service, Rochester, Minnesota (see, Ex. C).

Based upon the foregoing Findings of Fact, the Hearing Examiner makes the following:

CONCLUSIONS

1. That the Department gave proper notice of the promulgation of the proposed rules.

2. That the Department has statutory authority to promulgate the proposed rules.

3. That the Department has fulfilled all relevant substantive and procedural requirements of law or rule, except as noted at Finding of Fact No. 6, however the failure to file these documents in a timely matter did not prejudice any person.

4. That the Department has demonstrated the need for and reasonableness of the proposed rules by an affirmative presentation of facts in the record except as specifically otherwise noted in the Findings of Fact.

5. That the finding of need and reasonableness in regard to any particular rule should not preclude or discourage the Department from modifying the language based upon a further examination of the public comments, provided no substnatial change is made, and provided that the rules finally adopted are based upon facts appearing in the record.

Based upon the foregoing Conclusions, the Hearing Examiner makes the following:

RECOMMENDATION

It is recommended that the proposed rules be adopted with attention to the Findings of Fact set out herein.

Dated: March 20, 1980.

GEORGE A. BECK
State Hearing Examiner

EXHIBIT LIST

Commissioner's Exhibit No. 1	Notice of Intent to Solicit Outside Opinion.
Commissioner's Exhibit No. 2	Names of Agency Personnel Who Will Represent the Agency at Hearing and Witnesses.
Commissioner's Exhibit No. 3	Affidavit of Mailing.
Commissioner's Exhibit No. 4	Affidavit of Receipt of the Secretary of State's List.
Commissioner's Exhibit No. 5	Notice of Hearing.
Commissioner's Exhibit No. 6	Order for Hearing.
Commissioner's Exhibit No. 7	Supplementary Statement of Need and Reasonableness.
Commissioner's Exhibit No. 8	Revisions to the Proposed Rules.
Commissioner's Exhibit No. 9	Statement of Number of Persons Expected to Attend and Length of Hearing.
Commissioner's Exhibit No. 10	Proposed Rules
Commissioner's Exhibit No. 11	Statement of Need and Reasonableness.
Commissioner's Exhibit No. 12	Letter/February 20, 1980/Daniel J. McInerney, Assistant Director, Health Systems.
Public Exhibit A	Letter/January 30, 1980/Minnesota Medical Association.
Public Exhibit B	Letter/January 28, 1980/Hendricks Community Hospital Association.
Public Exhibit C	Letter/January 31, 1980/Gold & Cross Amubulance.
Public Exhibit D	Letter/January 29, 1980/City of Cannon Falls, Goodhue/Wabasha E.M.S., Advisory Committee to County Health Boards.
Public Exhibit E	Letter/William Wohlers, Ambulance Director-Plainview, MN/Lead EMS Instructor, Rochester AVTI.
Public Exhibit F	Letter/January 31, 1980/Community Health Services; Lincoln, Lyon and Pipestone Counties.
Public Exhibit G	Letter/February 1, 1980/East Grand Forks Area Vocational-Technical Institute.
Public Exhibit H	Letter/January 31, 1980/Department of Fire and Safety Services, Chief Steve Conroy.
Public Exhibit I	Letter/January 30, 1980/Metropolitan Council.
Public Exhibit J	Letter/February 5, 1980/Countryside Public Health Service.
Public Exhibit K	Letter/February 5, 1980/St. Paul-Ramsey Medical Center.
Public Exhibit L	Letter/February 7, 1980/Cover Letter by Senator George F. Perpich Regarding Buhl Volunteer Fire Department.
Public Exhibit M	Letter/February 7, 1980/Community Health Department, Hennepin County EMS Council.
Public Exhibit N	Letter/February 11, 1980/Minnesota Emergency Paramedic Association.
Public Exhibit O	Letter/February 13, 1980/Zumbrota Ambulance Association.
Public Exhibit P	Letter/William Wohlers, Lead EMS Instructor, RAVTI, Plainview Ambulance Director.
Public Exhibit Q	Letter/February 19, 1980/Joel M. Radjenovich.
Public Exhibit R	Letter/February 15, 1980/Minnesota Association of Emergency Medical Technicians, Inc.

Public Exhibit S	Letter/February 19, 1980/Community Health Services Division, Dakota County.
Public Exhibit T	Letter/February 19, 1980/State Representative Steve Sviggum.
Public Exhibit U	Letter/February 20, 1980/State Representative James C. Swanson.
Late-Filed Exhibits	Letter/February 19, 1980/State Representative Lyle Mehrkens.
	Letter/February 26, 1980/West Central Airways, Inc., Fergus Falls, MN.

Revisions to the Proposed Rules (published in the State Register, December 24, 1979) Relating to Life Support Transportation Services.

Commissioner's Exhibit No. 8
File No. HLTH-80-086-6-B
Date 1-31-80

RECEIVED
JAN 30 1980
OFFICE OF HEARING EXAMINERS

Language as published in State Register	Revised Language
Page 1004, 7 MCAR § 1.601 K.	
K. "Credentialed" means registered by the Commissioner pursuant to Minn. Stat. § 214.13.	K. deleted
subsequent definitions lettered L - AA.	subsequent definitions lettered K - Z.
Page 1004, 7 MCAR § 1.601 N.1	
1. providing advice on training and orientation or personnel,	1. providing advice on training and orientation of personnel,
Page 1006-1007, 7 MCAR § 1.603 A.2.d	
d. If a life support transportation service finds it impossible to arrange for an attendant to accompany the driver, the driver may respond to an emergency call without an accompanying attendant, provided that the service shall:	d. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in respondi to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant, provided that the service shall:
(1) make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;	(1) make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;
(2) document why it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient and what reasonable efforts were made to arrange for an attendant to be present; and	(2) document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient;and such documentation shall include an explanation of what reasonable efforts were made to arrange for an attendant to be present; and
(3) maintain such documentation in the files of the licensee.	(3) maintain such documentation in its files.
Page 1007, 7 MCAR § 1.603 B.1.a(1)	
(1) splinting equipment that shall include:	(1) splinting equipment that shall include:
(a) one hinged half-ring lower-extremity splint or one traction splint with ankle harness for fractures of the femur;	(a) one lower-extremity traction splint;
(b) two fixation splints each for fractures of the leg or arm;	(b) fixation splints for fractures of both legs and both arms;
(c) one short and one long backboard with fixation straps; or one neck splint with	(c) one short and one long backboard with head immobilication gear and

Page 1007, 7 MCAR § 1.603 B.1.a(2)(a)(vi)

(vi) one each of infant, child and adult masks for administration of oxygen; and

(vi) one each of infant, child and adult masks for administration of oxygen at a concentration of at least 40%; and

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Page 1007, 7 MCAR § 1.603 B.1.a.(2)(c)

(c) one clear-domed mask with a 15/22 mm adapter and oxygen inlet port for mouth-to mask or mechanical-device mask ventilation; or one each of infant, child and adult hand-operated bag-mask resuscitation units, or an oxygen-powered manually cycled valve connected tc an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute; or one bag-valve mask thac shall:

(i) have an inlet port for connection to the oxygen-source tubing.

(ii) be capable of flow rates of 15 liters per minute without malfunctioning.

(iii) be capable of 80% inspired oxygen concentration to the patient at a flow rate of 12 liters per minute from the oxygen source,and

(iv) have a transparent dome so as to allow visualization of the airways.

(c) one each clear-domed mask for infant, child and adult patients with a 15/22 mm adapter and oxygen inlet port for mouth-to-mask or mechanical-device mask ventilation; or one each of infant, child and adult masks with an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

Page 1007, 7 MCAR § 1.603 B.1.a(2)(e) and (f)

(e) one each of oropharyngeal airways in adult, child and infant sizes; and

(f) seizure sticks;

(e) one each of oropharyngeal airways in adult, child and infant sizes.

(f) deleted.

Page 1007, 7 MCAR § 1.603 B.1.a(3)(d), (e) and (f)

(d) six soft rolled bandages, approximately six inthes wide and five yards long;

(e) twelve triangular bandages; and

(f) bandage shears;

(d) six soft rolled bandages, approximately six inches wide and five yards long; and

(e) deleted

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page 1008, 7 MCAR § 1.603 B.1.a.(6)(b)

(b) one sphygmomanometer with cuff(s) for use with child and adult patients;

(b) one sphygmomanometer with cuffs for use with child and adult patients

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page 1008, 7 MCAR § 1.603 B.1.a(9)

(9) other equipment that shall include:

(a) two sheets, two blankets, and one pillow;

(b) emesis container;

(c) one flashlight; and

(d) one fire extinguisher, five-pound dry-chemical type with A:B:C rating.

(9) other equipment that shall include

(a) one stretcher 72 to 84 inches long and 18 to 24 inches wide;

(b) two sheets, two blankets, and one pillow;

(c) emesis container;

(d) one flashlight; and

(e) one fire extinguisher, five-pound dry-chemical type with A:B:C rating.

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page 1008, 7 MCAR § 1.603 B.1.g.

g. Procedures for the periodic performance testing of mechanical equipment listed in 7 MCAR § 1.603 B.1.a.(2) shall be developed, maintained and followed; and records of such performance testing shall be kept in the licensee's files.

g. Procedures for the periodic performance testing of mechanical equipmen listed in 7 MCAR § 1.603 B.1.a.(2) and (6)(b) shall be developed, maintained and followed; and records of such performa testing shall be kept in the licensee's files.

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page 1009, 7 MCAR § 1.603 C.4.a.

a. All ambulances shall be equipped with restraining devices for the cot and all seating places in the patient compartment for patient and attendant.

a. All ambulances shall be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

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page 1009, 7 MCAR § 1.603 D.2.b.

b. Each BLS service shall have a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels.

b. Each BLS service shall have the capability of using a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels.

Page 1009, 7 MCAR § 1.603 D.2.c

c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for routine communications as provided in 7 MCAR § 1.603 D.2.d and shall use Channel Two for statewide communications.

c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for medical communications as provided in 7 MCAR § 1.603 D.2.d and shall use Channel two for statewide communications.

Page 1010, 7 MCAR § 1.603 D.2.d.(8)

(8) Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott and Dakota Counties) shall have Channel One r-f of 155.325 MHz or shall comply with 7 MCAR § 1.604 D.2.a.-e.

(8) Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott and Dakota Counties) shall have Channel One r-f of 155.325 MHz.

Page 1010, 7 MCAR § 1.604

7 MCAR § 1.604 Standards for operation of advanced life support services.

7 MCAR § 1.604 Standards for operation of advanced life support transportation services.

Page 1010, 7 MCAR § 1.604 A.1.a.(1)

(1) is credentialed to provide paramedic services,

(1) is registered by the Commissioner pursuant to Minn. Stat. § 214.13 to provide paramedic services; or

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Page 1011, 7 MCAR § 1.604 A.3.a.(2),(3), and (4) - (New)

(2) successful completion every year of a course in CPR; up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years.

(2) successful completion every year of a course in CPR; up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years;

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(4) retention of the competencies listed in 7 MCAR § 1.604 A.2.D.(1)-(5) as documented in a statement of satisfaction by the medical director.

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page 1011, 7 MCAR § 1.604 A.4. - (New)

4. Issuance of Certificates

a. Persons successfully completing the written and practical examinations approved by the Commissioner pursuant to 7 MCAR § 1.604 A.2 shall be issued a certificate by the Commissioner or a designated representative.

b. The certificate shall remain valid for two years from the date of issuance. The certificate may be renewed after each successful completion of the continuing education requirements specified in 7 MCAR § 1.604 A.3 and only for periods of two years.

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page 1011, 7 MCAR § 1.604 A.4 and 5

4. Staffing requirements.

5. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 114.804, subd. 2.

5. Staffing requirements.

6. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.

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page 1012, 7 MCAR § 1.604 D.2.a.(New) and a.-g.

a. Each ALS service shall have the capability of using a communications base that complies with the provisions of 7 MCAR § 1.604 D.2.b.-c.

a. Ambulances and their communications bases that operate telemetry shall have, as a minimum:

(1) one two-way Ultra High Frequency (UHF) mobile radio, with CTCSS, capable of operating of ten UHF voice and telemetry r-f channels, or

(2) one two-way UHF mobile radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF mobile radio, with CTCSS, capable of operating of two dispatching r-f channels.

b. Ambulances and their communication bases that operate telemetry shall have:

(1) one two-way Ultra High Frequenc (UHF) radio, with CTCSS, capable of operating of ten UHF voice and telemetry r-f channels, or

(2) one two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating of two dispatching r-f channels.

(cont'd. next page)

b. Ambulances and their communications bases that do not operate telemetry shall comply with 7 MCAR § 1.604 D.2.a. or 7 MCAR § 1.603 D.2.a.-b.

c. Ambulances and their communication bases using VHF shall comply with 7 MCAR § 1.603 D.2.c-f.

d. Ambulances and communications bases using UHF for dispatching or routine communications shall use the following radio frequencies for such functions:

(1) 462.950 MHz or 467.950 MH for the mobile radio and 462.950 MHz for the base radio; and

(2) 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

e. Ambulances and communications bases shall use only the following radio frequencies for medical control;

(1) - (8) remain the same.

f. Ambulances and communications bases shall have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § 1.603 D.2.f. Documentation of such capability shall be kept in the licensee's file.

g. Ambulances and communications bases shall comply with the provisions of 7 MCAR § 1.603 D.2.e., g., and h.

c. Ambulances and communications bases that do not operate telemetry shall comply with 7 MCAR § 1.604 D.2.b. or 7 MCAR § 1.603 D.2.a.-b.

d. Ambulances and communication bases using VHF shall comply with 7 MCAR § 1.603 D.2.c.-f.

e. Ambulances and communications bases using UHF for dispatching shall have the capability of using the following radio frequencies for such functions:

(1) 462.950 MHz or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

(2) 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

f. Ambulances and communications bases that operate telemetry shall use only the following radio frequencies for medical control:

(1) - (8) remain the same

g. Ambulances and communications bases shall have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § 1.603 D.2.f. Documentation of such capability shall be kept in the licensee's file.

g. Ambulances and communications bases shall comply with the provisions of 7 MCAR § 1.603 D.2.e., g., and h.

Page 1016, 7 MCAR § 1.609 C.

C. Issuance of certificates.

1. Persons successfully completing an emergency care course shall be issued a certificate by the commissioner or a designated representative.

2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successfully completion of a refresher course.

C. Issuance of certificates.

1. Persons successfully completing an emergency care course complying with the provisions of 7 MCAR § 1.609 A shall be issued a certificate of course completion by the commissioner or a designated representative; or may apply for registration as Emergency Medical Technicians pursuant to Minn. Stat. § 214.13.

(cont'd. next page)

	2. The certificate of course completion shall remain valid for two years from the date of issuance. The certificate may be renewed only after each successful completion of a refresher course complying with the provisions of 7 MCAR § 1.609 B and only for periods of two years.

Page 1016, 7 MCAR § 1.610 A.1.6

c. documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d.(2)-(3) and 7 MCAR § 1.604 A.4.d.; and	c. documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d.(1)-(2) and 7 MCAR § 1.604 A.4.d.;

Page 1016, 7 MCAR § 1.610 A.1.d. (New) and d.-e.

d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and	d. statement by medical director as required by 7 MCAR § 1.604 A.3.a.(4);
e. the name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.4.e.	e. continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and
	f. the name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.4.e.

Page 1017, 7 MCAR § 1.610 A.4.b.

b. communications capability as required in 7 MCAR § 1.604 D.2.f.	f. communications capability as required in 7 MCAR § 1.604 D.2.g.

Page 1017, 7 MCAR § 1.611 - (New)

MDH 234: Fees for Examinations, Licenses and Copying Records; License Expiration Dates.

(a) Ambulance Services

(1) License Fees. Each application for a license to operate an ambulance service, as defined in Minn. Stat. §§ 144.801 to 144.806, shall be accompanied by a basic fee of $35.00 plus a $10.00 fee for each ambulance operated by the applicant. Newly established ambulance services whose original license is issued for less than a full year shall pay the full fee. The licensee shall pay an additional $10.00 for each ambulance added to the ambulance service after the license has been issued.

(2) Expiration Date. Ambulance services shall be licensed annually from July 1 (or from the date the original license is issued) until June 30.

7 MCAR § 1.611. License Fees and Expiration Dates.

A. License Fees. Each application for a license to operate a life support transportation service, as defined in Minn. Stat. §§ 144.801 to 144.806, shall be accompanied by a basic fee of $35.00 plus a $10.00 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional $10.00 fee for each ambulance added to the life support transportation service during the period for which the license is issued.

B. Expiration Dates. Life support transportation services shall be licensed annually for a period from October 1 (or from the date the original license is issued) until September 30. Applicants for license renewal shall submit complete applications by June 30 of each year on a form provided by the commissioner. The license of life support transportation services that are licensed as of the effective date of these rules are hereby extended until September 30, 1980.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of Proposed
Rules Relating to Life Support
Transportation Service

SUPPLEMENTARY
STATEMENT OF NEED
AND REASONABLENESS

Additional public comment was received on the proposed rules since their publication in the State Register on December 24, 1979. As a result of these comments, which included comments and suggestions received from members of the Technical Advisory Group, the regulated industry, and the Emergency Medical Services and Disaster Preparedness Committee of the Minnesota Medical Association, a number of non-substantive modifications to the proposed rules have been made by the Department. This document affirmatively presents facts establishing the need and reasonableness of the proposed modifications.

The facts establishing the need and reasonableness of the proposed changes are listed sequentially. The number of the page on which the rule appears in the State Register, as well as the rule number, is first presented, the change is then summarized, and the rationale and facts supporting the need and reasonableness of the change are presented.

Page 1004, 7 MCAR § 1.601 K

The definition of "credentialed" has been deleted. The definition is no longer necessary because the meaning of the term has been incorporated

into the language of the rules where the term was used. (7 MCAR § 1.604 A.1.a.(T). Since the term "credentialed" was used only once, it seems appropriate not to define the term separately but rather to provide the full meaning in the text of the rules.

Page 1004, 7 MCAR § 1.601 n.1.

This revision involves the change of the word "or" to "of." The rule should read "providing advice on training and orientation of personnel," rather than "or personnel." This change in the rules is a correction of a typographical error.

Page 1006 - 1007, 7 MCAR § 1.603A.2.d.

The proposed modification, which was recommended by the committee of the Minnesota Medical Association, would require licensees to document why it is impossible to arrange for an attendant to accompany the driver and what reasonable efforts were made to arrange for an attendant to be present on a case-by-case basis. Additionally, the language has been revised so as to simplify the original meaning. The intent of this language has always been to have licensees document each case in which it was impossible to arrange for an attendant to accompany the driver and this revision is simply a clarification to avoid confusion. It is important to have each case documented because of the importance to have an attendant in the patient compartment while the patient is transported. Documentation on a case-by-case basis, rather than a blanket exception to the requirement of having a driver and an attendant rendering life support transportation services is therefore appropriate. If there is

a continuing problem, such as a volunteer staff that meets at the scene of the accident, this can be approved through a variance rather than individual documentation being filed each time. These mechanisms will prevent services from operating permanently with only one attendant.

Page 1007, 7 MCAR § 1.603B.1.a(1)

The proposed revisions clarify the language used to describe equipment requirements of basic life support transportation service ambulances and do not alter the requirements. This language was recommended by the committee of the Minnesota Medical Association cited above. The simpler statement proposed will be less confusing and will serve the same purpose as the more detailed statement in the proposed draft. These changes simplify and clarify the requirement, which is that sufficient splinting supplies be carried to splint two arms and two legs. Furthermore, the language clarifies and simplifies the statement regarding backboards without modifying the requirement.

Page 1007, 7 MCAR § 1.603B.1.a(2)(a)(vi)

The proposed change would add a clarifying statement that speaks to the concentration of oxygen that must be administered. The revision is as recommended by the Minnesota Medical Association's committee and its reasonableness is supported because the change makes clear the minimum concentration of oxygen allowable with this type of equipment without requiring a specific type of mask. The concentration is slightly more

than twice ambient oxygen concentration and is an essential minimum to assure that oxygen therapy is sufficient to assure that a patient will derive a benefit from it, without requiring expensive mask type.

Page 1007, 7 MCAR § 1.603B.1.a.(2)(c)

The proposed revision simplifies and clarifies the equipment requirements of this section.

The first piece of equipment allowed, the clear-domed mask, allows for mouth to mask ventilation, which is more effective and can be provided with cheaper and more reliable equipment than can be obtained with a "bag mask" units under field conditions. The committee of the Minnesota Medical Association felt strongly that the bag mask units should not be required or allowed as equivalents by rule because they have a tendency to fail, to ventilate patients inadequately, and because they are more expensive than the simple mouth-mask device would be required by this rule. Also, if the manually cycled valve is allowed, it should be accompanied by an appropriate set of masks, which will most likely not be "clear-domed." This demonstrates the inappropriateness of the requirement as originally written and supports the reasonableness of the modification. In short, this change simplifies, removes redundant and less reliable equipment from the list, and clarifies the language of the remaining requirements.

Page 1007, 7 MCAR § 1.603B.1.a(2)(e) and (f)

This proposed revision suggests that item f, seizure sticks, be deleted and not be required as minimal equipment. It is important to note that BLS ambulances may still carry seizure sticks if they so choose but they are no longer required to do so by rule. The corresponding modification in item (e) is simply needed for grammatical purposes and a period is added in place of the "; and."

Regarding the deletion of the requirement of seizure sticks, this requirement can easily be met by the use of a common form of the oropharyngeal airways as a seizure stick. That is, the intended use and function of seizure sticks can be met by other equipment required to be carried by the ambulance. Also, little use is made of these devices (seizure sticks), and they are not associated with serious health problems.

Page 1007, 7 MCAR § 1.603B.1.a.(3)(d), (e), (f)

This revision deletes the requirement of 12 triangular bandages. The corresponding revisions to item (d) and (f) are simply needed for grammatical and numbering purposes. Item (d) simply has the word "and" added to it and item (f) (bandage shears) is renumbered to be item (e).

The intended use and functions of this deleted equipment can be met by the other equipment requirements. For example, the use of rolled bandages (which are required in item (d)) can provide the same benefits offered by the use of triangular bandages. Again, it is important to note that BLS ambulances may carry triangular bandages but would not be required to do so by rule.

Page 1008, 7 MCAR § 1.603B.1.a.(6)(b)

This revision removes the parentheses around the "s" on the word "cuffs." This modification is needed and its reasonableness supported by the fact that it will clarify the equipment requirement and assure that all licensees have cuffs capable of giving reliable adult and pediatric reading.

Page 1008, 7 MCAR § 1.603B.1.a.(9)

This revision involves the addition of a stretcher to the required equipment list of BLS ambulances. The lack of reference to the stretcher in the rules as published in the State Register was an oversight, since the dimensions and tie-down characteristics of the stretcher are mentioned elsewhere and the stretcher is required by the law (Minn. Stat. § 144.804, Subd. 2). The stretcher is equipment that is carried by all ambulance services and the reference to the requirement in rule is needed to maintain the status quo and to assure that a stretcher of proper size is carried by BLS ambulances.

The size that is specified for the stretcher (72 to 84 inches long and 18 to 24 inches wide) is consistent with the size of stretchers presently used by virtually all ambulances. The most common size of stretcher used is about 20 inches wide by 72 or 74 inches long; the additional leeway in the rule allows for some flexibility and variation from the most common use.

Other changes in this section are needed because of the insertion of a stretcher as item a. under section (9). More specifically, items a.-d. are relettered to be items b.-e. and are not changed in substance or wording.

Page 1008, 7 MCAR § 1.603B.1.g.

This revision adds to the requirement of procedures for the periodic performance testing of mechanical equipment. The original rule required that mechanical equipment listed in 7 MCAR § 1.603B.1.a.(2), which included airway maintenance equipment, be tested periodically for performance. The revision adds to the type of equipment that must have periodic performance testing that equipment specified in 7 MCAR § 1.603B.1.a.(6)(b). This equipment includes only the sphygmomanometer.

All committee members of the Minnesota Medical Association committee agreed that accuracy may drift in these devices, and this may be hazardous to the patients whose blood pressure must be closely monitored on long trips and is used for determining patient's condition. Therefore, the requirement of testing this device periodically seems to be reasonable and needed from a public health and patient safety perspective.

Page 1009, 7 MCAR § 1.603C.4.a.

This revision substitutes the words "stretcher" for the word "cot." This revision is needed for clarification purposes. The clarification will avoid confusion and will make the rule consistent with the law as well as other sections of the rule (Minn. Stat. § 144.804, subd. 2, and 7 MCAR § 1.603B.1.a(9)(a)).

Page 1009, 7 MCAR § 1.603D.2.b.

This revision adds language for clarification purposes. The original intent of requiring BLS services to "have a communications base" was simply to have the capability of using a communications base. It did not intend to impose ownership requirements, shared ownership or leased space requirements, and so forth as was the impression of some commenters on the rules. The requirement is simple access or capability. The new language which adds "shall have the capability of using a communications base" simply clarifies the original intent and facilitates the proper understanding of this section of the rules.

Page 1009, 7 MCAR § 1.603D.2.c.

This section of the rules specifies which channel of the mobile and based radios should be used for certain types of communications. The revision involves the change of the word "routine" to "medical." This amends and clarifies the requirement that Channel One of the mobile and based radios be the main operating channel for "medical" communications rather than for routine communications. The original intent of the rule was to require that communications relating to the status of the patients receiving life support services and his or her medical condition, and so on, be communicated on Channel One. The use of the word "routine," in the original proposed rules, may have tended to confuse this intent. Also, the affect may have been to encourage other than routine medical communications on Channel One and, therefore, would have lead to overcrowding of this channel and interference with needed medical communications.

Page 1010, 7 MCAR § 1.603D.2.d.(a)

This revision involves the deletion of the language at the end of this sentence; "or shall comply with 7 MCAR § 1.604D.2.a.-e." This language was originally added on the advice of some providers, who claimed that BLS services in the Metropolitan District used UHF frequencies, which are dealt with in 7 MCAR § 1.604 D.2.a.-e. Further information has shown that the UHF frequencies used by BLS services in Metro are not those required in 7 MCAR § 1.604D, and requiring the ALS frequencies as the rule would have as written, would overload essential ALS/UHF channels. The change is needed to avoid this problem. It is reasonable in that BLS services in the Metro district may apply for variances from 7 MCAR § 1.603D. if they meet criteria of 7 MCAR § 1.608B (Variances).

Page 1010, 7 MCAR § 1.604

This revision corrects a typographical error. The heading of this section (7 MCAR § 1.604) as printed in the State Register left out the word "transportation." The heading should read "Standards for Operation of Advanced Life Support Transportation Services."

Page 1004, 7 MCAR § 1.604 A.1.a.(i)

The language has been changed by deleting the usage of the term "credentialed" which, if used, would require a separate definition. Instead, the meaning of the term as previously defined in the published version of the rules (7 MCAR § 1.601 K) has been incorporated into this section of the rules. The new language expresses the same meaning as existed previously, but clarifies and simplifies the reading and understanding of the rules.

Page 1011, 7 MCAR § 1.604A.3.a.(2), (3) and (4)

This revision adds the requirement that ALS attendants must retain their competencies listed in 7 MCAR § 1.604A.2.d.(1)-(5) and that this retention of such competencies be documented in a statement of satisfaction by the medical director. The corresponding sections to items 2 and 3 are grammatical and include the relocation of the word "and" in the series of continuing education requirements.

The change is needed to assure that some documentation of an essential function of the medical director is maintained in the licensee's files, as is required in other sections. This documentation requirement is needed for enforcement and measurement. Its reasonableness can be supported by the fact that this is essentially a documentation of a normal function of a medical director of an ALS service, and is consistent with the definition of such duties as set out in 7 MCAR § 1.601 N.L.

Page 1011, 7 MCAR § 1.604A.4. - (New)

This revision adds a rule which describes the process of issuing certificates to ALS attendants who have successfully completed the written and practical examinations approved by the Commissioner as well as the procedures for the renewal certificate upon successful completion of the continuing education requirements.

This rule provides for a process of issuing and renewing certificates which will administratively indicate that a person has met and continues to meet the qualifications as an ALS attendant.

Page 1011, 7 MCAR § 1.604A.4. and 5.

These revisions renumber rules following the new rule 7 MCAR § 1.604A.4 (issuance of certificates). These two rules need to be renumbered as 5 and 6 rather than 4 and 5.

Page 1012, 7 MCAR § 1.604D.2.a.(New) and a.-g.

This revision adds the requirement that each ALS service have the capability of using a communications base that complies with the provisions of 7 MCAR § 1.604D.2.b.-c. (which specify types of radio equipment).

This language is needed for clarification purposes. The additional rules in this section (7 MCAR § 1.604D.) regarding communications standards indicates that the intent throughout the development of this section was to have each ALS service have the capability of using a communications base. Furthermore, the requirement of a communications base was originally specified in the BLS section (7 MCAR § 1.603D.).

The corresponding changes in items a.-g. simply renumber following rules and make other minor clarifications. Items a through g are now relettered to be items b through h. Also, the word "their" in phrases such as "ambulances and their communications bases" has been deleted as unnecessary and in order to make the language consistent and parallel. Additionally, revisions include corrections of typographical errors as existed in item d(1) where a frequency was mentioned in terms MH rather than in MHz.

Page 1016, 7 MCAR § 1.609C.

This section of the rules involves the issuance of certificates to BLS attendants and drivers who have successfully completed the emergency care course and the renewal of such certificates upon successful completion of the refresher course. The revision includes additional language that clarifies the original intent of the rule and is needed, and its reasonableness supported, by the fact that the additional language clarifies and reduces confusion.

The reference to "emergency care course" in 7 MCAR § 1.609C.1 is clarified by specifying that it is the emergency care course complying with the provisions of 7 MCAR § 1.609A. Also, language was added to this section of the rule to allow persons who successfully complete an emergency care course (complying with the provisions of 7 MCAR § 1.609A) to apply for registration as Emergency Medical Technicians (EMT's) pursuant to Minn. Stat. § 214.13 in addition to being issued a certificate of course completion. This additional language clarifies the original intent of the rule and makes it consistent with the optional EMT registration process that permits persons who successfully complete emergency care courses such as those complying with the provisions of 7 MCAR § 1.609A to apply for registration as EMT's.

The language of 7 MCAR § 1.609C.2 regarding the renewal of certificates of course completion is also clarified by the proposed modifications. The original language may have been interpreted so as to allow BLS attendants and drivers only to renew their certificate one time. The additional language and reworking of this section establishes the fact that the certificate is valid for two years and may be renewed upon successful

completion of a refresher course complying with the provisions of 7 MCAR § 1.609B. and for periods of two years.

Page 1016, 7 MCAR § 1.610 A.1.c.

The proposed revision to this documention requirement is necessary because of the proposed change in the section of the rules that is referenced. The documentation requirement of 7 MCAR § 1.603 A.2.d. (2)-(3) of the originally proposed rules was renumbered as 7 MCAR § 1.603A.2.d.(1)-(2). This revision changes the reference accordingly.

Page 1016, 7 MCAR § 1.610A.1.d. (New) and d. - e.

This revision adds the additional documentation required by the substantive change in an earlier section to the summary and listing of documentation requirements.

The other changes in this section to items d and e would renumber subsequent rules and make necessary grammatical changes. Item d becomes e and item e becomes f.

Page 1017, 7 MCAR § 1.610A.4.b.

This revision involves the documentation section, which refers back to other provisions of the rules. Item b identifies the documentation requirement of communications capability as required in 7 MCAR § 1.604D.2.f. Because of the revisions to that section (ALS communications), the reference necessarily requires change. The new language changes the f to g.

Page 1017, 7 MCAR § 1.611 - New

The proposed revision adds a new section of the rules regarding license fees and expiration dates. The language of this section (7 MCAR § 1.611) is based on an existing rule (promulgated pursuant to Minn. Stat. § 144.122) dealing with fees for examinations, licenses and copying of records and license expiration dates (MHD 234 or 7 MCAR § 1.234 if renumbered according to MCAR). It is revised, first of all, to make the language consistent with the law (Minn. Stat. § 144.801 et al) as amended by the 1979 legislature and the rules (7 MCAR § 1.601 et al). More specifically, the term "ambulance service" has been deleted and "life support transportation service" substituted in its place.

Secondly, the rule has been changed as to the expiration dates of licenses. Rather than having licenses expire annually on June 30, the revised language would extend licenses for the 1979/80 year through September 30, 1980, and subsequently issue licenses that would be valid for one year (i.e., they would still expire annually) from October 1st of one year through September 30th of the next.

The revision also represents a recodification of the existing rule (MHD 234) to the MCAR system as part of the rules relating to life support transportation services.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the matter of Proposed Rules Relating to Life Support Transportations Services

Statement of Need and Reasonableness

The Commissioner of Health (hereinafter "Commissioner"), pursuant to Minn. Stat. § 15.0412, hereby affirmatively presents facts establishing the need and reasonablenss of the proposed rules relating to life support transportation services and justification for their promulgation and adoption.

The facts establishing the need and reasonableness of the rules are organized and presented in four categories as follows:

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A. Statutory Authority

The above captioned rules are newly proposed rules of the Commissioner. The statutory authority of the Commissioner for promulgation of these rules is contained in Minn. Stat. § 144.801 - 144.809.

Minn. Stat. § 1.44804 subd. 3 requires that, by April 1, 1980 the Commissioner promulgate as rules standards for the operation of the following types of life support transportation service:

1. Basic life support service (hereinafter "BLS");
2. Advanced life support service (hereinafter "ALS");
3. Scheduled life support transportation service;
4. Life support transportation service provided by an employer for the benefit of its employees; and
5. Life support transportation service operated by a nonprofit entity and limited exclusively to providing service by contract for specific events and meetings.

This section of the statute further requires that these rules be in effect on June 1, 1980.

Minn. Stat. § 144.804 subd. 6 further specifically requires the Commissioner to promulgate as rules standards particularizing the definition of primary service area under which the Commissioner shall designate each licensed life support transportation service as serving a primary service area or areas.

Minn. Stat. § 144.804 subd. 1 require the promulgation of rules authorizing an emergency care certificate for attendants and drivers of BLS ambulances. This section also provides the rule-making authority for rules relating to the approval of emergency care courses, emergency care refresher courses and the emergency care certificate issued upon successful completion of such courses.

Minn. Stat. § 144.804 subd. 2 provides for the promulgation in rules of a state wide communications plan with which each licensee's two-way radio communications system must comply.

The proposed rules are based on the specific statutory authority and fulfill the requirements imposed by statute for the promulgation of rules relating to life support transportation services. Each section of the rules and subject area addressed in the rules is either directly authorized and required by statute (Minn. Stat. § 144.801 - 144.809) or incidental thereto and necessary for the fulfillment of the specific statutory authority and requirements.

The need for the proposed rules relating to life support transportation services is, therefore, first of all based on the specific mandate given to the commissioner in recent legislation.

B. General Statement of Need

Beyond the requirement posed by Minn. Stat. § 144.804 referred to above, the need for the entire set of rules relating to life support transportation services can be established by analysis of several issues and problems that have emerged and complicated or hindered the development, implementation and provision of emergency medical services within the state of Minnesota. Such issues and problems have been addressed to a certain extent by the legislation

and can be further resolved by reasonable rules authorized thereby. They include the following:

1. The seriousness of the public health problem must be addressed by services of assured medical capability. There are approximately 14,000 deaths from medical emergencies annually in the state of Minnesota. This accounts for approximately 40 percent of all mortality in Minnesota.[1] Such a serious health problem and high incidence of life threatening situations need a system of emergency medical services, including life support transportation services, that is capable of responding in order to protect the public's health, safety and welfare.

2. There are approximately 300 licensed life support transportation services in Minnesota. The medical capability of these services can be assured through legislation and reasonable rules. The establishement of clear minimum operational standards in rule for these life support transportation services is needed to help assure their medical capability of responding to the serious public health problem. There is a need for uniform standards established by rule at the state level because the providers of life support transportation services provide services throughout the entire state. The standards for the operation of life support services that are promulgated by rule are also needed to help assure the public of at least a minimally acceptable quality of services.

3. There is a need for flexibility in order to allow consideration to be given to the wide variety of circumstances within the state as well as to allow life support transportation services

to keep pace with advancements in technology. Such flexibility need be based upon a clear foundation and minimum standards in order to be fair to the public and licensees. It must provide for the variations and differences that exist within the state at the present time as well as changes that will occur in the field overtime through the judicious use of waivers and variances as provided by the rules.

4. The need for measurement and evaluation of life support transportation services generally and measurement of their compliance with minimum standards can be met, in part, by reasonable rules.

C. General Statement of Reasonableness.

The process used to develop the rules helps establish their reasonableness. The standards for the operation of life support transportation services set by them are based upon research and review of the related literature and legislation and rules from other states. The rules have been reviewed and commented on by an ad hoc technical advisory group made up of persons knowledgeable of and actively involved in the field of emergency care as well as the standing State EMS Advisory Task Force (the membership lists is attached as Exhibit A). They have also been reviewed by the legislature as mandated by Minn. Stat. 144.804 subd. 3 (requiring the commissioner to promulgate rules in consultation with the appropriate legislative committees). The subcommittee on Health or the House Health and Welfare Committee reviewed the rules at a hearing it held on November 27, 1979. Letters indicating that the rules were acceptable and satisfactory were received by the Commissioner and are attached as Exhibit B.

The level of quality assured by the rules is reasonable. The standards set forth in the proposed rules are minimum standards and in no way restrict

modifications and improvements to the operation of life support transportation services once the minimum standards are met. This recognizes the diversity and different levels of life support transportation services within the State that range from small volunteer organizations to complx, sophisticated servies meeting the needs of urban areas. The minimum standards provide for the establishment of life support transportation services that are of sufficient quality so as to protect the public health from improper, deficient life support rransportation services but do not restrict or hinder life support transportation services that exceed the minimum standards.

The built-in flexibility of the rules through provisions relating to variances and waivers assures reasonable application. The rules contain adequate, but closely guarded, provisions for waiver and variance from portions of the rules in recognition of the both diversity within the field and the evolving nature emergency medical systems and technology. If the need exists for a waiver or variance may be granted. This prevents the possible harsh effect of eliminating much needed life support services that are unable to comply with the minimum standards while still assuring the protection of the public health. It also allows for technological advances and modifications to be incorporated into the life support transportation service and emergency medical system by providing flexibility to the rules.

Finally the proposed rules would not burden the status quo or existing condition of the system and in many cases represent little change from existing requirements. They are sensitive to the need for the existing life support transportation services to continue and evolve rather than be radically and suddenly changed. In particular the "grandfathering" provisions contained in the rules and the compliance schedules established for particular standards and requirements of the rules lessen the burden of compliance and help support the reasonableness of the rules in general.

D. Rule-by-Rule Statement of Need and Reasonableness

7MCAR § 1.601: Definitions

The definitions in this section provide common terminology for the understanding and application of the substantive provisions of the rules.

The definitions are needed to facilitate the understanding and application of the rules by persons directly regulated by the rules as well as by the public, legislators, and Department of Health. The definitions are also needed for notice requirements because they help assure proper understanding of the rules.

In addition to the general statement of need for all the definitions that is based on the need for common terminology and proper notice, statements relating to each of the definitions are presented in the paragraphs that follow to clarify and further support their need and reasonableness.

The definition of "air ambulance" (7MCAR § 1.601A) is needed to specify the mode of transportation of such ambulances. It is reasonable because it is consistent with common usage and does not restrict the type of aircraft eligible for use as an ambulance.

"ALS" and "BLS" (7MCAR § 1.601B and C) are needed and reasonable because they are given for convenience and to simplify references to "advanced life support transportation services" and "basic life support transportation services" throughout the rules.

The definition of "central base of operations" (7MCAR § 1.601D) further clarifies the meaning and usage of the term "base of operation" (defined in the Act) in cases where licensees have more than one base in a service area. The term as defined prevents needless licensure proceedings for each base in

large primary service areas and provides a degree of flexibility to allow for varying capabilities and need of different licensees. At the same time, it provides a common meaning for the term so its reasonableness is supported.

"Change" (7MCAR § 1.601E) is an operative term in both the Act as well as the rules and therefore needs definition. Licensees' reaponsibilities, for example, will depend on and vary according to the definition of the term. The definition of change requires that a situation relevant to licensure be distinctly and materially different from the status quo ante in order to be within the meaning of the term. Minor, irrelevant modifications are therefore not within the meaning of the word. This avoids unnecessary filings and the imposition of unreasonable requirements on licensees when the service and public health is not affected or likely to be affected. The reasonableness of the definition rests on the fact that it limits the meaning of "change" to "significant and relevant change" rather than all changes which would needlessly burden the licensees, the public or the Department of Health. Also, this definition is consistent with the definition of this term given in Websters New World Second Collegiate Dictionary, an accepted reference work.[2]

The "change in type of service" definition (7MCAR § 1.601F) is needed because licensees are affected and required to comply with certain provisions of the Act and Rules when they have a change in type of services provided. The definition limits the meaning of change to significant and relevant changes and identifies with clarity what situations involve a change in type of service. These features of the definition are the bases of its reasonableness. Also, it merely applies the concept of "change" embodied in the previous definition (7MCAR § 1.601E) to this type of situation.

"Change of base of operations" is defined (7MCAR § 1.601G) to limit and clarify

the meaning and usage of the term. The definition is needed for these purposes and is reasonable because it limits the meaning of change to relevant and significant changes in the obligation of the licensee to protect the public in a designated area rather than minor, inconsequential changes. Again, it merely applies the concept of "change" embodied in the previous definition (7MCAR § 1.601E) to this type of situation.

The terms "city of the first class" and "city of the second class" (7MCAR § 1.601H) are defined so that they have the meanings given to them by statute (Minn. Stat. ch. 410).

"Commissioner" (7MCAR § 1.601I) is defined for convenience and to simplify the references to the Commissioner of Health throughout the rules. The definition's need and reasonableness is justified by this purpose.

"Communications base" (7MCAR § 1.601J) is used in the rules and requirements for radio equipment that are to be at such a base are imposed on licensees. The definition is needed to assure common meaning and usage of the term and to assure that licensees have an adequate communications base, while providing sufficient flexibility as to the type and location of such a base. Its reasonableness is supported by the fact that such a base is essential for the reliable operation of communications equipment.

The rules define "full operations condition and good repair" (7MCAR § 1.601L) in order to provide the phase with common meaning and usage throughout the rules. The definition is consistent with the commonly acceptable meanings and usages of the terms within the phase.[3]

The definition of "land ambulance" (7MCAR § 1.601N) specifies the mode of transportation of such ambulances. It is reasonable because it is consistent with common usage and does not restrict the type of vehicle eligible for

use as an ambulance.

"Medical Control" (7MCAR § 1.601N) involves physician direction of care provided by non-physicians. The usage of the term in the rules needs clarification, which is provided by the definition. The definition is reasonable because it adequately safeguards the public health and safety and is consistent with the positions taken by various advisory groups in Minnesota, including the Minnesota Medical Association.[4]

The definition of "nonbreakable" (7MCAR § 1.601O) is needed to provide common meaning and usage to the term in the rules. Its reasonableness is supported because the term is given the meaning that is commonly accepted.[5]

The definition of "Osteopath," "Physician" and "Registered Nurse" (7MCAR § 1.601P, Q, and R) are needed for clarification purposes. Their terms have the definitions given to them by Minnesota statutes and their reasonableness is therefore supported.

"Scheduled ALS, Scheduled BLS and Scheduled life support transportation services" (as defined in 7MCAR § 1.601S, T, and U) are defined in order to clarify the meaning of these types of services that are to be licensed. In effect, the definition forces and limits the meaning of scheduled to include periods of time, specified groups or type of service according to a medical category. The reasonableness of each is supported because they are consistent with the commonly accepted meaning of "schedule," which is defined as "a list, catalog, or inventory of details."[6]

The definitions for "single-service" and "sterile" (7MCAR § 1.601V and W) are needed to clarify their usage and meaning in the rules. The reasonableness of these definitions is supported by the fact that they are given the meanings

that are commonly accepted for such terms.[7]

The definition of "telemetry" (7MCAR § 1.601X) is needed to clarify its usage and meaning in the rules. Its reasonableness is supported by the fact that it is consistent with the definition contained in accepted reference works and dictionaries[8] and the consensus of emergency care professionals represented on the technical advisory group reviewing the rules.

The definitions of "treatment," "variance" and "waiver" (7MCAR § 1.601Y, Z and AA) are needed to clarify and specify their usage and meaning in the rules. The definitions are reasonable in that they are consistent with the commonly accepted meaning and usage of them. For clarification, waiver has been defined to mean permission not to comply and variance as permission to comply in another manner.

7MCAR § 1.602 Applications for Licensure.

The Act (Minn. Stat. § 144.802) requires that all legal entities operating life support transportation services possess a license issued, upon application, by the commissioner. The rules set forth the application contents that:

1. allow for the proper issuance of licenses by the commissioner,
2. provide for the gathering of information needed for required local and regional review,
3. develop a base of information against which new applications may be compared for licensure purposes and
4. give entities interested in operating a life support transportation service or services adequate notice of the application contents.

7MCAR § 1.602A.1 sets forth the contents and categories of information that are required of all applicants for license renewal, for licensure of a new service, change in primary service area, change in base of operations or change in type of service provided. The information is needed in order to allow a determination of compliance with the requirements of the Act (Minn. Stat. § 144.801 et seq.) and to provide sufficient information for local and regional reviews as provided for in Minn. Stat. § 144.802. It is reasonable because the required information does not go beyond that which as required by statute (Minn. Stat. § 144.802) is needed for determing compliance with the law and rules and for local and regional reviews. In addition to this general statement of need and reasonableness, information is presented in the paragraphs that follow regarding each item of information required on the application by this rule (7MCAR § 1.602A.1 a-q) in order to clarify and further support its need and reasonableness.

Items a and B require information about applicants' telephones, addresses and person responsible for the accuracy and contents of the application. This information is needed for administrative as well as identification purposes. It is reasonable in that it requires no more information than is required of any applicant for a state license (e.g. driver's license, handgun license).

Items c and d require the identification of the affiliated medical facility, if any, and the communications base of the license simply for identification purposes and to help assure that such facilities exist and are available to the applicant. The reasonableness is supported by (1) the fact that "affiliated medical facility" is not required, but only requested if relevant, and (2) the fact that communications are required by statute and must involve some kind of base in order to function reliably.

Item e requires the applicant to specify the type of action requested. This is needed in order to clarify what the applicant expects and desires from the Department of Health and to allow the Department to determine appropriate licensure process as required in Minn. Stat. § 144.802. It is reasonable because it speaks only to that need.

Items f and g require information about ownership and responsibility for operation in order to identify the accountable parties involved. Information provided in response to this item would provide the Commissioner with the information needed for proper enforcement of the rules in order to properly protect the public's health and safety when the need for enforcement proceedings or correction orders are present.

Item h requires that the applicant declare its proposed primary service area. The Commissioner is required by the Act (Minn. Stat. § 144.806) to

designate a primary service area or areas for each licensee. The declaration by the applicant facilitates the process of designation and provides the applicant the opportunity to state the area it feels it can reasonably serve. Also, such a declaration is needed to allow for the required reviews by local and regional agencies and the general public, as specified in Minn. Stat. § 144.802, subd. 3.

Item i requires information about arrangements for back-up coverage and mutual aid agreeements with neighboring providers. This information is needed to properly assess whether applicants can meet the requirements set by rule of such arrangements and agreements and to assure that primary service areas designated by the Commissioner as having 24-hour life support transportation service and adequately protected in the event the licensed service is out of service temporarily. It is reasonable because the information requested is limited in scope and speaks directly to the need. No requirements are set for mutual aid agreements in this section, other than that they be signed, which is necessary and reasonable in that such documentation is required for measurement of compliance.

Items j and k require information about other providers in the service area and a description of the population to be served. This information is needed in order to allow local and regional agencies to meet their responsibilities mandated by the Act (Minn. Stat. § 144.802 subd. 3 d(3)-(5)).

Item l requires identification of the type of service to be licensed. This is needed and reasonable because it allows the Department of Health to know exactly what the applicant is asking for and to speak to that request directly and efficiently.

Items m and n require utilization and financial data. This information is

needed in order to allow local and regional agencies to meet their responsibilities mandated by the Act (Minn. Stat. § 144.802 subd. 3d (3)-(5)), which include the assessment of the benefit of the proposed service with respect to its cost, and to allow the Department to develop an aggregate basis of cost-related information for comparisons during local and regional reviews.

Items o and p require information about personnel and vehicles of the applicant. Such information is needed in order to determine if the applicant is in compliance with the Act and rules with respect to these fundamental considerations.

Item q provides the commissioner with the opportunity to request such additional information that is needed to make a determination as to the applicants qualifications for licensure. It is needed in order to allow the commissioner to properly carry out the statutorily imposed responsibility and to properly protect the public's health through making appropriate decisions about licensure. Its reasonableness is supported because the purpose of such additional information is strictly limited to clarification of incomplete and ambiguous information.

7MCAR § 1.602A.2 requires that documentation of the information filed with the application be maintained. This is needed for enforcement and measurement purposes. Its need and reasonableness is established in section X of this document, where the facts establishing need and reasonableness of the rules relating to documentation, record keeping and reporting requirements are presented.

7MCAR § 1.602B sets forth the additional information required for applications for licensure of new services, expansions of primary service area and change in base of operations or type of service. The information is needed to

allow for the specific determination of need by local units of government, boards of health and HSAs (as prescribed in Minn. Stat. § 144.802 subd. 3) and to allow for the determination of the applicability of the State Certificate of Need Law, Minn. Stat. § 145.835 - 144.845. It is reasonable because the information required is only that needed to fulfill these statutory requirements and no more than that. In addition, this information will only be required for new services, changes in base of operation or type of service or expansion of primary service area.

7MCAR § 1.602C is needed for notice purposes. It simply identifies the Certificate of Need Law and gives notice of same to applicants and licensees. Its reasonableness is supported by being direct, straight forward and only for information purposes.

7MCAR § 1.603 Standards for Operation of Basic Life Support Transportation Services (BLS)

7MCAR § 1.603A.1 Personnel-Qualifications

7MCAR § 1.603A.1.a sets forth minimum qualifications for attendants and drivers of BLS ambulances. The life support services that are to be provided by BLS attendants and drivers require specialized skills, knowledge and training. Minn. Stat. § 144.804 subd. 3(a) requires that basic life support services ahve appropriate personnel, i.e., BLS attendants and drivers, to ensure that:

1. life threatening situations and potentially serious injuries can be recongnized,
2. patients will be protected from additional hazards,
3. basic treatment to reduce the seriousness of emergency situations will be administered, and
4. patients will be transported to an appropriate medical facility for treatment.

In order to fulfill this statutory mandate, the personnel serving as attendants and drivers of BLS ambulances must be able to recognize life threatening situations and potentially serious injuries, protect patients from additional hazards, provide basic treatment and transport patients to appropriate facilities. Consequently, they must have specialized skills, knowledge and training that are measured against minimum qualificaitons.

Such skills, knowledge and training are possessed only by persons who meet or exceed minimum qualifications contained in this rule. The health, safety and welfare of the citizens of the state would be harmed and endangered if the qualifications, i.e., the level of skill, knowledge and training, of the persons providing statutorily prescribed life support services are not

regulated. This was recognized as long ago as 1966 by the United States Congress when the National Highway Safety Act[9] was enacted. Since then the federal government as well as the State of Minnesota have spent millions of dollars to rectify the lack of specialized skill, knowledge and training that existed prior to 1966. The potential for harm is clearly recognizable and not remote because of the frequent contact BLS attendants and drivers have with members of the public who are involved in life threatening situations with potentially serious injuries and in need of basic treatment to reduce the seriousness of the emergency situation. The need for the rule is, therefore, based on the fact that specialized skills, knowledge and training are required to properly provide life support services that are required to protect the public's health, safety and welfare.

The specific qualifications that establish the level of skill, knowledge and training are set forth in part (1), (2) and (3) of this rule (7 MCAR § 1.603A.1.a) are consistent with the legislative mandate. The legislation (Minn. Stat. § 144.804 subd. 1) specifically authorizes persons holding (1) an advanced Red Cross first aid certificate, (2) an emergency care certificate issued by the commissioner pursuant to Minn. Stat. § 214.13 or (3) an emergency care certificate authorized by the commissioner to serve as attendants and drivers of BLS ambulances. Persons fulfilling these qualifications meet or exceed the level of skill, knowledge and training required for the proper provision of basic life support services. It is merely reiterated here for clarification and the convenience of the licensees and the public.

Part (4) provides that persons qualified to serve as attendants of advanced life support ambulances are qualified to serve as attendants or drivers of BLS ambulances. Such persons exceed the qualifications of BLS attendants so the necessary level of skill, knowledge and training is met.

It is, therefore, reasonable that they are also authorized to serve as BLS ambulance attendants and drivers.

7MCAR § 1.603A.b provides that persons functioning as pilots of air ambulances need not meet the qualifications of rule 7MCAR § 1.603 A.1.a. Such a rule is needed to assure that pilots are not required to acquire skills and knowledge that are not necessary nor desireable for them to successfully fulfill their role on an air ambulance. Pilots are not required to administer life support services at the accident scene or while in transit. The pilot cannot stop flying the plane to assist the attendant even if it would be helpful or necessary. Also, air ambulances are not first response ambulances, which decreases the possibility of pilots needing to provide care even at the accident scene of the medical incident. The reasonableness of such a rule is therefore supported.

7MCAR § 1.603A.2 Personnel - Staffing

Rule 7MCAR § 1.603 A.2 requires that each BLS licensee have a minimum of five (5) persons qualified as attendants and drivers on staff. This rule is needed because life support services are required to be available 24 hours a day every day of the year by Minn. Stat. § 144.804 subd. 2. In order to staff a BLS service "around the clock" a minimum number of qualified attendants and drivers must be available to work in shifts rather than continuously. Personnel must be rotated to allow for adequate time off. Also, additional personnel is needed for back-up in case of illness or temporary disability of one or more of the qualified persons on staff with a BLS licensee.

The number five (5) is reasonable because it is the number that is minimally sufficient to allow for proper staffing and rotation of personnel. Minimum staffing of a BLS service would reasonably appear to require two persons to work one twelve hour shift per day and two others work the second

twelve hour shift so that the facility is properly staffed 24 hours per day. In order to provide for back-up in base of illness and to provide attendants and drivers with days off, an additional person is needed. If this fifth person were on duty or on call five or six shifts per week, the other attendants and drivers would be able to have one or two days off per week.

The reasonableness of this requirement of a minimum of five qualified persons is further supported by the literature. For example, A Community Guide for Emergency Medical Services[10] recommends a minimum of eight Emergency Medical Technicians (EMTs) per vehicle (two on duty at all times) for a "fully staffed service" and a minimum of four EMTs (one on duty at all time) for a rural, hospital-based service (this minimum is based on the assumption that on-duty personnel would also be working in the hospital in some other capacity). The number five as required by this rule is clearly within the range that is recommended by the literature. The reasonableness of this rule is demonstrated by the facts that:

1. only five currently licensed services do not meet the minimum standard of a staff of five, and
2. the average number of staff for currently licensed services is fifteen persons.[11]

The documentation requirement of this (7MCAR § 1.603A.2 a(1) and (2)) is needed for enforcement and measurement purposes. The reasonableness of this provision is established because the requirements are simple and include only the maintenance of files and records that identify the name, address and qualifications of the licensee's staff. The need and reasonableness of this documentation requirement is further supported in the section of this paper that presents facts and discussions establishing the need and reasonableness of Rule 7 MCAR § 1.610 regarding Documentation Requirements of licensee's, and emergency care courses.

Rule 7MCAR § 1.603A.2.b and c set forth the requirement of the licensee having a physician medical director and documenting the same. The basic need for a medical director is funded on the need to protect the public's health, safety and welfare by assuring the medical direction and consultation are available to BLS licensees. Medical input and direction contributes to the maintenance of quality as well as to the daily operation of the service.

The rule is consistant with the EMS Component of the State Health Plan[12] which recommends that each service have a medical director. This plan has undergone extensive review and public comment during the past year.

The duties and responsibilities that are set forth in the rule are needed in order to provide defition and guidance for licensees and physicians serving as medical directors. They are reasonable because they are consistent with the EMS Component of the State Health Plan[13] and accepted medical opinion.[14] Also, the requirement of a medical director and the duties and responsibilities as specified by a noted author[15] supports the requirement of a medical director for BLS and ALS services and sets forth duties and responsibilities that include advice on training, equipment, quality control and guideline and/or standing orders for the provision of service.s

The delayed effective date of this requirement is sensitive to the possibly limited availability in some parts of Minnesota of physicians to service as medical directors at the present time and it allows licensees sufficient time to make the necessary aggrangements with physicians.

The Department has been funding the development of county, multi-county and regional EMS systems and expects to obtain additional federal funds to facilitate the training of physicians and their involvement in

the EMS system.[16] Such funds will be available between now and 1985; the effective date of this requirement. At present a total of more than two million dollars has been awarded to all EMS planning regions in Minnesota through this effort to develop medical accountability for and involvement in EMS improvements. The need and reasonableness of the requirement of a medical director, the delayed effective date and minimum responsibilities of the rule, are therefore supported.

The documentation requirement (Rule 7MCAR § 1.603A.2.c.) is needed for enforcement and measurement purposes. Again, the requirements are minimum as far as the filing of records are concerned and the need to reasonableness of such requirements are further supported in the part of this report dealing with 7MCAR § 1.610. The requirement of a signed statement is needed for enforcement purposes and, more importantly, for the purpose of assuring that the medical director understands the extent and scope of his or her responsibilities. The need and reasonableness of this documentation is further established in the part of this report dealing with 7MCAR § 1.610.

Rule 7MCAR § 1.603A.2 requires documentation of variations from the usual requirement that a BLS ambulance be staffed by two persons. As authorized by Minn. Stat. § 144.804 subd. 2, a driver may proceed to answer a call without an attendant if certain conditions imposed by the legislation are met. Such documentation is needed for enforcement purposes and to help assure that such variations of a driver proceeding alone are only as frequent as necessary, kept to a minimum and according to the conditions set forth in

the statute. Again, the need and reasonableness if further addressed in the part of this report dealing with 7MCAR § 1.610 Documentation.

Rule 7MCAR § 1.603A.3 Personnel - Operational Requirement

While transporting a patient or patients, active treatment and the administration of life support services are often required in the ambulance. When such treatment is not required continuously, it may be needed immediately at any given moment. In either case, the attendant need be with the patient to provide treatment and/or observe the patient to continuously assess the need for treatment and to monitor the patient's or patients' condition. Also, the need and reasonableness of this requirement is supported by the Act (Minn. Stat. § 144.801 subd. 4) which states that life support transportation service means "transportation and <u>treatment</u> (emphasis added) which is rendered. . . for ill or injured persons, or expectant mother." Persons who do not require such treatment or services most likely do not need to be transported in an ambulance, and may be transported in some other vehicle, possibly certified by the Department of Transportation pursuant to Minnesota Laws 1979, Chapter 1 (Special Session).

Rule 7MCAR § 1.603B Equipment

The minimum standards for equipment for BLS ambulances are set forth in 7MCAR § 1.603B. This rule which sets standards for the operation of BLS services is needed to provide direction for and, consistency among BLS licensees. The Act (Minn. Stat. § 144.804 subd. 2) requires that such standards be promulgated by rule.

The protection of the public's health, safety and welfare requires that the

BLS ambulance be sufficiently equipped so as to be able to respond to and provide life support services for the types of patient conditions and situations that routinely exist. Ambulances meeting the minimum equipment standards will be sufficiently equipped to fulfill this important function. Ambulances not so equipped would not be able to provide the expected and needed services and would be likely to harm or endanger the public's health safety and welfare by effectively misrepresenting their capabilities. The need for setting minimum equipment standards in rule is based upon these considerations.

The reasonableness of the actual standards contained in the rule is supported by the facts and considerations presented in the paragraphs that follow.

First of all the standards are based upon the suggested equipment lists of the American College of Surgeons (ACS) Committee on Trauma[17] and reflect the consensus of what emergency care professionals feel are needed to perform the responsibilities of BLS ambulances.[18] The differences between the ACS equipment lists and the minimum equipment standards contained in this rule were the result of advice received from the technical advisory group reviewing and commenting on the rules as they were developed. Also, the ACS itself states that adjustments to the list developed by them should be anticipated and would depend on local conditions and decisions.[19]

Secondly, the equipment standards are relatively easy to meet. The equipment is readily available and generally not expensive. The actual cost of the entire set of equipment if purchased new at the present time would amount to approximately $2000.00.[20] This cost is effectively reduced for two reasons. First, BLS licensees currently maintain a large portion of the minimally required equipment[21] since it was required under the previous licensing law

(Minn. Stat. § 144.804 et.seq.). So they substantially comply and additional equipment necessary for full compliance would be minimal.

Secondly, many services are eligible for state funds that can be used in part for the purchase of equipment and supplies. Therefore, it appears as if the burden on present BLS licensees would be minimal. Also, the clarifying effect of the equipment standards may, in fact, lessen current problems caused by ambiguity of standards.

Thirdly, the equipment standards generally provide alternatives within each equipment category. This allows the most recent and advanced emergency care equipment to be specified while not causing equipment that still sufficiently meets the patient's and public's needs to be made obsolete by rule.

Fourth, the equipment list has a high degree of flexibility to allow it to evolve with medical technology and respond to individual circumstances throughout the state. This flexibility is a result of, first of all, the alternatives contained within the standards for equipment themselves and, secondly, the variance provisions of the rules. These provisions allow BLS licensees to substitute equipment that meets or exceeds the capabilities and specifications of what is minimally required by these rules upon application to and approval by the Commissioner.

Rule 7MCAR § 1.603B.1a(1) requires that splinting equipment be carried by BLS ambulances. The need for such equipment is based upon the incidence of fractures and injuries requiring splinting and immobilization. For example, data collected by the Emergency Medical Services Section of MDH[22] indicates that approximately sixteen percent (16%) of all trauma injuries involved fractures. This figure results from the following specific statistical findings for 1978:

1. 18.8% of trauma injuries were to the leg and 42.6% of these were fractures.
2. 12.2% of trauma injuries were to the arm and 29.5% of these were fractures.
3. 50% of trauma injuries were to the chest and 28.8% of these were rib fractures.
4. 3.6% of trauma injuries were to the back and 17.8% of these were fractures.
5. 2.3% of trauma injuries were to the neck and 27.7% of these were fractures.

Rule 7MCAR § 1.603B.1.a(2) requires ventilation assistance and airway maintenance equipment. The incidence of and severity of the effects of obstructed airway, illnesses and injuries requiring resuscitation and illnessess and injuries that require the administration of oxygen and other ventilation assistance provide the basis for the need to such equipment. For example, information collected by the EMS section of MDH[23] indicates that:

1. 15.2% of the treatments performed involved the administration of oxygen.
2. 8.4% involved treatment for the establishement of an airway.
3. 1.1% involved suction.
4. .8% involved pulmonary resuscitation.
5. 1.5% involved CPR.

Further, only the standard texts in BLS skills in Minnesota[24] "The assurance of breathing takes precedence over all other emergency care measures. The reason is stated simply: if a person cannot breathe, he cannot survive." This text gives an entire chapter just to the kinds of equipment required in the rule.[25]

Although this type of equipment is more sophisticated and costly than other required equipment, it is nonetheless readily available and not prohibitively costly; especially since it is essential and vital for the protection of patients and the public's health and safety as indicated by the frequency at which this equipment is needed and has been used.

The capabilities of equipment of this type must be such that they meet the anticipated needs of the patient and are able to be transported on the ambulance and from the ambulance to the accident scene quickly and easily. The requirements set forth in 7MCAR § 1.603B.1.a(2) for oxygen equipment reflect these considerations. For example, the required amount of oxygen is a 20 minute portable supply and a 60 minute supply on the ambulance (at flow rate of 15 liters per minute). The smaller portable supply is easily carried to the patient at the accident scene or in the home and provides sufficient oxygen for the patient because the attendant and driver most often can stabilize the patient and get him or her to the ambulance within 20 minutes. Once in the ambulance, the 60 minute oxygen supply should be sufficient for the time of transport to an appropriate medical facility, given the sizes of primary service areas described in 7MCAR § 1.603F. (Maximum of 30 minutes travel time from a base of operation).

Rule 7MCAR § 1.603B.1.a(3) requires dressings, bandages and bandaging equipment. Again, the incidence of injuries requiring this type of equipment establishes the need. For example, approximately fifty-four percent (54%) of all trauma injuries involved abrasion, contusions or lacerations, i.e., injuries that would require the use of dressings, bandages and bandaging equipment.[26] This figure results from the following specific statistical findings for 1978:

Area of body	Percent of all Trauma Cases	Percent of these that were abrasion, contusions or lacerations
Head	27.8	55
Face	17.5	80

Area of Body	Percent of all Tauma Cases	Percent of these that were abrasion, contusions or lacerations
Neck	2.3	35
Chest	5.0	55
Abdomen	2.2	28
Back	3.6	39
Leg	18.8	37
Arm	12.2	52
Hand	5.9	77
Foot	2.1	62
	Weighted total	54%

The reasonableness if supported in that the requirements are easily met and the need and potential benefit far exceed the cost of such equipment.

Rule 7MCAR § 1.603B.1.a(4) requires ambulances to carry poison treatment equipment and, more specifically, syrup of ipecac and one quart of drinking water. This type of equipment is needed because poisoning is a life threatening situation, or one that could potentially cause serious injury, that endangers or harms the public's health and safety. Every year an estimated 60,000 to 100,000 Minnesota residents, most of them younger than six years of age, are in need of some form of emergency diagnosis or treatment for accidental poisoning. Although there are few deaths that result from accidental poisonings, at least 70% to 80% require some form of medical consideration and treatment.[27] The treatment includes the administration of liquids in order to induce therapeutic emesis or to dilute the poison(s) that have been ingested. The syrup of ipecac and drinking water are needed for these purposes and types of treatment. The reasonableness of this equipment and supply requirement is supported by the fact that the required items are inexpensive (less than $5.00) and the potential benefits (e.g. immediate removal from the body of toxic material before it can cause further tissue damage) outweigh the costs.

Rule 7MCAR § 1.603B.1.a(5) requires ambulances to carry emergency obstetric equipment. The Act (Minn. Stat. § 144.801 subd. 4) defines life support transportation service as "transportation and treatment which is rendered. . . to ill or injured persons, or expectant mothers" (emphasis added). In order to be able to properly render the services required by the Act through this definition, emergency obstetric euqipment need bo carried by the ambulance.

Rule 7MCAR § 1.603B.1a(6) requires ambulances to carry equipment for the determination of vital signs including a stethoscope and a sphygmomanometer with cuffs for use with child and adult patients. Such equipment is needed in order to assure that attendants and drivers properly evaluate and monitor the patient or patients who are or may be in need of life support services and treatment, especially the potential or actual incidence of shock, a lethal condition characterized in part by diminished blood pressure. The proper determination of vital signs will indicate what treatment is appropriate or inappropriate. The requirement of a cuff or cuffs for use with child and adult patients is needed to assure the capability of vital sign determination of both categories of patients; large-cuffed devices are not capable of rendering a valid reading in a pediatric patient.

Rule 7MCAR § 1.603B.1.a(7) requires that a detailed, current map of the licensee's primary service area be carried by ambulances. Such requirement is needed to help assure that persons in need of life support transportation services are located without unnecessary delay. The requirement appears to be reasonable because it is easily met and the benefits are potentially significant.

Rule 7MCAR § 1.603B.1.a(8) requires ambulances to carry extrication equipment including a 24-inch wrecking bar or a commercial extrication device. Extrication equipment is needed because of the frequency of accidents, especially motor

vehicle accidents (which involve about 59% of the accidental deaths), that trap the patient in the wreckage, preventing the immediate administration of essential life support services. Such services may be provided, and perhaps be life-saving, if the attendant can gain access. The extrication equipment that is required is a simple device that helps assure that this could be done. The specific items required enable basic extrication and rescue services to be provided and help attendants gain access to patients in need of treatment without requiring ambulances to carry burdensome amounts of this type of equipment, which may take up too much of the limited space in the ambulance.

Rule 7MCAR § 1.603B.1.a (9) requires the equipment listed below to be carried by ambulances. A statement supporting the need and reasonableness of such equipment is present with each:

1. two sheets, two blankets and one pillow. Such items have multiple uses including covering the patient to maintain body temperature, providing support and helping to prop up the patient.
2. emesis container. In cases where the patient may vomit and where the vomiting may be induced (e.g. for certain poisonings) such a container is needed. It is easily obtained and the benefits (of avoiding the infection and safety hazard) outweigh the cost.
3. one flashlight. This is needed to facilitate the determination of pupil dilation, and essentail vital sign and for effective provision of life support services and treatment after dark and when other lighting is unavailable. Approximately 35% of ambulance calls are made between 5:00 p.m. and 8:00 p.m. and 4:00 a.m.[28]
4. one fire extinguisher (five pound dry chemical type with A:B:C rating). In the case of fire, attendants and drivers must be able to extinguish it in order to gain access to the patient or to avoid potentially dangerous

situations, explosions and so on. Fire hazards are present with traffic related incidents. In 1976, about 58% of the accidental deaths in Minnesota occurred in traffic-related incidents.[29] The need and reasonableness of requiring a fire extinguisher to be carried is supported by these considerations. The five pound, dry chemical requirement is of the type and size recommended by the technical advisory group.

Rule 7MCAR § 1.603B.1.b requires that the equipment be properly stored so as to prevent injury to the patient, attendant and driver and interference with the provision of life support services. Such a requirement is needed for the protection and safety of patient, attendant and driver. Its reasonableness is supported because it is not expensive and the benefits far outweigh the cost.

Rule 7MCAR § 1.603B.1.c requires that equipment be stored in and kept on the ambulance (except for air ambulances, below) so that a BLS ambulance is not delayed when responding to a call. Time is essential in the provision of emergency care and rules that require practices that minimize response times and delays help protect the public's health, safety and welfare. Delays due to equipment gathering and loading endanger the health, safety and life of the person or people needing the emergency care. Again, the rule's reasonableness is supported because it is easily met, not expensive and the benefits far outweigh the costs.

Rule 7MCAR §§ 1.603B.2, air ambulance equipment, provides needed special considerations for air ambulances. These are as follows:

1. Rule 7MCAR § 1.603B.2.a provides that air ambulances are not required to carry extrication equipment. The weight and space restrictions require the exemption. Also, extrication of rescue is generally provided by other

services since air ambulances are generally not first responders.

2. Rule 7MCAR § 1.603B.2.b requires that air ambulances comply with the regulations of the Federal Aviation Administration (FAA) and rules of the Minnesota Department of Transportation (MnDOT) Aeronautics Division. Such a statement is needed for notice and enforcement purposes. Its reasonableness is supported by the fact that it does simply provide notice that ambulances complying with these rules (7 MCAR § 1.601 et.seq.) shall also comply with others (that would be applicable even if the absence of these rules). Further, it enables the MDH to formally cooperate with the FAA and MnDOT in the event a licensee violates the rules or regulations of either entity.
3. Rule 7MCAR § 1.603B.2.c allows the required equipment to be stored off the airplane because the airplane is likely to be used for other purposes. The equipment is required to be stored in modular pre-packaged form, however, to prevent delays in resonding to emergency calls.

Rule 7MCAR § 1.603B.3 sets forth maintenance and sanitation requirements. Such rules are needed because equipment must be operational, workable and clean so as to prevent infection and complications when administering life support services. The standards and requirements are consistent with requirements of other jurisdictions (such as Illinois, North Carolina, Iowa and Wisconsin) and the concensus of emergency care professionals, including the members of the technical advisory group reviewing the rules. Also, they can be readily and easily met. The benefits to the protection of the public's health, safety and welfare of assuring equipment is properly maintained and cared for far outweigh the small burden imposed on the licensee. Consequently, their reasonableness is supported by this consideration as well. Documentation

is needed for enforcement and measurement purposes. Its need and reasonableness is supported by the rationale presented in part of this report that discusses the need and reasonableness of 7MCAR § 1.610, Documentation.

Rule 7MCAR § 1.603c - Ambulance Standards

Rule 7MCAR § 1.603C1.a. sets forth the standards for new land ambulances purchased by a licensee after June 30, 1981. In effect this means that vehicles purchased after approximately one year after the effective date of the rule are required to comply with the standards set forth in this section. This time period, which in effect delays the effective date of the rules setting standards for ambulances, is needed to assure that licensees have adequate notice of the standards with which they must comply and the purchases of new vehicles can be planned accordingly.

The land ambulance standards themselves are set forth in 7MCAR § 1.603c.1.a(1)-(7) and deal with size of patient compartment, door openings to patient compartment, interior storage areas, interior lighting, environmental equipment, exterior markings and ambulance transport and operational capabilities respectively. These are the basic considerations that must be addressed when evaluating a vehicles capability to function as an ambulance. The selection of the categories was based on (1) the consensus of the technical advisory group reviewing the rules, (2) comparisons to other jurisdictions[30] that also addressed these factors of vehicles and (3) Federal Specifications KKK-1822 for Emergency Medical Care Vehicles of the Department of Transportation,[31] which are the currently recognized National Vehicle Standards. The actual standards and specifications within each of the seven basic considerations are also based on the advice of the advisory group, other jurisdictions and the Federal Specifications cited above. This fact supports the need and reasonableness of the standards.

In addition, the need and reasonableness of each, as well as the standards themselves, are further explained and supported individually in the paragraphs that follow:

1. The patient compartment size need be regulated because it is vitally important to the well-being of patient. It must be large enough to allow for adequate space for administering life support services. At the same time, the size requirements cannot be such that they would disallow many existing vehicles that are much needed.

   The minimum length of 116 inches is needed in order to assure that there is adequate room at the head and foot of the stretcher (i.e., the patient) when administering life support services and treatment when inside the compartment. Stretchers are generally between 72 inches and 84 inches long so the required length would provide between 22 inches and 16 inches of room at the head and foot. This amount of room as a minimum provides the attendant with adequate room to provide the required life support transportation services. (A patient, for example, may be in respiratory arrest, requiring airway maintenance at the head, and have a fractured femur, requiring a traction splint, which might extend several inches beyond the foot of the cot).

   The minimum width of 69 inches is needed in order to assure proper loading of a patient on a stretcher into the ambulance, adequate room for the provision of treatment at the side of the stretcher and and adequate space for and easy access to life support equipment. Stretchers are generally 20 to 24 inches wide so an aisle of about two feet plus reasonable storage space is available.

   The minimum height of 54 inches is needed to assure adequate headroom for the provision of life support services and treatment. This amount of headroom was found effective for doing CPR and providing

other services by the Department of Transportation committee that drafted ambulance specifications in 1973. This height requirement is also recommended by a consensus of the technical advisory group. Although additional headroom, i.e., a higher requirement of, for example, 60 inches, is felt by some to be superior and used by the Federal specifications,[32] the additional cost requirements to achieve this become excessive and are not justified by improved patient care and do not appear to be minimally necessary from a public health perspective. Vehicles can be purchased at a much lesser cost with the 54 inches of headroom requirement. For example, according to members of the technical advisory committee, factory vans can be converted for ambulance use with 54 inch headroom without the excessive cost (estimated between $2,000 and $5,000 per vehicle) of adding a new roof necessitated by the 60 inch requirement.[33]

2. The dimensions of door openings need be of such a size to allow for easy access with a patient on a stretcher. The width of 30 inches and height of 42 inches is needed reasonable because they provide for each access and are not too rigorous. Stretchers are generally 20 to 24 inches wide so the 30 inch requirement provides the minimum amount of room needed to allow stretchers to be easily loaded and unloaded. The height of 42 inches provides sufficient room for the attendant to maneuver the stretcher and/or stoop to get into the ambulance with stretcher in hand

3. The interior storage areas and space requirements must provide for each access and safe and secure storage of all equipment. A minimum of 30 cubic feet that is required has been demonstrated by existing vehicles to properly store the required equipment. This volume

reflects the consensus of the technical advisory group and the minimum required by the Federal specifications.[34]

4. The interior lighting must be adequate to illuminate the patient compartment to allow for the administration of life support services. The requirement is needed for the protection of the patients' health and is reasonable because it is easily met. The benefit to health and safety outweigh the costs and burden on the licensees. The 40 foot candle requirement is that of the Federal specifications.[35]
5. The environmental equipment must be able to provide adequate heat for the patient compartment for the health, safety and comfort of the patient. The 21,000 BTUs requirement is that which is minimally required by the Federal specifications.[36]
6. The exterior markings of ambulances need be regulated to allow for proper identification by the public. The requirements are easily met and the benefits exceed the costs, so the need and reasonableness of this requirement of identifying the type of service for which the ambulance is licensed is supported.
7. Ambulance transport and operational characteristics need be regulated to assure safe transport, operational capabilities and minimum range for traveling. The overall height requirement of no more than 110 inches was set by U.S. DOT to assure that ambulances will have access to all hospital emergency ambulance bays. The fuel capacity to require a range of at least 175 mile is needed to assure adequate fuel for most long-distance emergency transfer without requiring the vehicle to delay its arrival at an appropriate medical facility while stoppint to re-fuel. The ground clearance requirement of six inches helps assure safe transport and adequate clearance for inclines, driveways road debris and so on. The requirement

of full performance from -30 degrees F to 125 degrees F comes from the Federal specifications[37] and assures capability of vitally needed performance in the varying temperatures of Minnesota.

These requirements are relatively easy to meet and contribute to assuring the public of licensees' capabilities of providing life support transportation services. The public's health and safety is enhanced by providing assurances that such standards are met and capabilities exist.

Rule 7MCAR § 1.603c.1.b provides that vehicles meeting federal purchasing specifications[38] are deemed to comply with the Rule's standards. The federal specifications are detailed and very strict. Further, the standards in the rules were extracted from the federal. This deeming provision appears to be reasonable because vehicles comply with the federal specifications meet or exceed the Rules' standards.

Rule 7MCAR §§ 1.603C.2. requires that an ambulance comply with the regulations of the FAA and the rules of the Minnesota Department of Transportation, Aeronautics Division. Such a statement is needed for notice and enforcement purposes. Its reasonableness is supported by the fact that it simply provides notice that air ambulances shall comply with regulations and rules to which they are subject even in the absence of these rules(7MCAR §§ 1.601 et seq.).

Rule 7MCAR § 1.603C.3. requires that ambulances other than land or air shall substantially comply with the standards for land ambulances set forth in 7MCAR § 1.603C.1 and that substantial compliance shall be determined according to the same considerations used for determining substantial compliance for land ambulances purchases prior to July 1, 1981. This rule is needed to give the Commissioner a means to determine whether ambulances other than land or air are eligible for licensure. Also, it is needed to give licensees or

applicants with such ambulances notice of what standards will apply and how they will be measured. The reasonableness is supported because it fulfills these needs with the flexibility needed to allow for varying types of ambulances that will be involved and that may seek licensure presently or in the future.

Rule 7MCAR § 1.603C.4 requires that ambulances be equipped with restraining devices for the patient and attendant. Such a rule is needed for the safety of patients and attendants during transport. Its reasonableness is supported because of the significant dangers and hazards it prevents at minimal cost.

Rule 7MCAR § 1.603C.5a.-c set forth maintenance and sanitation requirements. Such rules are needed to assure that vehicles are properly maintained and clear in order to help assure the public of the capabilities. They meet this need with minimal cost and imposition on licensees. The benefits of assured capability exceed the costs. Rule a. within this section requires documentation of maintenance procedures and activities. This is needed for enforcement purposes and its reasonableness is supported by the discussion in the part of this report dealing with 7MCAR § 1.610 (Documentation).

Rule 7MCAR § 1.603D sets forth standards for communications. The need for such rule is based upon the protection of the public's health, safety and welfare. Ambulances and other services must be able to communicate quickly, efficiently and without confusion. The rquirements imposed on the licensees for their ambulances and communications bases allow for such communications capability. Without them, the public's health and safety would be endangered and harmed because of the potential inability of ambulances to be properly dispatched and to communicate medical information about an ill or injured patient from the scene and in transport.

Rule 7MCAR § 1.603D.1 requires that all BLS services comply with the communication standards by June 30, 1981. Such a rule, with a delayed effective date, is needed to allow licensees adequate time to make changes in their radio equipment and capabilities, if any, necessitated by the rules. On the other hand, the effective date is delayed for a limited and specified period of time (i.e., approximately one year) because of the vital importance of radio communications.

Rule 7MCAR § 1.603D.2 contains the standards for radio communications equipment and specifies frequency assignments.

Part a. of this section (7MCAR § 1.603D.2) requires that ambulances have a two-way Very High Frequency (VHF) mobile radio, with a continuous Tone Coded Squelch System (CTCSS) that is capable of operating on at least two VHF high-band radio-frequency (r-f) channels. Such a requirement is needed to assure that ambulances have the equipment needed for voice communications with hospitals, law enforcement responders, the communications base, rescue team and other elements of the EMS system. A noted guide to the development of EMS systems[39] states that such capability must exist as part of the communications component of the EMS system. More specifically, it states that "rapid two-way voice communications among all elements of the (EMS) system" must be provided for.

Part b. of this section (7MCAR § 1.603D.2) requires that each BLS service have a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band r-f channels. Such a requirement is needed to assure that each BLS service, as an element of the EMS system, is capable of voice communication with its ambulances and other elements of the EMS system. The rule does not require ownership of the base radio equipment or specify the location at which such equipment is housed. Instead, it requires that BLS services has this essential communications

capability and allows a great deal of flexibility for the services as to how this capability is achieved. The reasonableness of this rule is supported by the by the fact that it assures the public that licensees have communications capability while providing latitude and flexibility in the method of achieving such capability.

Part c. of this section (7MCAR § 1.603D.2) requires that ambulances and communication bases use channel one for routine communications and channel two for statewide communications. Such a requirement is needed to increase efficiency and decrease confusion when communicating by radio with various elements of the system. Again, since rapid voice communications with all elements of the EMS system is required[40], efficiency need be maximized and confusion minimized. Specific channel assignments accomplishes this because quick references to "channel one" or "channel two" would put the ambulance or communications base in contact with other elements of the system on the correct frequency for the communication desired.

Part d. and f. of this section (7MCAR § 1.603D.2) specify the frequency assignments for each of the two channels. Such frequency assignments are identical to those of the state's communications plan[41] presently in use. Frequencies are assigned by districts (with counties specified to eliminate confusion) for channel one (part d) and a statewide frequency for channel two is specified (part f). Part d(8) assigns the frequency for the Metropolitan area and also allows for an alternative means of compliance. That is, Metropolitan area ambulances and communications bases may use the assigned VHF radio frequency or may comply with the communications standards for ALS services (7MCAR § 1.604D.2 a-e) which allow for the use of Ultra High Frequency radios. Such an alternative means of compliance is needed and desireable because of the present use of both VHF and UHF radio equipment in the Metropolitan area.[42]

Part e. of this section (7MCAR § 1.603D.2) requires that the CTCSS tone operation of the ambulance be the same as that of the communication base. Initial contact from one radio to another is made by use of the CTCSS tone operation and can only be done if each radio has the same CTCSS tone operations.[43] This rule is needed to assure rapid two-way voice communications capability and is easily met by simple adjustment and setting of the CTCSS tone.

Part g. of this section (7MCAR § 1.603D.2) requires ambulances and communications base to use the telephone or alternative maeans of communications (other than the required two-way radio) when radio communications are not necessary and when such alternatives are readily available. This rule helps assure that the radio channels and frequencies are left open for communications that must be conducted by radio. The possibility of overcrowding radio communications channels is decreased by this requirement because unnecessary communications are kept off the radio.

Part h. of this section (7MCAR § 1.603D.2) states, for clarification purposes, that mobile telephone services are not an acceptable alternative to the required two-way radio operation. Mobile telephone services do not have the capability of the require radio equipment because such telephone services rely on the telephone network system for transmitting signals that involves telephone lines (subject to being out of service due to severe environmental condition) rather than wireless two-way radio communications.

Rule 7MCAR § 1.603D.3 requires that communications equipment be capable of transmitting and receiving understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area. This performance standard is needed to assure that licensees have communications capability within the area they are serving

as the primary provider. Because of the essential nature of such a capability, such a minimum requirement appears to be reasonable.

Rule 7MCAR § 1.603D.4 requires that all communications equipment be maintained in full operating condition and in good repair and that documentation of such maintenance shall be kept by the licensee. Again, this maintenance requirement is needed to assure that licensees have communications capability that is reliable and continuously kept operational. The reasonableness is supported by the fact that the vital importance of communications capability outweighs the minimal burden imposed on the licensees. The documentation requirement is needed for enforcement and measurement purposes and the need and reasonableness of such a requirement is discussed in the section of this report dealing with Rule 7MCAR § 1.610, Documentation.

7MCAR § 1.604 Standards for Operation of Advanced Life Support Transportation Services

Rule 7MCAR § 1.604A.1 - Personnel Qualifications

Rule 7MCAR § 1.604A.1 sets forth minimum qualifications for attendants and drivers of ALS ambulances. Such qualifications are needed because the services to be provided by ALS attendants to drivers require specialized skills, knowledge and training. Minn. Stat. § 144.804 subd. 2 (b) requires that ALS ambulances be able to provide medical care "beyond the BLS level including. . . intubation, defibrillation and administration of intravenous fluids and certain pharmaceuticals." In order to fulfill this legislative mandate, the personnel serving as attendants must be able to provide the services specified above plus those required of BLS attendants (see page 17 of this report). Consequently, they must have specialized skills, knowledge and training that can be measured against minimum qualifications. The health, safety and welfare of the citizens of the State would be endangered or harmed if the qualifications of attendants were not regulated.

Persons meeting the specific qualifications are set forth in 7MCAR § 1.604A.1.a for attendants for ALS ambulances meet the level of skill, knowledge and training necessary for the provision of advanced life support services. These qualifications are consistent with the U.S. Department of Transportation standards for attendants of ALS ambulances.[44] Also, they are qualifications that can be met through the use of existing training programs such as Mankato, Hennepin and Ramsey County programs and the Vo-Tech program.[45] The specific skills, knowledge and training of persons meeting these qualifications are further discussed and justified in the paragraphs that follow regarding Rule 7MCAR § 1.604A.2 and 3 (Examination and continuing education requirements).

Rule 7MCAR § 1.604A.1.b sets forth qualifications for drivers and, in summary, allows persons qualified to serve as attendants on ALS ambulances and persons qualified as attendants and drivers, with the exception of persons holding the ARC certificate, of BLS ambulances to serve as drivers. This lower level of skill and training for drivers of ALS ambulances is appropriate, first of all, because the advanced life support services needed will be provided by the attendant with higher level of skills with, or frequently without, the assistance of the driver. Secondly, it recognizes the limited availability of persons qualified as ALS attendants and allows the lower level of skills to help assure that the needed ALS ambulances can be properly staffed.

Rule 7MCAR § 1.604A.1.c provides that persons functioning as pilots need not meet the qualifications of ALS drivers. The reasoning presented for this same provision in the BLS section & Rule 7MCAR § 1.603A.1.b) applies here and supports the need and reasonableness of this rule (see page 19 of this report).

Rules 7MCAR § 1.604A.2 sets forth the written and practical examination requirements of persons qualifying as attendants pursuant to 7MCAR § 1.604A.1.a(2). The examinations are needed to determine whether persons possess the skills, and knowledge required of ALS attendants and meet the specified qualifications of 7MCAR § 1.604A.1.a(2). Furthermore, such examinations are needed to assure both conceptual understanding and practical skill in ALS - level capabilities. In the absence of a written test, there would be no objective measure of the knowledge of candidates; in the absence of a practical test, there would be no objective measure of the skills of candidates.

The subject areas that are to be tested in the written examination and subject areas that are to be tested in the practical examination are identified in 7MCAR § 1.604A.2.a. and b respectively. The subject areas in both cases are those that prepare the ALS attendant to provide the life support transportation services required of ALS services. Minn. Stat. 144.804 subd. 2 defines

ALS to include, but not to be limited, to the following:

-BLS services

-Intubation

-Defibrillation

-Administration of intravenous fluids and certain pharmaceuticals.

The subject areas required to be included on the written and practical examinations are consistent with this legislative mandate in order to help assure the capabilities of ALS attendants. Furthermore, they are consistent with the recommendations of the U.S. Department of Transportation for training programs for ALS attendants.[46] The subject areas are identified as broad areas so as to avoid too many specifics that would prevent the test from evolving and staying current with the changing level of services that are to be provided by ALS attendants. At the same time, they do identify the essential competencies in generic terms to assure that skills and knowledge of ALS attendants will be maintained at the current level with room to evolve and change as needed within each subject area. These considerations support the reasonableness of this section of the rules. Also, the subject areas are consistent with those recommended by the U.S. Department of Transportation, and the National Registry of EMT-Paramedics[47] and are presently available through exisitng training programs.[48]

Rule 7MCAR § 1.604A.2.c sets qualifications for the examiners of the practical examinations. It is needed to assure that ALS attendant trainees are evaluated by persons with sufficient medical expertise to properly assess their skills and competencies. The required qualifications of examiners set forth in the rule can be easily met and will assure that the present level of testing is maintained by existing programs[49] and met by new programs through review and approval by the Commissioner. Its reasonableness is further

established in that ALS attendants operate under the direction of physicians in many instances and it is therefore appropriate for their examiners to be physcians.

Rule 7MCAR § 1.604A.3 sets forth the continuing education requirements for ALS attendant qualified pursuant to 7MCAR § 1.604A.1.a(2). The basic reason for the continuing education requirements is to assure that ALS attendants maintain the proper level of skills, knowledge and competencies. The skills and knowledge must be reviewed in order to help decrease the possibility of skill and knowledge decay and to help assure that the qualifications and level of skill and knowledge are maintained. Decreased levels of skill and competency in the skills associated with the provision of advanced life support services would harm or endanger the public's health and safety and expose patients to an increased risk of poor quality life support services being provided.

Rule 7MCAR § 1.604A.3.a requires that ALS attendants authorized pursuant to 7MCAR § 1.604A.1.a(2) to complete 48 hours of continuing education every two years in the subject areas tested on the written examination, advanced cardiac life support and CPR. Up to 16 hours of the advanced cardiac life support instruction and up to four hours of CPR may be applied to the total of 48 hours every two years. Additionally, instruction in CPR is required annually.

The reasonableness of the level or amount of continuing education required is supported because it provides sufficient time to cover the required subject areas of knowledge and skill for ALS attendants. Also, it is presently available through existing training programs so it does not impose

excessive burdens on such programs or ALS attendants.

Rule 7MCAR § 1.604A.4 - Personnel Staffing Requirements

Rule 7MCAR § 1.604A.4.a requires that each ALS licensee have a minimum of five persons qualified as attendants pursuant to 7MCAR § 1.604A.1.a or a minimum of three persons qualified as attendants pursuant to 7MCAR § 1.604A.1.a and three persons qualified as drivers pursuant to 7MCAR § 1.604A.1.b. This requirement is needed because life support transportation services must be generally available twenty-four hours a day, seven days a week, three hundred and sixty-five days a year (as required by Minn. Stat. § 144.804 subd. 2). In order to properly staff an ALS service, a minimum number of qualified persons must be available to work in shifts rather than continuously. The rationale presented in the discussion establishing the need and reasonableness of staffing requirements for BLS licensees (7MCAR § 1.603A.2) is applicable for ALS licensees as well (see pages 19 and 20 of this report). The same considerations establish the need and reasonableness of this staffing rule for ALS licensees. In order to highlight and clarify some of those considerations, they are briefly presented here.

Requiring a minimum of five persons qualified as ALS attendants is reasonable because it provides sufficient staff to allow for proper rotation of personnel. Minimum staffing of an ALS facility would require two persons to work one twelve hour shift per day and two others to work the second twelve hour shift. The fifth person is necessary in order to provide backup staffing capability in case of illness and to provide attendants with days off. The requirements of three persons qualified as ALS attendants and three persons qualified as ALS drivers allows for proper staffing and

rotation of personnel. Minimum staffing according to this alternative would involve one ALS attendant and one ALS driver working one twelve hour shift per day and another attendant and driver working the second twelve hour shift. The third attendant and third driver are necessary in order to provide the attendants and drivers with days off.

The documentation requirement of this rule (7MCAR § 1.604A.4.b) is needed for enforcement and measurement purposes. The need and reasonableness of such a provision is supported in the part of this report dealing with Rule 7MCAR § 1.610, Documentation.

Rule 7MCAR § 1.604A.4.c requires that each licensee shall have a physician medical director responsible for, at least, the same responsibilities of BLS medical directors as set forth in 7MCAR § 1.603A.2.b(1)-(5). The need and reasonableness of this rule has been established for BLS transportation services (see pages 21 and 22) and the rationale is applicable here. One important difference does exist, however, with respect to the requirement of having a medical director. That is, the delayed effective date of July 1, 1985, for BLS transportation services is not applicable to ALS. This is because of the immediate nature and vitally important medical direction that is needed for ALS transportation services. ALS attendants provide services that are authorized to be provided only by physicians (or under the close supervision and direction of physicians if provided by non-physician personnel) by the medical Practices Act of Minnesota.[50] The rule requiring all ALS transportation services to have a medical director immediately is therefore needed. It appears to be reasonable because it, first of all, is consistent with the present activities of ALS licensees and the consensus of emergency care professionals, as noted in the discussion of a medical

director being required for BLS services (pages 21 and 22).

Rule 7MCAR § 1.604A.4.d requires that ALS licensees comply with the staffing requirements for BLS licensees as forth in 7MCAR § 1.604A.2.c-d. These deal with documentation of the physician medical director and ambulance runs involving the driver proceeding without an attendant, respectively. The need and reasonableness of such rules was presented in the part of this report dealing with them on pages 22 and 23.

Rule 7MCAR § 1.604A.4.e requires that AlS services have formal affiliation with a medical facility capable of providing medical control and to document affiliation. This is essential to allow for continuous medical control of acceptable quality by physicians when ALS services are provided to patients by the attendants of the ambulances. The documentation requirement of this rule is needed for measurement and enforcement purposes is supported in the part of this report dealing with 7MCAR § 1.610, Documentation.

Rule 7MCAR § 1.604A.5 of this section (operational requirement) is identical to rule 7MCAR § 1.603A.3 in the BLS section. The rationale presented supporting the need and reasonableness of such a rule in the BLS section of this report (page 23) is equally applicable here.

Rule 7MCAR § 1.604B. - Equipment

Rule 7MCAR § 1.604B.1.a requires that ALS ambulances comply with the equipment standards set forth for BLS ambulances. This is needed and

reasonable because ALS ambulances and attendants and drivers are called upon to perform the same functions as BLS attendants in addition to those that are authorized only for ALS (as required by Minn. Stat. § 144.804 subd. 2). Also, Minn. Stat. § 144.804 subd.3 states that ALS ambulances may be used as BLS ambulances provided the ALS ambulance fulfills the requirements of Minn. Stat. § 144.804 subd. 3(a) regarding BLS.

Rule 7MCAR § 1.604B.1.b sets forth the additional equipment requirements and standards for ALS ambulances. The additional equipment requirements for ALS ambulances are needed because these are the statutorily defined services (§ 144.804 subd 3(b)) that distinguish ALS from BLS. The protection of the public's health, safety and welfare requires that the ALS ambulance be sufficiently equipped so as to be able to respond to and provide life support transportation services that go beyond those provided by BLS ambulances and required of ALS ambulances by law.

The actual requirements contained in Rule 1.b are reasonable because they, by definition are to be based upon medical judgement in each case and because this method of particularization was recommended by the consensus of emergency care professionals that commented on the rules as they were being developed. Further, these standards are consistent with other jurisdictions that regulate ALS transportation services (such as Illinois, California, Hawaii).
The method used, in which equipment categories are identified and supported but specifics are not, allows the ALS service's medical director to keep the ALS licensee current with rapidly evolving medical technology.

Rule 7MCAR § 1.604B.1.b.(1) requires advanced cardiac care equipment, including

one cardioscope and defibrillator, to be carried. Such a requirement, is needed and reasonable because of the statutorily imposed definition of ALS which include defibrillation.

Rule 7MCAR § 1.604B.1.b.(2) requires airway maintenance equipment including one esophageal obturator airway. Again, this equipment is needed in order to allow ALS attendants to fulfill their statutorily imposed responsibilities to protect patients from lethal respiratory problems and provide service for which they have been trained to provide, according to 7MCAR § 1.604A2 (8.4% of all emergency services provided involve establishment of an airway[51]).

Rule 1.b(3) requires ALS ambulances to carry euqipment for intravenous therapy and the administration of intravenous medication. This requirement is needed in order to allow ALS ambulances and attendants to meet their statutorily imposed responsibilities pursuant to Minn. Stat. § 144.804 subd. 2(c). It is reasonable because it leaves to the discretion of the licensee's physician medical director the exact equipment and supplies to be carried. It assures the public that this type of equipment and supplies will be available and that the specific items will be selected by a qualified person who is accountable for its use.

Rule 1.b(4) requires ALS ambulances to carry medications and medication administration equipment and supplies. The need and reasonableness of such a requirement is supported by the same rationale presented in the proceeding paragraph for intravenous therapy.

Rule 1.b(5) requires that ALS ambulances be equipped with one set of inflatable anti-shock trousers. ALS attendants are trained to treat shock with this

type of equipment. The need for equipment to treat shock exists because of its high incidence and number of types of cases anti-shock trousers are recommended to be used,[52] which include:

1. Blunt or penetrating chest or abdominal trauma
2. Pelvic fractures with retroperitoneal bleeding
3. Severe external blood loss
4. G.I. or vaginal bleeding
5. Ruptured abdominal aorta if there is one or more of the following:

   -Hypotension,

   -Signs and symptoms of shock, or

   -Order from physician.

The use of anti-shock trousers is a medically accepted method for treatment[53] if done by persons properly trained and knowledgeable of the use of such equipment. It therefore appears to be reasonable to require this type of equipment since ALS attendants are trained in its use to treat a condition that often occurs. The health and safety of patients and the public generally are enhanced by this requirement that imposes only a reasonable cost burden on ALS services. (Anti-shock trousers cost approximatley $400.)

Rule 7MCAR § 1.604B.1.c requires that all of the equipment that is required but not specified in the preceding equipment requirements list shall be approved and documented by the medical director. This rule appears to be reasonable because it allows ALS ambulances to stay current with and evolve with medical technology and assures the public that any additional equipment will be added only after thoughtful consideration of a qualified person (i.e., the physician medical director).

Rule 7MCAR § 1.604B.1.d requires that medications be securely stored according to procedures developed by and maintained by the licensee's medical director. It

also provides that licensees shall comply with all applicable rules of the Minnesota Board of Pharmacy. These requirements are needed in order to assure the safe and secure storage of potentially dangerous medications. The public's health and safety is enhanced and protected by such a requirement because control of potentially dangerous drugs is monitored by thoughtful consideration of a qualified person through established policies and procedures. Also, the rule is needed for notice purposes and appears to be reasonable because it simply and directly provides notice to ALS licensees of the Board of Pharmacy's jurisdiction with respect to the storage and handling of medications.

Rule 7MCAR § 1.604B.2 sets forth maintenance and sanitation requirements. The rationale supporting the need and reasonableness of the maintenance and sanitation requirements of BLS licensees is applicable here. The need and reasonableness of this rule is supported according to the rationale presented for BLS (page 32)

7MCAR § 1.604C. - Ambulance Standards

This rule regarding ambulance standards for ALS licensees is the same as those required for BLS licensees as set forth in Rule 7MCAR § 1.603C. The rationale presented to support the need and reasonableness of such ambulance standards as presented on pages 33-38 of this report for BLS licensees is equally applicable here. The need and reasonableness of this rule under the ALS section is therefore supported by the same rationale.

7MCAR § 1.604D - Communications

Rule 7MCAR § 1.604D sets forth standards for communications for ALS services. The basic need for such rules is because ambulances and other elements of the EMS system, including the services communications base, hospitals and other medical facilities, must be able to communicate quickly, efficiently and without

confusion[54]. The requirements and standards set by this section of the rules helps assure such communications capability. Without them, the public's health and safety would be endangered and harmed because of the potential inability of ambulances to be properly dispatched and to communicate medical information about an ill or injured patient from the scene and during transport.

Rule 7MCAR § 1.604D.1 requires that all ALS services comply with the communications standards by June 30, 1981. This is the same compliance timetable required of BLS services and its need and reasonableness is supported by the discussion presented of page 39 of this report supporting the need and reasonableness of the same provision for BLS services (7MCAR § 1.603D.1).

Rule 7MCAR § 1.604D.2 contains the standards for radio communications equipment and specifies frequency assignments.

Part a. of this section (7MCAR § 1.604D.2) requires that ambulances and communications bases that operate telemetry have the following radio equipment:

1. one two-way Ultra High Frequency (UHF) mobile radio, with CTCSS, capable of operating of ten UHF voice and telemetry r-f channels, or
2. one two-way UHF mobile radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF mobile radio, with CTCSS, capable of operating of two dispatching r-f channels.

This equipment is required to assure that ambulances have the equipment needed for voice communications as well as telemetry. Voice communications can be conducted on either VHF or UHF radios but telemetry can only be conducted on UHF[55].

Part b. of this section (7MCAR § 1.604D.2) requires that ambulances and communications bases that do not use telemetry comply with the radio communica-

tions equipment requirements for BLS (set forth in 7MCAR § 1.603D.2.a-b) or those of ALS services using telemetry. Without telemetry, there is no need for UHF because voice communications can be conducted on VHF. Since voice communications can be conducted on UHF as well, the alternative of using VHF only (as with BLS) or a combination of VHF and UHF or UHF only (as with ALS with telemetry) is made available to licensees by this rule.

Part c. of this section (7MCAR § 1.604D.2) requires that ALS ambulances and communications bases using VHF comply with the frequency assignments and standards for VHF operation as set forth for BLS services in rules 7MCAR § 1.603D.2c-f. The need and reasonableness of these rules are supported by the discussions relating to them on pages 40 and 41 of this report dealing with BLS communication standards. Such discussions are equally applicable here.

Part d. of this section (7MCAR § 1.604D.2) specifies the UHF frequencies that are to be used for dispatching and routine communications by ambulances and communications bases using UHF for such functions. Part e. of this section (7MCAR § 1.604D.2) specifies the UHF frequencies that are to be used for medical control communications by ambulances and communications bases using UHF (either by choice or because they use telemetry and are, therefore, required to have UHF capability). These frequency assignments are identical to those of the State's communications plan[56] presently in effect.

Part f. of this section (7MCAR § 1.604D.2) requires that all ambulances and communications bases have capability of communicating on the statewide VHF radio frequency specified in 7MCAR § 1.603D.2.f (which is the frequency assigned for statewide communications for BLS services). This statewide

communications capability is needed because ambulances and communications bases often need to be capable of communicating with various elements of the EMS systems (other ambulances, services and so on) throughout the state. Specific methods of obtaining this capability are not defined or required by the rule in order to allow licensees a high degree of flexibility. The capability itself rather than the exact method and equipment used of obtaining such capability, is what is needed. Therefore, the flexibility is needed and desireable to allow for varying methods of complying that would include, but not be limited to, the use of VHF radio equipment or relaying messages from an ambulance equipped with a UHF radio through another ambulance or communications base with both VHF and UHF equipment. The reasonableness of this rule is supported because it helps assure a communications capability needed to properly coordinate life support transportation services and other elements of the EMS system while minimizing requirements placed on licensees through its flexibility.

Part f. of this section (7MCAR § 1.604D.2) also requires that documentation of such VHF statewide communications capability be kept in the licensee's file. Documentation is needed for enforcement and measurement purposes. Its need and reasonableness is supported by the discussion in the part of this report dealing with 7MCAR § 1.640, Documentation.

Part g. of this section (7MCAR § 1.604D.2) requires compliance with rules 7MCAR § 1.603D.2e,g and h that specified additional communications standards for BLS services. The need and reasonableness of such standards was discussed on page 41 of this report and is applicable here in support of the need and reasonableness of such standards for ALS services.

Rule 7MCAR § 1.604D.3 and 4 require compliance with equipment performance and maintenance standards set forth in 7MCAR § 1.603D.3 and 4 for BLS services.

The need and reasonableness of such standards was discussed on pages 41 and 42 of this report and is applicable here in support of the need and reasonableness of such standards for ALS services.

7 MCAR § 1.605 - Standards for the Operation of Scheduled Life Support Transportation Services

Rules 7 MCAR § 1.605 A.1 and 2 establish general standards for scheduled life support transportation services. These rules provide that such services are to be either BLS or ALS and that each type shall comply with the standards in the respective sections of the rules (i.e., 7 MCAR § 1.603 for BLS and 7 MCAR § 1.604 for ALS). They are needed because standards for the operation of scheduled life support transportation services are required to be established in rule by Minn. Stat. § 144.804 subd. 2. The classification of scheduled services into two categories (BLS or ALS) allows the standards of each to be referenced and applicable to scheduled services and avoids unnecessary duplication in the rules. Also, this double classification scheme allows for the development of two levels of scheduled life support services that is consistent with the overall classification scheme of life support transportation services established by Minnesota legislation (Minn. Stat. § 144.804), other states,[57] the EMS Component of the Minnesota State Health Plan[58] and the literature[59]. The ALS/BLS classification scheme also provides for a greater degree of flexibility than would a single set of standards. Although additional classifications would seem to provide even more flexibility, the loss of consistency with the overall classification scheme just mentioned and the complexities of regulating multi-levels of scheduled services seem to offset any benefits offered by increased flexibility. The ALS/BLS classification scheme provides for the most efficient method of regulating and managing scheduled services.

Rule 7 MCAR § 1.605 A.2 also exempts scheduled life support transportation service from those provisions of the BLS and ALS standards (7 MCAR §§ 1.603 and 1.604 respectively) that would specifically prohibit the operation of the

scheduled service as a scheduled service consistent with this section of the rules (7 MCAR § 1.605). This provision is needed to avoid the imposition of standards and requirements that are not necessary for the provision of scheduled life support transportation services and that would in fact interfere with or prohibit the operation of the service in compliance with this section of the rules (7 MCAR § 1.605). For example, a scheduled service that is licensed to transport patients from one medical facility to another would not be required to be available for 24-hour response to emergencies and need not carry extrication equipment. The exemption offered by this rule appears to be reasonable because it provides the flexibility needed to regulate the variety of types of scheduled services that exist presently and will exist in the future while requiring the standards and processes in parts B and C of this rule (7 MCAR § 1.605) to be applicable.

Rule 7 MCAR § 1.605 B.1 and 2 require that an applicant declare the type of scheduled service it intends to provide on the application for licensure and adhere to such declaration. This provision is needed in order to facilitate the understanding of the applicant's projected services by all review agencies and to properly define and regulate the services and types of services provided by the licensee. They appear to be reasonable because they impose no burden on the licensees while providing the Department with the necessary definition and identification of the services to allow it to properly regulate such services (as required by Minn. Stat. § 144.802). Also, these rules assure compliance with the provisions of the statute (Minn. Stat. § 144.802 subd. 2) forbidding expansion of service area and type of service without application for an amended license.

Rule 7 MCAR § 1.605 C deals with the primary service area or areas of scheduled services. They are needed because of the requirement that applicants declare a primary service area or areas to be served on their applications for licensure and because each licensee must have a designated primary service area according to Minn. Stat. § 144.804, subd. 6. The rules provide notice to the applicants and licensees of what considerations are used to particularize the meaning of primary service area (as required by Minn. Stat. § 144.802). The rules require compliance with the sec tion in the rules (7 MCAR § 1.607 F) that particularizes the definition of primary service area rather than repeating the provisions for this section (the need and reasonableness of which will be discussed in the part of this report dealing with primary service area, infra). They also exempt scheduled services from the requirements of the section on primary service area that would not reasonably apply such as the maximum sizes of primary service areas (7 MCAR § 1.607 F.1.c). The need of these rules is based upon statutory requirements (Minn. Stat. § 144.806) for the definition of primary service area for licensed services. The reasonableness is supported because the approach of referencing the part of the rules that particularizes the definition of primary service area is more efficient than repeating the same provisions in many parts of the rules.

7 MCAR § 1.606 - Life Support Transportation Services Provided by an Employer for the Benefit of its Employees

This rule requires compliance with the rules for scheduled life support transportation services (7 MCAR § 1.605). The need and reasonableness of such rules was supported in the previous section of this report dealing with scheduled services, supra.

Life support transportation services provided by an employer for the benefit of its employees are within the definition of "scheduled life support transportation services" (7 MCAR § 1.601 S) in that they are services that are limited either by time of day (working hours) or patient group (employees), or both, so the reference to rules setting standards for scheduled services is appropriate and avoids duplication in the rules.

Rule 7 MCAR § 1.607 - Life Support Transportation Services Operated by a Nonprofit Entity and Limited Exclusively to Providing Service by Contract for Special Events and Meetings

This rule requires compliance with the rules for scheduled life support transportation services (7 MCAR § 1.605). The need and reasonableness of such rules was supported in the previous section of this report dealing with scheduled services, supra.

Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are within the definition of "scheduled life support transportation services" (7 MCAR § 1.601 S), in that they are services that are limited by time of day (the scheduling of the special event or meeting) or patient group (the participants of the special event or meeting) or both, so the reference to rules setting standards for scheduled services is appropriate and avoids duplication in the rules.

7 MCAR § 1.608 - General Provisions

Rules 7 MCAR § 1.608 A.1 and 2 set forth the provisions relating to waivers of any of the rules. A waiver is permission not to comply. The rules authorizing waivers are needed in order to allow the rules to be flexibile, to be able to properly deal with and regulate situations with special circumstances and to stay current and evolve with medical technology.

These rules are reasonable because they, first of all, allow for waivers. Secondly, they allow for waivers only in closely guarded situations in order to assure that the waiver is needed by the licensee and does not harm or endanger the public's health, safety and welfare. Thirdly, the burden of establishing eligibility of waivers is on the applicant seeking a waiver.

Rules 7 MCAR § 1.608 B.1, 2, and 3 set forth the provisions relating to variances. A variance is permission to comply in a manner other than that specified in the rules. The need and reasonableness of these rules is supported by the same rationale as presented above for waivers.

Rules 7 MCAR § 1.608 C.1 and 2 provide for the non-applicability of the rules during time of disaster, mass casualty or other public emergency. Such rules are needed in order to allow for whatever extraordinary measures might be temporarily needed to respond to large-scale disasters. They are reasonable because they speak directly to the need and reserve final authority for such cases to the Commissioner, as is also done in 7 MCAR § 1.608 A and B.

Rules 7 MCAR § 1.608 D.1 and 2 set forth the prohibition of false advertising. The rules are needed to prevent false advertising and fraudulent communications to the public and to protect the public's health, safety, welfare and

right to correct and accurate information about life support services. They appear to be reasonable because they afford this protection of the public and legitimate provider while not infringing on licensee's rights to advertise accurately and properly.

Rule 7 MCAR § 1.608 E.1 prohibits interference by licensees of inspection activities of agents of the Commissioner. Such a rule is needed and reasonable in order to permit the proper enforcement of the law and rules which in turn exist for the protection of the health, safety and welfare of the public (see general statement of need and reasonableness, pages 3-6 of this report).

Rules 7 MCAR § 1.608 E.2 and 3 of this section set forth the provisions relating to correction orders that are to be issued if violations are found to exist. The rule is needed to establish such procedures and to give notice to licensees of what they involve. The reasonableness is supported because they adequately protect the public's health, safety, and welfare that is endangered by violation of the rules and law while not overburdening licensees by being too strict or by not allowing sufficient time for correction. The time periods selected allow for the Commissioner to require immediate corrections or to determine that licensees may need additional time.

Rule 7 MCAR § 1.608 E.4 merely repeats the provisions of Minn. Stat. § 144.803 regarding noncompliance and as needed for clarification and notice purposes.

Rules 7 MCAR § 1.608 F.1 and 2 particularize the definition of primary service area as required by the legislation (Minn. Stat. § 144.804 subd. 6).

Rule 7 MCAR § 1.608 1.a of this section requires applicants for licensure, at the time of application for a new service, for a change in type of service or base of operation or for an expansion of primary service area to declare the primary service area it intends to serve as a primary provider of life support transportation services. This rule is needed in order to cause applicants to define their primary service area or areas that will be considered by the Commissioner for approval. It allows applicants to present for consideration what area or areas it believes that it can reasonably serve.

Rule 7 MCAR § 1.608 1.b requires that the applicant affirmatively substantiate the reasonableness of its proposed primary service area according to considerations listed in the rule 1.b(1)-(5). The burden of such proof is on the applicant to assure that claims for territory are made in clear understanding of the obligations of designation prescribed in Minn. Stat. § 144.804, subd. 2, which requires coverage in the primary service area. Such considerations will also serve as the basis of the Commissioner's determination of whether to approve or deny the applicant's declared primary service area or areas. The rule is needed in order to give proper notice to applicants of the considerations directly affecting their proposed services. They are consistent with the considerations and criteria for determining primary service area of the EMS Component of the Minnesota State Health Plan[60]. Also, they speak directly to factors that will affect the applicant's ability to reasonably serve the area or areas.

Rule 7 MCAR § 1.608 F.b(1) identifies probable response times as a consideration for the determination of primary service area. Such a consideration is needed because of the close correlation between response times and quality of care and the ability of life support transportation services to

provide services to persons in life threatening situations and situations involving serious illness or injury that could potentially worsen if care is not provided promptly.

Rule 7 MCAR § 1.608 F.b(2) identifies the projected distances to be traveled to provide life support services in the primary service area as a consideration. Such a consideration is needed because projected distances to be traveled tend to indicate if the projected response times are realistic and because the legislation (Minn. Stat. § 144.804 subd. 6) speaks in terms of geographic area served by licensees as the measure for primary service areas.

Rule 7 MCAR § 1.608 F.b(3) identifies that the specific types of service to be provided is a factor for determining primary service area. For example, some scheduled services would have different primary service area(s) than would first response BLS or ALS services, and most likely will define these areas with reference to their special characteristics, such as the location of special events, the boundaries of an employer's property, etc.

Rules 7 MCAR § 1.608 F.b(4) and (5) identify as considerations, respectively, the following:

- the applicant's current status as a licensed provider of life support transportation services to the population of the proposed primary service area, and
- the applicant's intention to be responsible to the general population or specified group of persons in the proposed primary service area.

Such considerations are needed to determine (1) the degree to which the area is already served by the applicant through licensure and (2) to assure the

applicant's understanding of the obligations imposed on a service by designation of a primary service area.

Rule 7 MCAR § 1.608 F.1.c sets outer geographic limits for primary service areas. The limits are set in terms of distance which is consistent with the requirement imposed by the legislation (Minn. Stat. § 144.804 subd. 6) of defining the geographic area or areas the applicant can reasonably serve as a primary service area or areas. The limits reflect: (1) the need to assure average response times that will protect the public's health, safety and welfare; (2) the need to have primary service areas established to reasonably cover the entire state; and (3) the need of licensees to have a sufficiently large population to justify and support their services. Rule 7 MCAR § 1.608 F.1.c(1) and (2) establish different distances for services located in different types of areas of the state. The distinction made here is between urban and rural life support transportation services. For clarification, and exact definition, the differences are stated in terms of cities of the first and second class which are defined by statute (Minn. Stat. ch. 410).

Rule 7 MCAR § 1.608 F.1.c(1) sets a limit of eight miles or distance equivalent to ten minutes travel time at maximum allowable speeds[61], whichever is greater, for a primary service area that includes any portion of a city of the first or second class. This limit provides for a radius of eight miles or more.

Rule 7 MCAR § 1.608 F.1.c(2) sets a limit of 25 miles or a distance equivalent to 30 minutes travel time, whichever is greater, for primary service areas outside cities of the first or second class. This limit provides for a primary service area that has a radius of 25 miles or more, if average speeds in travel are greater than those that would cover 25 miles in 30 minutes.

The need to establish outer geographic limits for primary service areas in rule is, in part, due to the legislative mandate in Minn. Stat. § 144.806 requiring particularization of the definition of primary service areas. Although identifying the various considerations used to determine primary service area begin to fulfill this requirement, outer geographic limits clearly particularize the definition and put it clearly in terms of geographic areas. The need for such limits is further supported by the need to be consistent with "911" legislation (Minn. Stat. Chapter 403) that establishes a telephone system for emergency calls, which will require clear designation of areas of responsibility for emergency responders. The need for geographic limits is also supported by factors relating to notice and enforcement of the rules. Licensees, potential licensees, and the general public are more clearly given proper notice of the definition and meaning of primary service area through the establishment of appropriate outer geographic limits. The Department of Health, as the agency charged with the administration and enforcement of the rules, can more efficiently, consistently and fairly fulfill such functions if outer limits are set so as to provide definite, clear measures for designating reasonable primary service areas, and to prevent applicants from claiming primary service areas larger than they can reasonably serve, given the probable need for services, cost constraints, and other factors.

Given the need for establishing outer geographic limits, the actual ones set of eight miles (or the distance equivalent to 10 minutes travel time) for urban areas and 25 miles (or the distance equivalent to 30 minutes travel time) for rural areas are needed and reasonable because of the considerations that are presented in the paragraphs that follow.

The maximum protection of the public's health and safety, given unlimited resources, would be offered through immediate response times. Life threatening situations could be dealt with by qualified persons immediately and the potential of further injury and complications would be minimized.[62] Of course, such a requirement is not feasible. Response time, or areas to be served as primary service areas, need be balanced against the capabilities of life support transportation services. While the "fastest" response times is desirable, they are not always feasible. The shortest distance or "fastest" response time that is feasible would, therefore, appear to be the most reasonable.

Response times of four minutes appear to be the most reasonable from strictly a public health and safety perspective. For example, if care such as resuscitation, airway maintenance and ventilation with oxygen is provided with four minutes of cessation of circulation, brain damage can be prevented or minimized. Brain damage, other tissue damage and other permanent injury can generally be prevented if such care is available, either immediately or within four minutes.[63] But again, these response times are likely not to be feasible. The closer that required response times (which are a factor of distance or geographic area served by the licensee) are to four minutes or less, the more desirable they are from a public's health and safety perspective. Conversely, the further away they are from four minutes, the less desirable they are and increased risk to the public's health and safety exists. Therefore, it appears to be desirable to get as close to response times of four minutes as possible.

The need and reasonableness of establishing different outer geographic limits for urban and rural areas is supported by three basic sondierations, namely:

1. differences in population desnity;
2. differences in concentrations of institutionalized patients and the elderly who are the greatest users of life support transportation services; and
3. differences in the concentration of persons in need of life support transportation services.

The differences in population density of urban and rural areas supports the reasonableness of different size primary service areas, and more specifically, supports a smaller primary service area for urban areas and larger for rural. A smaller primary service area within an urban area would provide sufficiently large populations for the licensee to operate with an adequate number of calls. Similarly, a larger primary service area in rural areas is needed to provide rural licensee's with populations large enough to generate enough calls to operate its service on a cost efficient basis.

The difference in concentrations of elderly persons also supports the need and reasonableness of a smaller primary service area in urban areas and a larger one in rural areas. Although rural areas tend to have higher proportionate representation by the elderly, elderly persons tend to be concentrated in urban areas due to the general population density of these areas.[64] Elderly persons require life support transportation services at a rate approximately ten times that of other persons.[65] Given the larger absolute numbers of elderly persons in the urban areas and higher frequency of calls by the elderly, a shorter response time or smaller geographic area for urban areas appears to be needed and reasonable to help assure the availability of life support transportation services. The only alternative to these measures would be to place larger numbers of services in these

areas. Ambulances that are involved on runs of 25 miles or 30 minutes one way would not be available to respond to the increased number of calls expected in the urban areas (due to larger numbers of the elderly as well as higher population densities generally). Also, claims of such large territory (up to about 1964 square miles of territory) could tend to limit entry to other needed services to the disadvantage of the population.

The difference in concentration of persons in need of life support transportation services also supports the reasonableness of smaller primary areas for urban areas and larger ones for rural areas. In 1978, urban areas clearly experienced calls for life support transportation services at higher rates than rural areas.[66]

A response time of ten minutes or less (as would result from the rule setting the outer limit for urban areas of eight miles or distance equal to 10 minutes travel time) appear to be the most desirable and reasonable because it reflects a balance between the desirability of minimum response times (4 minutes or less) and the capability of providers of life support services. Also, such response time's reasonableness is supported by the following considerations:

- The literature and related studies indicate that response times in this area (i.e., about 10 minutes) are appropriate for urban areas.[67]
- All urban areas of Minnesota can be reasonably served or "covered" by geographic areas limited to response times of 10 minutes or 8 miles (see exhibit C, Map).
- Responses to the 1978 Ambulance Cost Survey indicated that 70% of respondents (75 out of 105) had "primary service areas" of less than 14 miles in diameter (7 miles in radius).

The need and reasonableness of the actual outer geographic limit of 25 miles or distance equivalent to 30 minutes travel time for rural areas is supported by the desirability of having the shortest response time that is feasible. Again, as discussed above, the closer a response time is to four minutes, the better it would be. However, times and distances that are this small are not feasible. Populations needed to assure a sufficient number of calls for licensees to maintain their capability simply do not exist in rural areas with such small distances and times. The 25 mile or 30 minute limit appears to be reasonable because:

- The EMS Component of the Minnesota State Health Plan recommends that primary service area should not exceed 25 miles[69]; i.e., the limit proposed in the rules is consistent with the State Plan.
- The rural areas of Minnesota can be reasonably served or "covered" by geographic limits of 25 miles or distance equal to 30 minutes travel time (see exhibit C, Map).
- Larger areas would be inconsistent with the State Plan[70] and are not necessary because the state is reasonably covered with the 25 mile or 30 minute and the areas not covered by a designated primary service area could be served by the closest licensee until such time as a licensee has such area included in its primary service area or areas.
- Responses to the 1978 Cost Study[71] indicate that 100% of the 105 services surveyed had primary service areas with diameters of 50 miles or less (25 miles or less in radius).

The reasonableness of outer limits generally and the actual ones identified is further supported because of the provision for variances within the rules

(7 MCAR § 1.608B). These provisions allow for the proper handling of situations that do not fit within the outer limits specified by the rules.

Rule 7 MCAR § 1.608 F.1.d provides that licensees that have declared a primary service area or areas in licenses current as of June 30, 1980, will have such area or areas designated if they are consistent with the considerations of the section particularizing the definition of primary service area (7 MCAR § 1.608F), provided that there is no change in base of operations, type of service provided or availability, and if the licensees are otherwise eligible for licensure. This rule is needed to adequately provide for the existing licensees and primary service areas presently designated. It is reasonable because it does not require unnecessary application and review while still providing for proper designation of primary service areas as required by the law.

Rule 7 MCAR § 1.608 F.2 deals with observance of primary service areas. Rule 7 MCAR § 1.608F.2.a prohibits the regular provision outside the primary service area. Rule 7 MCAR § 1.608F.2.b allows the provision of services outside the primary service area of a licensees if the response is required by the immediate medical need of the patient and no other licensee is capable of meeting that need. These rules are needed to assure that mutual aid can be given when needed and prevent needless inflexibility in observance of primary service areas. The restriction of 7 MCAR § 1.608 F.2.a helps assure that the licensees primary service area will be properly served and the health, safety and welfare of the persons in the licensee's primary service area are not harmed or endangered by the licensee's activities outside such area. The provision allowing services to be provided outside primary service areas (7 MCAR § 1.608 F.2.b) is needed to help assure that services are available for persons not in a licensed primary service area.

Rule 7 MCAR § 1.608F.3 states that the mileage limits on primary service areas are not applicable to air life support transportation services. This rule is needed and reasonable because of the special characteristics and capabilities of air services, and more specifically, their capability to travel greater distances in shorter times and they are not generally first response ambulances.

Rule 7 MCAR § 1.608 G.1 requires licensees, other than scheduled services licensees, to have signed mutual aid agreements for back up coverage of a licensee's primary service area. Such a rule is needed to help assure that essential services will be available to the public even when a licensee's vehicles are answering other calls and unable to respond to any additional calls. The only alternative to such mutual aid is a requirement that all licensees have sufficient reserve units as a condition of licensure; such a requirement would be costly and inefficient, in that it would enforce redundancy. The rule's reasonableness is supported because the benefits to the public's health and safety associated with establishing such agreements outweigh any inconvenience associated with effecting signed mutual aid agreements. The rule also provides notice to applicants of an essential requirement for adequate service.

Rule 7 MCAR § 1.608 G.2 requires documentation of the agreements. The need and reasonableness of this requirement is supported by the discussion of the need and reasonableness of Rule 7 MCAR § 1.610, Documentation.

Rule 7 MCAR § 1.608 H requires licensees, that are subject to local ordinances that are approved by the Commissioner, to comply with such ordinances. This rule is needed for notice and enforcement purposes. It is reasonable because it gives notices to licensees of local ordinances and lends credibility to

and provides an additional vehicle for, the enforcement of such ordinances. This rule's reasonableness is supported because licensees would be subject to the local ordinances even without them being referenced in these rules. This rule, therefore, provides notice to the licensees of applicable requirements in addition to providing authority for the Department of Health to take joint licensure action with local units of government that have approved ordinances with respect to licensees not in compliance with such ordinances.

7 MCAR § 1.609 Emergency Care Course and Emergency Care Refresher Course Approval

Rule 7 MCAR § 1.609 establishes the standards and requirements for emergency care course and emergency care refresher course approval. The courses are used to qualify attendants and drivers of BLS ambulances pursuant to 7 MCAR § 1.603 A.1.a(3). The courses that are eligible for approval by the Commissioner and meet the standards and requirements of this rule (7 MCAR § 1.609) are those that properly train persons seeking to qualify as BLS attendants and drivers with the requisite knowledge and skills to serve as such.

Course approval is needed to help assure the public, licensees, as well as the Department of Health, that persons serving as BLS attendants and drivers have the necessary skills, knowledge and training. Training and testing in the knowledge and skill areas required to be possessed by BLS attendants and drivers, as will be provided by approved courses meeting the standards and requirements of this rule (7 MCAR § 1.609), assures that persons who successfully complete such training and testing will be qualified to serve as BLS attendants and drivers and possess the required knowledge and skills. Course approval, as established by this rule (7 MCAR § 1.609) will help assure that courses that provide training and testing in the required knowledge and skill areas are available and that courses that do not provide such training are not established and operated to improperly or inadequately train persons seeking to be qualified as BLS attendants and drivers.

Rule 7 MCAR § 1.609 A. sets forth the standards and requirements of emergency care courses and deals with the following considerations:

1. Application for initial course approval.

2. Application for renewal of course approval.

3. Course personnel.

4. Course content.

5. Course equipment and supplies.

6. Testing.

7. Test approval.

Rule 7 MCAR § 1.609 A.1.a requires that applications for initial approval of an emergency care course (to be offered to persons seeking to acquire the qualifications of a BLS attendant or driver) be made on forms provided by the Commissioner. It specifies the information that is to be included on the application and states that the reason for such information is to permit a complete evaluation of whether the applicant meets the requirements for course approval as specified in parts 3-7 of this rule (7 MAR § 1.609A). The information that is specified to be included allows for such an evaluation of the applicant's qualifications and speaks only to the requirements specified in the following parts (3-7) of the rule that set forth content requirements, frequency of offering the course, personnel requirements and so on.

In addition to the specific information that is specified to be included on the application form, there is a general statement authorizing the Commissioner to require other information (part (10) of 7 MCAR § 1.609 A.1.a). The purpose and extent of such additional information is, however, limited to avoid the potential problem of being overly broad and excessive discretion. The extent of such additional information is limited only to clarify incomplete or ambiguous information. While not being overly broad, such a requirement is needed to permit the Commissioner to evaluate the applicant's qualifications.

Rule 7 MCAR § 1.609 1.b requires documentation of the information contained in the application. This requirement is needed to help assure the accuracy of the information presented and to establish a system to identify changes, if any, and to facilitate application for renewal of course approval. The requirements can be easily met. The need and reasonableness of such documentation requirements is supported by the discussion in the part of this report dealing with 7 MCAR § 1.610, Documentation.

Rule 7 MCAR § 1.609 1.c in effect requires that the approval for emergency care courses be renewed every two years. Such a rule is needed to give proper notice of the finite period of time for which course approval is granted. The renewal period of two years is reasonable because it is long enough to allow courses to have operational experience and not cause them to be continuously or overly involved with application and administrative procedures. At the same time the two-year renewal period allows for periodic evaluation of the course sponsor's qualifications needed to assure that course sponsors continue to train and test potential BLS attendants and drivers in the necessary knowledge and skill areas.

Rule 7 MCAR § 1.609 2.a sets forth the requirements and application procedures and contents for the renewal of emergency care course approval every two years. The rule is needed to provide a mechanism for renewing approvals that expire biennially pursuant to rule 7 MCAR § 1.609 A.1.c. It is reasonable because the procedures and content requirements are essentially the same as for initial application for approval. Furthermore, the information required will be readily available to the course sponsor so the application for renewal should be a relatively simple administrative and reporting function.

Rule 7 MCAR § 1.609 A.2.b requires that the course sponsor give the course at least two times during the previous two-year approval period. Such a requirement is needed in order to help assure quality courses and to maintain the course sponsor's proficiency in the subject matter covered in the course. Twice every two years allows for this maintenance of proficiency and quality while not over-burdening course sponsors by requiring courses to be offered too frequently.

Rule 7 MCAR § 1.609A.3.a sets forth the requirement that each course shall have a medical advisor and that such medical advisor must be present for a minimum of three hours during each course. The requirement of a medical advisor is needed because of the important medical aspects of the course content as described below. The requirement that the advisor be present at least three hours during the course is needed to assure that the advisor is directly involved the course to manage the medical aspects while not imposing too vigorous of a requirement that would burden the medical advisor and perhaps cause course sponsors to have difficulty securing medical advisors.

Rule 7 MCAR § 1.609 A.3.b requires that a minimum of fourteen hours of the course be taught by physicians. This requirement is needed in order to assure sufficient physician input and involvement in the course. Many of the BLS attendant's skills and services rendered are done so under the direction of a physician so it is appropriate and reasonable that physicians be directly involved in their training. Also, this requirement is reasonable because it is what is presently being done by course sponsors (e.g., Mankato, St. Cloud, Vo-Tech, etc.) so it will be easily met.

Rule 7 MCAR § 1.609 A.3.c identifies the required qualifications of other instructors. All persons, except those holding an American Red Cross

certificate, qualified as attendants or drivers of BLS ambulances (pursuant to 7 MCAR § 1.603 A.1) qualify as instructors. The required qualification level helps assure both the competency and availability of qualified instructors.

Rule 7 MCAR § 1.609 A.3.d requires documentation of course personnel and is needed for measurement and enforcement purposes. The reasonableness of this requirement is established in the section of this report that deals with 7 MCAR § 1.610, Documentation.

Rule 7 MCAR § 1.609 A.3.e sets maximum trainee/instructor ratios. The limits are needed to help assure quality instruction on an individual basis in the practical skill sessions. The maximum of nine trainees per instructor is reasonable because it is consistent with, and less rigorous than current practice (recommended 6 students per instructor),[72] it provides for individualized instruction for prospective BLS attendants and drivers in the skill areas required to provide BLS services.

Rule 7 MCAR § 1.609 A.4.a of this section provides that there be no less than 81 hours of instruction in the course and at least 60 of these must be in classroom didactic sessions and at least 10 hours of these in the clinical setting. These requirements assure that the scope and depth of the course is sufficient to meet the training requirements of BLS attendants and drivers. They are presently met by current courses[73] and provide flexibility within the 81 hour total requirement to allow courses to adjust according to their capabilities and the needs of trainees.

Rule 7 MCAR § 1.609 A.4.b sets forth the content requirements of the courses. Such a rule is needed to assure consistency among courses as well as the BLS attendants and drivers trained by them. They cover the skills and knowledge that must be possessed by BLS attendants and drivers to provide statutory required services (Minn. Stat. 144.804). The reasonableness of the content requirements is further supported by the fact that they are consistent with current practice, will maintain the status quo and allow for improvement therefrom. Also, they will be readily met by current course sponsors and are therefore available to trainees and prospective BLS attendants and drivers.

Rule 7 MCAR § 1.609 A.5 sets forth the equipment and supply requirements. The rule is needed to assure that proper training equipment and supplies are available and that trainees receive training in the use of equipment required in the provision of services to be provided by BLS attendants and drivers. The rule establishes requirements that are consistent with current practices of many courses (e.g., Mankato, St. Cloud, Vo-Tech) and are generally available. The equipment and supply requirements will result in courses having the same type and categories of equipment required to be carried by BLS ambulances (pursuant to 7 MCAR § 1.603 B) and used by attendants and drivers.

Rule 7 MCAR § 1.609 A.6 requires that a written and practical examination be passed by each student in order to successfully complete the course and be eligible to serve as BLS attendants and drivers. The rule is needed to objectively measure and evaluate the skill and knowledge of trainees and therefore is needed to help protect the health and safety of members of the

public as the recipients of the services of BLS attendants and drivers. Rule 7 MCAR § 1.609 A.7 requires approval of such tests by the Commissioner in order to maintain consistency among and the quality of the tests.

Rule 7 MCAR § 1.609 B.1 requires that applications for refresher course approval comply with the provisions of rules 7 MCAR § 1.609 A.1-6 with the exception of rules 7 MCAR § 1.609 A.3.2 and A.4. The need and reasonableness of this rule is supported by the same facts and discussions that supported the need and reasonableness of these rules for emergency care course approval as presented above.

Rule 7 MCAR § 1.609 B.2 deals with course content and requires that there be at least 20 hours of instruction in the same subject areas reqquired for the 81 hour emergency care course. BLS attendants and drivers must maintain all of their skills and knowledge in order to properly serve their patients and protect the public's health and safety. The amount of instruction required is reasonable because it reflects current practice so refresher courses are presently available that comply with these rules.[74]

Rule 7 MCAR § 1.609 C.1 authorizes the issuance of a certificate upon successful completion of an approved (81-hour) emergency care course. This rule fulfills the statutory requirement of BLS attendants and drivers being authorized to serve on BLS ambulances if they hold a certificate authorized by the Commissioner pursuant to these rules. (Minn. Stat. § 144.804.)

Rule 7 MCAR § 1.609 C.2 requires that the certificates expire two years after issuance and that it can be renewed for a period of two years upon successful completion of a refresher course. Such a requirement helps assure that BLS attendants and drivers maintain their level of skill and knowledge.

Rule 7 MCAR § 1.609 D allows authorized agents of the Commissioner to audit the approved courses. It is needed for measurement and enforcement purposes and will help assure the quality of the courses. It is reasonable because it will provide for direct evaluation of the courses while not imposing burdens on the course sponsors or trainees.

Rule 7 MCAR § 1.609 E provides that failure to comply with the provisions of the rules relating to course approval shall constitute grounds for disapproval or non-renewal. Such a rule helps assure the quality of the approved courses and is needed to enforce the provisions of the rules.

7 MCAR § 1.610 - Documentation

Rule 7 MCAR § 1.610 A sets forth and summarizes the documentation requirements of licensees. The rule does not impose any requirements on licensees that are in addition to those contained in the substantive portions of the rules. Instead, this rule simply summarizes and identifies in one place the documentation requirements mentioned in the other sections of the rules. It is needed to clarify such requirements and to facilitate proper documentation on the part of the licensees.

Documentation is needed for measurement and enforcement purposes. The Commissioner and authorized agents must be able to enforce the rules and measure each licensees compliance or noncompliance with the rules. Measurement and enforcement through documentation on the part of the licensee is reasonable because it allows the rules to be enforced with minimum cost to the Department of Health and taxpayers and minimum burden or the licensees.

Alternative measurement and enforcement procedures would include very frequent on-site inspections and additional reporting to the Department of Health by the licensees. Both of these are more costly and burdensome than documentation and maintenance of files by the licensees. Also, continuous on-site inspections would be required to achieve the same enforcement and measurement objectives of documentation and this is not feasible even if it were affordable. Many of the activities and elements of a life support transportation service are not available for direct observations and measurement by Department staff because they take place away from the base of operations at locations throughout the state.

Rule 7 MCAR § 1.610 B sets forth and summarizes the documentation requirements of approved emergency care and refresher courses. No additional requirements are imposed by this rule. Instead, the documentation requirements contained in the rules for course approval (7 MCAR § 1.609) are summarized. The need and reasonableness of this rule is supported by the same rationale as presented above for Rule 7 MCAR § 1.610 A.

FOOTNOTES

1. Minnesota State Health Plan, Emergency Medical Services Component, Part b.1 (Background and Trends, Health Status); State Health Planning and Development Agency; adopted October 17, 1979 by the State Health Coordinating Council (developed pursuant to the requirements of P.L. 93-641, the National Health Planning and Resources Development Act).

   Note: At the time this justification was due (January 4, 1980), the EMS component had not yet been published in its final form by the SHPDA so page numbering has not yet occurred. Staff had access to the definitive final manuscript, however, and could use it for references to substance.

2. Webster's New World Dictionary Second College Edition; World Publishing Company; Cleveland, Ohio; 1976.

3. Webster's New World Dictionary Second College Edition, supra.

4. Recommendations of the Medical Control Task Force of the Physician's Metro Health Force that were submitted by a committee of the Minnesota Medical Association to the Metro Council EMS Advisory Committee in April, 1979, page 2.

5. Webster's New World Dictionary Second College Edition, supra.

6. Webster's New World Dictionary Second College Edition, supra.

7. Webster's New World Dictionary Second College Edition, supra.

8. Webster's New World Dictionary Second College Edition, supra.

9. Chapter 4, Title 23 U.S.C., the "Highway Safety Act of 1966," as amended.

10. A Community Development Guide for Emergency Medical Services; G.A.Doeksen, L.G.Anderson, W.M.Whitlow; Oklahoma Health Planning Commission, 1979 (page 17).

11. "Life Support Transportation Services 1979-80 Licensure Information, Summary Directory." EMS Section, Minnesota Department of Health. December 1979.

12. Minnesota State Health Plan, EMS Component, supra, guideline 29.

13. Minnesota State Health Plan, EMS Component, supra, guideline 29, criterion a.

14. For example, the responsibilities are essentially the same as a recommendation of the Medical Control Task Force of the Physician's Metro Health Force that were submitted by a committee of the Minnesota Medical Association (MMA) to the Metro Council EMS Advisory Committee in April 1979, pages 2 and 3.

15. "A systems approach to EMS," Boyd, David; reprinted from Emergency Medical Services, Nov./Dec. 1977 (page 1 of reprint).

16. Minnesota Department of Health (MDH) Lead Agency Plan and Application for Federal Support to Develop Regional Systems of Emergency Care (1979), Emergency Medical Services Section, MDH, pages 100-104 and 237-253.

17. "Essential Equipment for Ambulances," by the Committee on Trauma, ACS; ACS Bulletin, Sept. 1977, pages 7-12. (The ACS Committee on Trauma prepared suggested equipment lists for ambulances and revises them from time to time. These served as the basis of the equipment requirements set forth by the rules.)

18. The technical advisory group reviewing these rules directed considerable attention to this section of the rules (equipment). The requirements set by the rules were revised according to numerous suggestions and comments received and represent the consensus of this group.

19. "Essential Equipment for Ambulances," Committee on Trauma, ACS; supra, page 4.

20. A Community Development Guide for EMS, supra, page 13, states that patient care equipment as specified by the ACS Committee on Trauma would be about $1500.00 and additional miscellaneous supplies would cost about $600.00.

21. "Life Support Transportation Services 1979-80 Information. Summary Directory." Supra.

22. Emergency Ambulance Service 1978 Annual Report, EMS Section, MDH, pages 11-13.

23. Emergency Ambulance Service 1978 Annual Report, supra, pages 11-13.

24. Emergency Care (second edition), Harvey Grant and Robert Murray, Prentice Hall, 1978, page 73.

25. Emergency Care, supra, pages 239-263.

26. Emergency Ambulance Service 1978 Annual Report, supra, pages 1 and 2.

27. Minnesota State Health Plan, EMS Component, supra, part b (Background and Trends).

28. A Community Development Guide to EMS, supra, page 13.

29. Minn. State Health Plan, EMS Component, supra, part 1 (Background and Trends).

30. Including, Illinois, Iowa, North Carolina and Hawaii, for example.

31. Federal Specifications KKK-1822 for Emergency Medical Care Vehicles of the U.S.Department of Transportation.

32. Federal Specifications KKK-1822, supra.

33. Such advice was provided by conversation and supported by a letter from Mr. Sylvan Bauer (Health Central, Ambulance Division), to Mr. Jim Stoffels, Chief of EMS Section, MDH, in response to a request to review and comment on the rules as a member of the technical advisory group.

34. Federal Specifications KKK-1822, supra.

35. Federal Specifications KKK-1822, supra.

36. Federal Specifications KKK-1822, supra.

37. Federal Specifications KKK-1822, supra.

38. Federal Specifications KKK-1822, supra.

39. A Community Development Guide for EMS, supra, pages 5 and 6.

40. A Community Development Guide for EMS, supra, pages 5 and 6; and Regional Emergency Medical Communications Systems, National Research Council; Washington, D.C.; Robert Wood Johnson Foundation; 1978 (U.S.Department of Commerce, National Technical Information Service, HRP-0027547).

41. Statewide Communications Plan (State of Minnesota, Department of Health, EMS); prepared by Minnesota Department of Highways, Office of Electronic Communications; April, 1975, page 16.

42. "Life Support Transportation Services 1979-80 Licensing Information, Summary Directory," supra; and specific advice received from metropolitan area members of the technical advisory group.

43. Statewide Communications Plan, supra, pages B-1 and B-18.

44. U.S.Department of Transportation, National Highway Safety Bureau: Basic training program for EMTs-Paramedic: Concepts and recommendations, GPO (Publication USGPO-1970-0-372-338).

45. Training programs that are offered by Mankato State University, Hennepin and Ramsey Counties and the "916-Vo-Tech" program.

46. U.S.Department of Transportation (Personnel Standards), supra.

47. U.S.Department of Transportation (Personnel Standards), supra; the National Registry of Emergency Medical Technicians, Columbus Ohio. (This organization is recognized as a national authority on training and certification of EMS personnel; its Board of Directors is composed of representatives from each of the following: American Ambulance Association, International Association of Chiefs of Police, International Rescue and Emergency Care Association, International Association of Fire Chiefs, National Association of EMTs, National Sheriffs Association, National Funeral Directors Association and plus four physicians (elected at large) and three Nationally Registered EMTs; it has five physician consultants

representing each of the following: American College of Surgeons, American College of Emergency Physicians, American Society of Anesthesiologists, American Academy of Orthopedic Surgeons and American Psychiatric Association; and it has liaison with seven members representing each of the following: American Medical Association, American Heart Association, Department of Health and Human Services, Department of Transportation, U.S.Army Medical Corps, National Council of EMS Training Coordinators and Emergency Department Nurses Association.

48. For example, the programs of Mankato State University and Hennepin and Ramsey counties.

49. For example, the programs of Mankato State University and Hennepin and Ramsey counties.

50. "Medical Practice Act." (Minn. Stat. ch. 147.)

51. The Emergency Ambulance Service 1978 Annual Report, supra, page 15.

52. Information on the Use of Military Anti-Shock Trousers (MAST) in Pre-Hospital Care, EMS Section of MDH, October 1979, page 1.

53. Information on the Use of Military Anti-Shock Trousers (MAST) in Pre-Hospital Care, EMS Section of MDH, October 1979, Page 1; "The Mast-I Anti-Shock Trouser in Pre-Hospital Emergency Care," by Burton C. Kaplan, M.D., Joseph M. Civetta, M.D., Eugene L. Nagel, M.D.+, Sidney R. Nussenfeld, J.D., Jim C. Hirschman, M.D.+; and "Value of the Counterpressure Suite (M.A.S.T.) in Pre-hospital Care, by G.Patrick Lilja, M.D., Daryl J. Batalden, M.D., Bruce E. Adams, M.D., Robert S. Long, M.D., and Ernest Ruiz, M.D.

54. A Community Development Guide for EMS, supra, pages 5 and 6.

55. Statewide Community Plan, supra, pages 23, 28 and D-1.

56. Statewide Community Plan, supra, page C-12.

57. For example, Illinois, Wisconsin, California.

58. Minnesota State Health Plan, EMS Component, supra (definition of EMS System, EMS System-ALS and EMS System-BLS).

59. For example, "A systems approach to EMS," Boyd, David R., supra.

60. Minnesota State Health Plan, EMS Component, supra, (guideline 8, criterion a).

61. Highway Accident Report, National Transportation Safety Board, Washington, D.C., August 1978 (Report No. NTSB-HAR-7904).

62. Minnesota State Health Plan, EMS Component, supra (part b. Background and Trends); National Safety Council, Accident Facts, 1977 Edition.

63. Emergency Care (second edition), Grant and Murray, supra; pages 176 (airway obstruction), 183 (artificial ventilation).

64. General Population Characteristics, 1970 Census of Population, U.S.Dept. of Commerce, Bureau of the Census (PC(1)-B25), issued September 1971, pages 130-159; and Minnesota Population Projections, 1970-2000, Office of the State Demographer, State Planning Agency, Division of Developmental Planning, November 1975, pages 45-47.

65. Emergency Ambulance Service 1978 Annual Report, supra, page 27.

66. Emergency Ambulance Service 1978 Annual Report, supra, page 18.

67. For example, A Community Development Guide for EMS, page 5; also see Hennepin County Ordinance for ALS and Emergency Ambulance Service, 1978 Annual Report, supra, page 3.

68. Minnesota Ambulance Service 1978 Cost Survey, Minnesota Department of Health, prepared by Minnesota Systems Research, Inc., September 1978, page 26.

69. Minnesota State Health Plan, EMS Component, supra, (guideline 8, criterion a).

70. Minnesota State Health Plan, EMS Component, supra, (Part b. Background and Trends and guideline 8, criterion a.)

71. Minnesota Ambulance Service 1978 Cost Survey, Minnesota Department of Health, prepared by Minnesota Systems Research, Inc., September 1978, page 26.

72. "Life Support Transportation Services 1979-80 Licensing Information, Summary Director," supra.

73. For example, programs of Mankato State University, Hennepin and Ramsey counties.

74. For example, programs of Mankato State University, Hennepin and Ramsey counties.

EXHIBIT A

Membership List of the Ad Hoc Technical Advisory Group

James G. Anderson, M.D.
Emergency Physicians Prof.Association

Mr. Sylvan Bauer
Health Central

Ms. Marti Brieter
Hennepin County Medical Center

Mr. Henry Bruns
Department of Transportation

Mr. John Dilley, Director
State Planning & Development Agency

Ms. Kay Burke
Emergency Dept. Nurses Association

Mr. Byron Ellingson
Bio-Medical Research Associates, Inc.

David Frederickson, M.D.
Duluth, Minnesota

Ms. Barbara Hunter
Metro Council

Mr. Robert Leach
Countryside Public Health Service

G. Patrick Lilja, M.D.
North Memorial Medical Center

Linda Long, M.D.
St. Paul Ramsey Hospital

Robert Long, M.D.
Hennepin County Medical Center

Mr. Jerry Moen
Minnesota Emergency Paramedic Association

June Olstad, R.N.,
Mankato State College

Mr. Robert Oszman
Cottage Grove Police Department

Mr. John Perkins, President
Gold Cross Ambulance Service

Pat Schroder
Department of Transportation

Ms. Carol Sieverson
Metropolitan Health Board

Robert Treague
Health Central

Mr. Roger Trobec, President
Minnesota EMT Association, Inc.

Mr. Gordy Vadnais
White Bear Lake Fire Department

Roger White, M.D.
St. Mary's Hospital, Rochester

EXHIBIT A (Cont.)

Membership List of the Emergency Medical Services
Advisory Task Force

Donald Brandt, M.D. (Chairman)
Medical Director
Minnesota Department of Health
Emergency Medical Services Section

Technical Members

Rural

Virgil Watson, M.D.
Detroit Lakes Medical Center

Urban

G. Patrick Lilja, M.D.
North Memorial Medical Center

Nurse

Mary Svensson, R.N.
Emergency Department
Fairview Southdale Hospital

EMT (A or P)

Gerald Otto
Willmar AVTI

Ambulance Service Operator

Roger Neitzke
Lewiston, Mn.

Hospital Administrator

Donald Johnson
St. James, MN.

Public Safety (Fire or Police)

Richard Kosec, Chief
Red Wing Fire Department

Regional Members

Northeast

Wayne Moore, Administrator
Virginia Community Hospital

West Central

John Murray, Captain
Minnesota Highway Patrol

Northwest

Patrick Novacek
Roseau, MN.

Central

Bill Lindberg, EMS Coordinator
Central Health Systems Agency

Metro

James Pierce
Richfield, MN.

Southeast

Gerald Mahonney, Adm.Services
Mayo Clinic

Southwest

Robert Foster
Jasper Ambulance Service

South Central

Joanne Arvidson, R.N.
Emergency Department
Immanuel-St.Joseph's Hospital

EXHIBIT B

Letters indicating rules acceptable and satisfactory from Legislators.

O. J. "Lon" Heinitz
District 43A
Hennepin County
Committees:
Financial Institutions and
Insurance
Governmental Operations
Health and Welfare
Health Subcommittee, Chairman
Rules and Legislative Administration

Minnesota
House of
Representatives

Speaker Pro Tem

November 28, 1979

MN Dept. of Health
EXECUTIVE
OFFICE

George R. Pettersen, M.D.
Commissioner
Department of Health
717 Delaware St. S.E.
Mpls, MN 55440

Dear Commissioner Pettersen:

I'm writing on behalf of Chairman Joseph Niehaus and fellow members of the Health and Welfare Standing Committee to acknowledge the fact that the Department of Health has fulfilled the requirement set upon it in Chapter 316, Laws of 1979, by consulting with the Subcommittee on Health Services as to the content of the proposed rules for the operation of life support transportation services. This consultation occurred on Tuesday, November 27, 1979.

Thank you for your cooperation and diligent response to this legislative mandate. Your staff was very helpful and professional in their approach to fulfilling this requirement.

I'm looking forward to working with you during the upcoming session.

Sincerely,

O.J. "Lon" Heinitz
Chairman, Social Services Subcommittee
Health & Welfare Committee

OJH:cs

Reply to: ☐ 389 State Office Building, St. Paul, Minnesota 55155 (612) 296-4320

GEORGE F. PERPICH
Senator 5th District
Room 303
State Capitol
St. Paul, Minnesota 55155
(612) 296-4145

Senate

State of Minnesota

November 28, 1979

RECEIVED
DEC 1 - 1979
EMERGENCY MEDICAL SERVICES

DEC 19 19
MN Dept. of Health
EXECUTIVE
OFFICE

Commissioner George M. Pettersen
Department of Health
717 Deleware Street S.E.
Minneapolis, Minnesota 55440

Dear Commissioner Pettersen:

Thank you for forwarding to me the copy of the draft of the rules the Department has prepared pursuant to Laws 1979, Chapter 316 pertaining to the revised ambulance licensing law.

We have reviewed these proposed rules and find them satisfactory.

Sincerely,

George F. Perpich
Chairman
Health, Welfare and Corrections

COMMITTEES • Chairman, Health, Welfare and Corrections • Finance • General Legislation • Veterans Affairs • Rules and Administration

STATE OF MINNESOTA
OFFICE OF HEARING EXAMINERS

FOR THE DEPARTMENT OF HEALTH

IN THE MATTER OF THE PROPOSED)
ADOPTION OF RULES RELATING TO)
LIFE SUPPORT TRANSPORTATION)
SYSTEMS.)

ORDER OF THE
CHIEF HEARING EXAMINER

WHEREAS, a hearing was held on January 31, 1980, before George A. Beck, a Hearing Examiner of the State Office of Hearing Examiners, on the above-entitled matter in compliance with Minn. Stat. § 15.0412, subd. 4; and

WHEREAS, the Report of the Hearing Examiner made pursuant to Minn. Stat. § 15.052, subd. 3, was issued to the Department of Health on March 20, 1980; and

WHEREAS, the Department of Health has now determined to adopt rules pursuant to Minn. Stat. § 15.0412, subd. 4; and

WHEREAS, the Department of Health has submitted said rules to the Chief Hearing Examiner for review pursuant to Minn. Stat. § 15.052, subd. 4, and 9 MCAR § 2.110; and

WHEREAS, the Chief Hearing Examiner finds that the final proposed rules are not substantially different from those proposed at the public hearing and that the Department of Health has met all requirements of Minn. Stat. § 15.0412, subd. 4.

NOW, THEREFORE, upon receipt of this Order, the Department of Health has the responsibility of submitting the complete hearing record and the rules as adopted by the Department to the Attorney General, notifying all persons who requested to be informed that the hearing record has been submitted to the Attorney General, and publishing in the State Register, all pursuant to Minn. Stat. § 15.0412, subd. 4.

Dated this 23rd day of
April, 1980.

DUANE R. HARVES
Chief Hearing Examiner

minnesota department of health
717 s.e. delaware st. minneapolis 55440
(612) 296-5221

February 20, 1980

RECEIVED
FEB 20 1980
OFFICE OF HEARING EXAMINERS

Dept. Exhibit No. 12
File No. HLTH-80-026-CB
SW Date 2-20-80

Mr. George Beck, Hearing Examiner
Office of Hearing Examiners
1745 University Avenue
St. Paul, Minnesota 55104

Dear Mr. Beck:

This letter is being submitted by the Department of Health as a part of the record in the matter of the proposed rules relating to life support transportation services (7 MCAR §§ 1.601 et seq.). The Department is filing this statement in response to certain testimony raised at and correspondence submitted following the January 31st public hearing. The purpose of this letter is to clarify, in the light of this testimony and correspondence, the Department's position in regard to the rules.

Statements in this letter are organized primarily according to the sources of the comments on the rules, rather than in sequence according to the sections of the rules commented on. Wherever relevant, Commissioner's and Public exhibits are cited in the discussion.

Testimony of Roger White, M.D.

Roger White, M.D., presented testimony generally supportive of the rules and the Department's process for drafting the rules; but he did raise three issues that the Department would like to address. They are discussed below with reference to the citations in the proposed rules as published in the December 24, 1979, issue of the State Register:

7 MCAR § 1.603 A.2.b.: Dr. White and others at the public hearing strongly supported the need for a requirement that basic life support transportation (BLS) services have a designated medical director, essentially for the reasons stated in Commissioner's Exhibit 11; however, Dr. White recommended that this person be designated as a "medical advisor" rather than a "medical director." Dr. White explained the reasons for his recommendation as a "point of clarification." He pointed out that all functions described and currently expected of such persons in actual practice are clearly advisory rather than directorial in nature, and that it would be misleading and possibly detrimental to efforts to recruit physicians for such functions if the term in the proposed rules were not changed. The Department considers Dr. White's reasoning to be acceptable and points to similar comments received on this point from Mr. Wohlers and Mr. Klinghagen in their oral presentations. The Department also would like to refer to the general support for this physician advisory function received from Dr. Yonehiro of the Minnesota Medical Association (Public Exhibit A), Mr. Weibel (Public Exhibit D), Mr. Leach (Public Exhibit J), and the Metropolitan Council (Public Exhibit I).

7 MCAR § 1.603 C.1.a.(2): Dr. White also raised the issue of the appropriate wording for the specification of the interior dimensions of the ambulance. He suggested that, rather than give a wall-to-wall dimension, the rules should use a measurement of the walk-way between the stretcher and the fixtures in the ambulance. The Department had as options in this requirement either a single wall-to-wall measurement or a measurement that was based on the space left in the ambulance after all required equipment and fixtures were in place, as Dr. White suggests. In view of the fact that both Dr. White's recommendation and the Department's position are based on the same standards, no substantial difference exists between them. The Department does note for the record that Dr. White's comments appear to be reasonable and would not decrease necessary quality control.

7 MCAR § 1.604 A.3.: Dr. White devoted much of his testimony to arguing in favor of adding 24 hours of continuing education to the requirements for advanced life support personnel. His primary rationale for this recommendation was that such an addition would make Minnesota training standards identical with national standards. The Department recognizes the nature of this argument; however, in view of the fact that these rules are to be minimal standards, and in view of the fact that such additional standards could be imposed either by local ordinance (Minn. Stat. § 144.804, subd. 5) or by the medical directors of individual advanced life support services, the Department maintains its position that the continuing education requirements in the rules are reasonable and necessary minimum standards.

Testimony of John Perkins

Mr. John Perkins, owner and operator of Gold Cross Ambulance Services (located in Duluth and Rochester), spoke at the hearing and presented oral testimony. In his letter (Public Exhibit C) Mr. Perkins raises several points; only the major issues among those are discussed here.

7 MCAR § 1.603 A.2.d.: The Department has proposed the change Mr. Perkins recommends in this comment at the public hearing.

7 MCAR § 1.604 B.1.b.(5): Mr. Perkins asks that anti-shock trousers be deleted from the ALS equipment list because they are expensive and not yet acceptable to all physicians. This device is strongly supported by the Committee of the Minnesota Medical Association that reviewed these rules (Public Exhibit A, page 4). The Department does not consider its justification for this requirement to be at all unreasonable, and stands on its Combined Statement of Need and Reasonableness in this regard.

7 MCAR § 1.608 F.c.1.: Mr. Perkins concentrated his oral presentation on an argument that the proposed rules set too small a maximum boundary for urban-based primary service areas. The Department reiterates its position that the primary purpose of the rules is to protect the public health and not to preserve the revenues of licensees. The Department also points out that Mr. Perkins will be eligible to apply for a variance from the restrictions of this rule under proposed 7 MCAR § 1.608 B. The Department has already explained to Mr. Perkins that his company's coverage of the Rochester airport, which is 10 miles from the center of Rochester and which he contended at the public hearing would be unduly restricted by the eight-mile limit imposed by this rule would not necessarily be outside his potential service area. Specifically, the Department

has explained that the rule allows either eight miles or "distance equivalent to ten minutes travel time at maximum allowable speeds in good weather." The "maximum allowable speed" referred to has been described by the National Transportation Safety Board to be "10 miles over the posted speed limit with normal road, weather, and traffic conditions."* This speed would allow a "leg" of 11.5 miles on the route from the city of Rochester to the Rochester airport -- clearly enough distance to assure Gold Cross the possibility of including the airport in its primary service area. The Department also points out that the cost of establishing or moving a base of operations, cited by Mr. Perkins in his letter and at the hearing, does not have to be the $50,000 or more he claims it to be. For evidence of this, the Department refers to the record of the license hearing of North Memorial Medical Center (H.E. Docket No. HLTH-80-006-GB) in which the cost of establishing a base of operations was an issue due to the provisions of the Minnesota Certificate of Need Law (Minn. Stat. §§ 145.71, et seq. Commissioner's Exhibit 84 in that case indicates that cost of moving or establishing a base of operations does not have to exceed "a few hundred dollars a year" (see attached copy of this exhibit). Finally, the Department refers to the fact that only Mr. Perkins has objected to this provision of the rules, both at the hearing and in written statements. Other providers, several of whom were on the advisory task force, give all appearance of being satisfied with the need and reasonableness of this rule.

As to Mr. Perkins' recommendation that the rule provide different service areas for ALS and BLS licensees, the Department responds that such an allowance would allow high-cost ALS services a considerable and automatic "competitive edge" over BLS services. The Department holds that the public-review provisions of the licensure law (Minn. Stat. § 144.802, subd. 3) allow the public adequate choices in levels of service, and that special privilege should not be written into the administrative rules.

7 MCAR § 1.608 F.2.: Mr. Perkins asks for an amendment to the proposed rules that would allow responses outside of designated primary service areas. The Department considers such an amendment to be unnecessary in view of the fact that the rules already contain provisions allowing licensees to respond to requests that cannot be answered immediately and appropriately by the service for which the area has been designated. Also, the Department points out that the prohibition of 7 MCAR § 1.608 F.2. is against "regularly" providing its services in an area designated to another license. Occasional calls could not be considered to be "regular" provision of service. If, however, a licensee were to attempt to market its services in another designated primary service area without following the public-review process in the law, it would be a clear violation of this rule. The Department holds that this rule is necessary to protect the public and other providers from such a strategy.

The Department notes that Mr. Perkins is satisfied with the process followed in the drafting of these rules and with their general content. The Department believes that the proposed rules will not impose any undue burden on Gold Cross Ambulance Services and will serve the purposes intended by the statute.

*Highway Accident Report, National Transportation Safety Board, Washington, D.C., August 1978 (Report No. NTSE-HAR-7904), page 24.

Testimony of Greg Isaacson

Mr. Isaacson confined his comments to the training standards of proposed 7 MCAR §§ 1.603 and 1.609, asking primarily that they be reduced or modified as applied to emergency medical technicians. The Department has discussed and continues to discuss this issue with Mr. Isaacson, but does not consider there to be any justification for a change in the provisions of these rules, in view of the overwhelming national and state support for the medical necessity of the minimum requirements proposed.

Testimony of Glen Weibel

Mr. Glen Weibel, representing the Goodhue-Wabasha Counties EMS Advisory Committee, confined his testimony (hearing record and Public Exhibit D) primarily to a request that the promulgation of these rules be delayed until January 1981 to allow for more involvement in rule-drafting by rural service providers. As was pointed out by counsel for the Department, this is not within the authority of the Commissioner to accomplish, nor does it appear to be considered necessary by the legislative committees that reviewed these rules as required by § 144.804, subd. 1 (see Exhibit B to the Commissioner's Statement of Need and Reasonableness). The Department requested a twenty-day period for written comments following the public hearing to allow for as much time as possible for comment on these rules. Also, the rules themselves allow for some protection of rural and other services through the waiver and variance sections, which are designed to prevent an "undue burden" from being imposed on any service that substantially complies with the rule. The type of notice given to providers and other interested parties of the passage of the act, and such concise drafts of the rules, was explained at the hearing and will not be reiterated here. Finally, the Department believes that the overwhelming consensus of comments on the rules are generally supportive, even if suggestions for change are made.

Testimony Received from Mr. Wohlers, Mr. Otto, and Mr. Cummings

William Wohlers (Exhibit E and transcript), Gerald Otto (transcript), and William Cummings (Exhibit G), are all lead instructors with the Minnesota Area Vocational Technical Institute system. The state official in charge of that system, Mr. Clayton Johnson, reviewed all drafts of these rules as they were developed and forwarded copies for review by lead instructors. The content of these rules, therefore, resulted from the Department's dealing with the issues raised by these commentors. In particular, the Department was advised and supported in its physician-instructor rules and its other rules regarding course approval (7 MCAR § 1.609).

Other Testimony Received Following the Public Hearing

The Department considers it important that the record show the strong statements of support for these rules received from the Emergency Medical Services Committee of the Minnesota Medical Association, the Countryside Public Health Service, and the Metropolitan Council (Exhibits A, J, and I).

The Department also considers it potentially of benefit to the final rules that it comment in particular on one suggestion made by the Minnesota Medical Association (MMA) Emergency Medical Services Committee but not included in previously submitted revisions. The rule in question is inappropriately cited in the MMA letter and should read as 7 MCAR § 1.603 B.1.a.(6): Briefly stated, the physicians on this committee feel strongly that the "inflatable anti-shock trousers" be permitted by rule on any BLS service that has been authorized to use them in writing by the BLS service's medical director. The Department considers the justification for this proposed change to be generally acceptable and reasonable.

Summary

The Department holds that, although many very helpful suggestions have been made to improve these rules and some critical comments have been received regarding the process followed in their drafting, the rules have been shown to be needed and reasonable, and generally acceptable to virtually every party who filed comments. Lastly, the Department points to the comments received from the Countryside Public Health Service as an indication of the degree to which the Department attempted to assure the reasonableness of all rules.

Thank you for your consideration of these remarks. I hope that all points are clear and helpful to you in preparing your report for the Commissioner. If you have any questions, please feel free to contact me.

Sincerely,

Daniel J. McInerney

Daniel J. McInerney, Assistant Director
Health Systems

ADMIN 1000 (Rev. 1/78)
SF-00006-01

STATE OF MINNESOTA

DEPARTMENT ~~ATTORNEY GENERAL - Health~~

Office Memorandum

TO : Joanne Hinderaker
Special Assistant
Attorney General
G-25 Administration Building

DATE: April 24, 1980

FROM : William G. Miller
Special Assistant
Attorney General

PHONE: 341-7272

SUBJECT: In the Matter of Proposed Rules Relating to Life Support Transportation Services

I have enclosed for your review, pursuant to Minn. Stat. § 15.0412, subd. 4, the record and accompanying documents in the above referenced matter. Please contact me with any questions or comments on this set of rules.

WGM:sd

Enclosures

PRINTED ON RECYCLED PAPER

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General William G. Miller, do hereby declare that I have examined the proposed rules relating to Life Support Transportation Services and all related documents and that, based on such examinations and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: April 24, 1980.

WILLIAM G. MILLER
Special Assistant
Attorney General

Commissioner's Exhibit No. 5
File No. HLTH-80-026-GB NOTICE OF HEARING.
Date 1-31-80

RECEIVED
JAN 18 1980
OFFICE OF HEARING EXAMINERS

Department of Health

Health Systems Division

In the Matter of Proposed Adoption of Rules Relating to

Life Support Transportation Services

Notice is hereby given that a public hearing in the above-entitled matter will be held in Room 105, at the Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on January 31, 1980, commencing at 9:30 a.m. 1

All interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to George Beck, Hearing Examiner, Room 300, 1745 University Avenue, St. Paul, Minnesota 55104 (Telephone: (612) 296-8108). Unless a longer period not to exceed 20 calendar days is ordered by the Hearing Examiner at the hearing, the hearing record will remain open for the inclusion of written material for five working days after the hearing ends. The hearing shall be conducted in accordance with the rules of the Office of Hearing Examiners, 9 MCAR § 2.101 et seq. 2 5 7

The proposed rules, if adopted, would set standards for the operation of basic life support transportation services, advanced life support transportation services, scheduled life support transportation services, life support transportation services operated on a non-profit basis for special events, and life support transportation services provided by an employer for the benefit of its employees. The rules would set requirements for each of these types of service relating to personnel training and certification, minimum equipment and vehicle standards, and radio communications. The proposed rules address the issues of the establishment of primary service areas, enforcement of the relevant statutes and rules, mutual aid and coverage between and among services, and documentation requirements. Provision is also made for the granting of waivers and variances from the strict application of the rules in specific circumstances, as well as for the special needs created during times of disaster, mass casualty or other public emergency. 3

Copies of the proposed rules are now available, and one free copy may be obtained by writing to the Section of Emergency Medical Services, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440. Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota Commissioner of Health to promulgate the proposed rules is contained in Minn. Stat. §§ 144.801-144.8091 (1979 Supp.).

Notice: The proposed rules are subject to change as a result of the rule hearing process. The Commissioner therefore strongly urges those who are potentially affected in any manner by the substance of the proposed rules to participate in the rule hearing process.

Please be advised that pursuant to Minn. Stat. § 10A.03, subd. 1 (1978), lobbyists must register with the State Ethical Practices Board within five days after becoming lobbyists.

" 'Lobbyist' means any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in an month or more than $250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than $250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials."

Minn. Stat. § 10A.01, subd. 11 (1979 Supp.). The statute provides certain exceptions. Questions concerning lobbyists or their required registration should be directed to the State Ethical Practices Board, Room 41, State Office Building, Wabasha Street, St. Paul, Minnesota 55155, at telephone number (612) 296-5615.

Notice is hereby given that 25 days prior to the hearing, a Statement of Need and Reasonableness will be available for review at the agency and at the Office of Hearing Examiners. This Statement of Need and Reasonableness will include a summary of all of the evidence which will be presented by the Commissioner at the hearing justifying both the need for and the reaonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Hearing Examiners at a minimal charge.

Notice: Any person may request notification of the date on which the Hearing Examiner's report will be available, after which date the Commissioner may not take any final action on the rules for a period of five working days. Any person may request notification of the date on which the hearing record has been submitted (or resubmitted) to the Attorney General by the Commissioner. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Hearing Examiner (in the case of the Hearing Examiner's Report), or to the Commissioner (in the case of the Commissioner's submission or resubmission to the Attorney General).

As a number of municipalities and other local public bodies operate, directly or indirectly, services which may be affected by these proposed rules, there may be some fiscal impact on these local agencies if these rules are adopted. However, it is anticipated that the total expenditure for all such local bodies due to these rules would not exceed $100,000 in either of the two years immediately following an adoption of these rules.

Dated: December 7, 1979.

George R. Pettersen M.D.

George R. Pettersen, M.D.
Commissioner of Health

Commissioner's Exhibit No. 6
File No. HLTH-80-036-GR
Date 1-31-80

RECEIVED
JAN 18 1980
OFFICE OF HEARING EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of Proposed Adoption of Rules Relating to Life Support Transportation Services

ORDER FOR HEARING

IT IS HEREBY ORDERED that a public hearing on the above-captioned rules be held in Room 105, Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on Thursday, January 31, 1980, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that a Notice of Hearing be mailed to all persons or representatives of associations or other interested groups who have registered their names with the Secretary of State for that purpose.

IT IS FURTHER ORDERED that the Notice of Hearing be published in the State Register.

Dated: December 7, 1979.

STATE OF MINNESOTA

COMMISSIONER OF HEALTH

George R. Petterson M.D.

GEORGE R. PETTERSEN, M.D.
Commissioner

Commissioner's Exhibit No. 3
File No. HLTH-80-026-6B
Date 1-31-80

RECEIVED
JAN 18 1980
OFFICE OF HEARING EXAMINERS

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

In the Matter of Proposed Adoption of Rules Relating to Life Support Transportation Systems

AFFIDAVIT OF MAILING

Janet Baustian, being first duly sworn, deposes and says:

That on the 26th day of December, 1979, at the City of Minneapolis, County of Hennepin, State of Minnesota, she served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the Certificate of the Secretary of State attached and made a part hereof as Exhibit A, to all persons and associations at the addresses listed on Exhibit B, attached and made a part hereof, as well as to all members of the Minnesota Legislature as of the date of mailing.

Janet Baustian

Subscribed and sworn to before
me this 18th day of December, 1979.

Marie B. Fromiczak

MARIE B. FROMICZAK
NOTARY PUBLIC, MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 8, 1983

Commissioner's Exhibit No. 4
File No. HLTH-80-026-6B
Date 1-31-80

RECEIVED
JAN 10 1980
OFFICE OF HEARING EXAMINERS

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

BEFORE THE MINNESOTA
COMMISSIONER OF HEALTH

In the Matter of Proposed Adoption of Rules Relating to Life Support Transportation Systems

AFFIDAVIT OF RECEIPT OF THE SECRETARY OF STATE'S LIST

Richard Holloway, being first duly sworn upon oath, deposes and says:

1. The he is a consultant of the Minnesota Commissioner of Health.

2. That on the 18th day of December 1979, he called the Minnesota Secretary of State's office and requested a current list of all representatives of associations or other interested groups or persons who had registered their names with the Secretary of State for the purpose of obtaining notices of public hearings relating to the promulgation of rules or amendments thereto pursuant to Minn. Stat. § 15.0412, subd. 4 (1978).

3. That on the 21st day of December, 1979, in response to the above request, the Secretary of State provided him with such a list, a photocopy of which is attached hereto and incorporated by reference.

Further affiant sayeth not.

Richard Holloway

Subscribed and sworn to before me
this 18th day of January, 1980

Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires O.L.9, 1980

EXHIBIT A

TEST PATTERN TEST PATTERN
ADDRESS TEST ADDRESS
CITY TESTCITY MN
55555

TEST PATTERN TEST PATTERN
ADDRESS TEST ADDRESS
CITY TESTCITY MN
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ADDRESS TEST ADDRESS
CITY TESTCITY MN
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ACKLAND, K. CRIM JUST COUN.
1422 CITY HALL ANNEX
ST. PAUL, MN
55102

ALLERS JOHN
1501 W 80TH ST SUITE210
BLOOMINGTON MN
55431

AMERICAN CAMPING ASSN
4132 88TH LANE
ST PAUL MN
55112

ANDERSON HERBERT
418 8TH ST. SO.
VIRGINIA MN
55792

ANDERSON JAMES
7703 NORMANDALE RD
MPLS MN
55435

ANDERSON STANFORD
14600 MINNETONKA BLVD
MINNETONKA MN
55343

ANTHONY DICK WDSM RADIO
[illegible] E. SUPERIOR ST.
DULUTH, MN
55802

ARROWHEAD REG. DEV COMM.
211 W 2ND ST
DULUTH MN
55802

ARROWHEAD REGIONAL DEV CO
200 ARROWHEAD PLACE
DULUTH MN
55802

ASSOCIATED GEN CONTR.OF MN.
111 E. KELLOGG BLVD.
ST. PAUL, MN
55101

ASSN OF MINN COUNTIES
2305 FORD PKWY
ST PAUL MN
55116

BARATTO DIVINE M
1192 BUSH ST
ST PAUL MN
55106

BESALKA D REV
212 N ELK ST
BELLE PLAINE MN
56011

BEST FLANAGAN ET AL
4040 IDS CENTER
MPLS MN
55402

BLADIN PAPER CO W J LICKE
115 1ST ST SW
GRAND RAPIDS MN
55744

BLAHA GERALD
457 GOODHUE ST
ST PAUL MN
55102

[illegible]OHN, JOHN D.
BOX 1063
MARSHALL, MN
56258

BOYUM BURDETTE
250 SO 4TH ST
MPLS MN
55415

BRICK PHILIP D
807 SELLWOOD BLDG
DULUTH MN
55802

BRIGGS & MORGAN LIBRARIAN
W2200 1ST.NATL.BK.BLDG.
ST. PAUL, MN
55101

[illegible] NOLL
[illegible]ITE 725 510 MARQUETTE
MPLS MN
55402

CARVER CO. AUDITOR
600 E. 4TH. ST.
CHASKA, MN
55318

CHIEF EDITOR ST INFO UNIT
1231 25TH ST NW
WASHINGTON DC
20037

CHILDS J L
4012 LYNN AVE S
MPLS MN
55416

CHRISTIAN SCI COMM ON PUB
1821 UNIV AVE SUITE 271
ST PAUL MN
55104

CHRISTIANSEN FREDRIK
RM 505 CAPITOL SQ BLDG
ST PAUL MN
55155

CITIZENS LEAGUE
530 SYNDICATE BLDG
MPLS MN
55402

CITY CLERKS OFFICE
126 NO. MARSHALL
LITCHFIELD, MN
55355

CITY OF ALBERT LEA
221 E CLARK ST
ALBERT LEA MN
56007

CITY OF ALEXANDRIA
114 7TH AVE W BOX 231
ALEXANDRIA MN
56[redacted]

CITY OF ANOKA
CITY HALL 2015 1ST AVE
ANOKA MN
55303

CITY OF APPLE VALLEY
14200 CEDAR AVE SO
APPLE VALLEY MN
55124

CITY OF BLAINE
9150 CENTRAL AVE NE
BLAINE MN
55434

CITY OF BRAINERD
CITY HALL
BRAINERD MN
56401

CITY OF BRECKENRIDGE
CITY HALL
BRECKENRIDGE MN
56520

CITY OF BROOKLYN CENTER
6301 SHINGLE CREEK PKWY
BROOKLYN CTR MN
55430

CITY OF BROOKLYN PARK
5800 85TH AVE NO
BROOKLYN PARK MN
55443

CITY OF BURNSVILLE
1313 E HWY 13
BURNSVILLE MN
55337

CITY OF CAMBRIDGE
139 E FIRST AVE
CAMBRIDGE MN
55008

CITY OF CHAMPLIN
12001 HWY 52
CHAMPLIN MN
55316

CITY OF CHANHASSEN
7610 LAREDO
CHANHASSEN MN
55317

CITY OF CHASKA
205 E 4TH ST
CHASKA MN
55318

CITY OF COTTAGE GROVE
7516 80TH ST SO
COTTAGE GROVE MN
55016

CITY OF CRYSTAL
4141 DOUGLAS DRIVE NO
CRYSTAL MN
55422

CITY OF DETROIT LAKES
106 E HOLMES ST
DETROIT LAKES MN
56501

C[redacted] OF DULUTH
C[redacted] HALL
DULUTH MN
55802

CITY OF EAGAN
3795 PILOT KNOB ROAD
EAGAN MN
55122

CITY OF EAST BETHEL
2751 VIKING BLVD NE
WYOMING MN
55092

CITY OF E GRAND FORKS
P O BOX 453
E GRAND FORKS MN
46721

CITY OF EDEN PRAIRIE
8950 EDEN PRAIRIE RD
EDEN PRAIRIE MN
55343

CITY OF EDINA
4801 W 50TH ST
EDINA MN
55424

CITY OF GOLDEN VALLEY
7800 GOLDEN VALLEY RD
GOLDEN VALLEY MN
55427

CITY OF HASTINGS
100 SIBLEY ST
HASTINGS MN
55033

CITY OF HUTCHINSON
37 WASHINGTON AVE WEST
HUTCHINSON MN
55350

CITY OF JORDAN FRANK HOUSER2
10 E 1ST
JORDAN MN
55352

CITY OF LAKE INDEPENDENCE
RT 1 BOX 123A
MAPLE PLAIN MN
55359

CITY OF MAPLE GROVE
9401 FERNBROOK LANE
MAPLE GROVE MN

CITY OF MAPLEWOOD
1380 FROST AVE
MAPLEWOOD MN
55109

CITY OF MINNEPOLIS
3801 66TH AVE NO
BROOKLYN CTR MN
55429

CITY OF MINNETONKA
74600 MINNETONKA BLVD
MINNETONKA MN
55343

CITY OF MORRIS
CITY HALL
MORRIS MN
56244

MANKATO STATE COLLEGE
MANKATO MN
56001

CITY OF ROSEMOUNT
BOX 455
ROSEMOUNT MN
55068

CITY OF ROSEVILLE
2701 NO LEXINGTON AVE
ROSEVILLE MN
55113

CITY HALL
ST CLOUD MN
56301

5005 MINNETONKA BLVD
ST LOUIS PARK MN
55416

CITY OF ST PAUL
445 CITY HALL
ST PAUL MN
55102

CITY OF SHAKOPEE
129 E 1ST AVE
SHAKOPEE MN
55379

CITY OF SHOREVIEW
4665 NO VICTORIA ST
SHOREVIEW MN
55112

CITY OF WAYZATA
600 RICE STREET
WAYZATA MN
55391

CITY OF WHITE BEAR LAKE
250 MILLER AVE
WHITE BEAR LK MN
55110

CLARKSON J.B.
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55402

CLAUSEN PHILLIP
2307 STANDISH ST
ST PAUL MN
55108

COHEN LAWRENCE
1291 1 APPLETREE SOU
MPLS MN
55420

CONCORDIA COLLEGE
DEAN
MOORHEAD MN
56560

CONSUMER SERVICES DEPT COMM
5TH FLR METRO SQ BLDG
ST PAUL MN
55101

COUNTY ATTYS COUNCIL
40 NO MILTON ST STE 106
ST PAUL MN
55104

DAILEY THOMAS ECONOMICS LAB
370 WABASHA ST
ST PAUL MN
55102

DAKOTA CO MENTAL HEALTH CTR
744 19THAVE NO
SO ST PAUL MN
55075

DANIELSON RODNEY L.
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55102

DAWSON JEAN MN GOV'T REPORT
ROOM B12 CAPITOL
ST PAUL MN
55155

DAYTON, HERMAN, ET AL
800 MIDLAND BANK BLDG.
MPLS., MN
55401

DEVELOP DISABILITIES PROG
STATE PLAN 200 CAP SQ.
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5720 EXCELSIOR BLVD
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E CENTRAL REG. DEV. COMM
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MORA MN
55051

EBELING EDWARD H.
161 W. MAIN
PERHAM MN
56573

ECKLUND WM EELLHABER-LARSON
W 1080 1ST NATL BANK
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ENDERSON WILLIAM
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55409

ENNIS A F BOISE CASCADE
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INTL FALLS MN
56649

ERNEST K LEHMANN & ASSOC.
1409 WILLOW ST.
MPLS MN
55403

FARMERS ELEVATOR ASSN
852 GRAIN EXCH BLDG
MPLS MN
55415

FARRELL FRANK BUR NOR
RM 1180 176 E 5TH ST
ST PAUL MN
55101

FARSETH PAUL FOOD STAMPS PRO
WELFARE DEPT 690 N ROBT
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FED-ST REPORTS INC.
5203 LEESBURGPIKE S1201
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FELHABER R S
W 1ST NATL BANK BLDG
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55408

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COTTAGE GROVE MN
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203 HANOVER 480 CEDAR
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55101

FARRIS FRANK NECA
[illegible] 305 200 SO ROBERT
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55107

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FARIBAULT MN
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MPLS MN
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HULSTRAND ANDERSON & LARSON
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WILLMAR MN
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STE 115 NALPAK BLDG
ST PAUL MN
55101

HUTCHISON R.M. ANOKA CO.COMP
COURT HOUSE
ANOKA MN
55303

IMS PAUL

ECHO MN

INGRAM ALAN NASW MN CH
22 NO DALE ST
ST PAUL MN

INGVALSON VERN MN.FARM BU
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55164

INTERSTATE POWER RW STEELE
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DUBUQUE IA
52001

IVERSON DR JOS DEPT ED
ST OLAF COLLEGE
NORTHFIELD MN
55057

IZAAK WALTON LEAGUE OF AM
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MPLS MN
55404

11911 HWY. 52
CHAMPLIN, MN
55316

ST MARYS HOSPITAL
ROCHESTER MN
55901

3615 37TH AVE S
MPLS MN
55406

4344 IDS CENTER
MPLS MN
55402

JOHNSON KEL MACI
HANOVER BLDG
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JOHNSON LERCY
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COON RAPIDS MN
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JOHNSON M.D. FRUNDT & FRUNDT

BLUE EARTH MN
56013

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ST PAUL MN
55107

KAVANEY RICHARD
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ST PAUL MN
55102

KEENAN RICHARD J
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MPLS MN
55402

KELLY BARBARA SOLID WASTE
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BLOOMINGTON MN
55437

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4302 POWEL HALL U OF M
MPLS MN

KNODELL DAVID 31
5 PEAVEY BLDG
MPLS MN
55402

KNOPP TIMOTHY
COLLEGE FORESTRY U OF M
ST PAUL MN
55108

KNUTSON R N GRANNIS ETAL
F J SCHULT BLDG
ST ST PAUL MN
55075

KRAMER ERNEST W
717 DELAWARE ST SE
MPLS MN
55440

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LAKE SUPERIOR INDUSTRIAL
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55802

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COTTAGE GROVE MN
55016

LEAGUE WOMEN VOTERS OF MINN
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ST PAUL MN
55102

LEG.REF.LIB-Z. DEWITT
RM 111 STATE CAPITOL
ST PAUL MN
55155

LEG REPORT SERV-P STURDEV
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2140

LEWIS DR.G.M JR.
ABBOTT 110 E 18TH ST
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55403

LOCH DAVID REG 5 REG DEV COG
11 IOWA AVE
STAPLES MN
56479

LOEFFLER DOROTHY MRS
U OF M 101 EDDY HALL
MPLS MN
55455

LUTH SOC SERVICE OF MN
2414 PARK AVE
MPLS MN
55404

MAHCF RICK CARTER
2850 METRO DR SUITE 431
BLOOMINGTON MN
55420

MALECKI JAMES
1 SO STATE ST
NEW ULM MN
56073

MANKATO STAT STUDENT SENATE
CENTENNIAL STUDENT UN
MANKATO MN
56001

MANTHEY T J PICKANDS MATHER
1100 SUPERIOR AVE
CLEVELAND OH
44114

MARLATT RALPH J
1320 SOO LINE BLDG
MPLS MN
55402

MARQUARDT PHILIP
RTE 2 BOX 209
JANESVILLE MN
56048

MASTOR & BALE, LTD.
315 PEAVEY BLDG.
MPLS. MN
55402

MAUL WARREN E.
605 4TH. AVE. SO.
MPLS., MN
55415

MCDONALD PHILIP M
2077 SELBY AVE
ST PAUL MN
55104

MCNEILLY GREG MNDSVIEW ED
41 SHERBURNE AVE
ST PAUL MN
55103

MET. WASTE CONTOL COMM.
350 METRO SQ BLG
ST PAUL MN
55101

METROPOLITAN COUNCIL LIBRARY
300 METRO SQUARE
ST PAUL MN
55155

MEYER HERBERT
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55431

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MINN ASSN COOPERATIVES
55 SHERBURNE AVE
ST PAUL MN
55103

MINN ASSN VOL SOC SERVICE
1821 UNIV SUITE 389
ST PAUL MN
55114

MINN CHAP ASSOC BLDRS-CONTRS
7204 W 27TH ST
MPLS MN
55426

MINN DEPT HEALTH J C MCKA
717 DELAWARE S E
MPLS MN
55440

MINN HOSPITAL ASSN
2333 UNIV AVE SE
MPLS MN
55414

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

MINN.MTR.TRANSP. .J.N.D
1821 UNIV.
ST.PAUL MN
55104

MINN NEWSPAPER ASSN
84 S 6TH ST STE 400
MPLS MN
55402

MINN PCA WATER QUALITY
1935 W CO RD B 2
ROSEVILLE MN
55113

MINN PETROLEUM COUNCIL
1020 NORTHERN FED BLDG
ST PAUL MN
55102

MINN POLLUTION CONTROL AG
1935 W CO RD B2
ROSEVILLE MN
55113

MINN RETAIL FEDERATION
180 METRO SQUARE BLDG
ST PAUL MN
55101

MINN RETAIL HARDWARE ASSN
3033 EXCELSIOR BLVD 313
MPLS MN
55416

MINN RURAL ELECTRIC ASSN
4901 W 77TH ST
MPLS MN
55435

MINN. SERV. STA. ASSN.
1115 2ND. AVE. SO.
MPLS., MN
55403

MINN STATE BD PHARMACY
717 DELAWARE ST SE #351
MPLS MN
55414

MINN STATE MEDICAL ASSOC
STE 900 AM NATL BK BLDG
STPAUL MN
55101

MINN TEAMSTERS CREDIT UNION
2021 HENN AVE E
MPLS MN
55413

MINN. TBR. PRODUCERS ASSN
333 W. SUPERIOR ST.
DULUTH, MN
55802

MINN.TURKEY GROWERS ASSN
2333 UNIV AVE
ST PAUL MN
55114

MINN WATER RESOURCES BD
RM 206 555 WABASHA ST
ST PAUL MN
55102

MINN-WISC BOUNDARY AREA COMM
600 2ND ST
HUDSON WI
54016

MINNESOTA AFL-CIO
175 AURORA AVE
ST PAUL MN
55103

MIXA FRANK LK MNTKA CONS DIS
402 E LAKE ST
WAYZATA MN
55391

MN AUTOMOBILE DEALERS ASSN
277 UNIV AVE
ST PAUL MN
55103

MN.BD OF NURSING
717 DELAWARE ST SE
MPLS MN
55414

MN ELECTRICAL ASSN
3100 HUMBOLT SO
MPLS MN
55408

MN PUB INT RESEARCH GROUP
3036 UNIV AVE SE
MPLS MN
55414

MN REP STATE CENTRAL COMM
555 WABASHA AVE
ST PAUL MN
55102

MN SOC SERV ASS J HOOD
614 PORTLAND
ST PAUL MN
55102

MN ST COUNCIL FOR HANDICA
METRO SQ 7TH & ROBERT
ST PAUL MN
55101

MN ST PHARMACEUTICAL ASSN
2469 UNIVERSITY AVE
ST PAUL MN
55114

MOFFITT R C
RM 301 M MPLS CITYHALL
MPLS MN
55415

MOSS DR JEROME
125 PEIK 159 PILLSBURY
MPLS MN
55455

MOSTCA
PO BOX J
PERHAM MN
56573

MOTOR VEHICLE MFRS ASSN
411 MAIN ST (215)
ST PAUL MN
55102

MPLS ASSN RETARDED CITIZENS
2344 NICOLLET AVE. SO.
MPLS., MN
55404

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
55415

MT OLIVET ROLLING ACRES
R 1 BOX 576
EXCELSIOR MN
55331

MURPHY PATRICK FSR INC
BOX 986 COURTHOUSE STA
ARLINGTON VA
22216

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

NCEC INC C/O DR DAHLBERG
CONCORDIA COLLEGE
MOORHEAD MN
56560

111 E FRANKLIN 5210
MPLS MN
55404

224 S 5TH ST RM 2000
MPLS MN
55402

P.O.BOX.15004COMM.STAT
MPLS., MN
55415

425 WOODLAND AVE
CROOKSTON MN
56716

O'BRIEN J.DENNIS
1100 1ST NATL.BANK BLDG
MINNEAPOLIS MN
55402

O'CONNELL RAY
MN GAS CO 733 MARQ AVE
MPLS MN
55402

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
ST PAUL MN
55101

OLOFSON ARTHUR MBO & MAINC
927 SOO LINE BLDG
MPLS MN
55402

OTTER TAIL POWER CO.
215 S. CASCADE ST.
FERGUS FALLS MN
56537

PAYNE COL ALVIN

DEGRAFF MN
56233

PETERSON DOUG AM RED CROSS
11 DELL PLACE
MPLS MN
55403

PETERSON, H. COMM LABOR&IND.
444 LAFAYETTE RD.5TH FL
ST. PAUL, MN
55101

PHAR MFGRS ASSN GROSSMAN S.
1155 15TH. ST. N.W.
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PHILLIPS LEGISLATIVE SERV
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ST PAUL MN
55103

PIGEON, JOHN G. CITY MGR.
BLOOMINGTON CITY HALL
BLOOMINGTON, MN
55431

PINNETTI NICK M HALEY & ASS.
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BRAINERD MN
56401

REARDON MRS HELEN
1125 S E 6TH ST
WILLMAR MN
56201

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

REGION NINE DEV. COMM.
120 S. BROAD ST.
MANKATO, MN
56001

RENNER R.H. ST PAUL AREA CC
300 OSBORN BLDG.
ST PAUL MN
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RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
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RIEKE, DAVID
SCORPION IND. INC.
CROSBY, MN
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RITTER, JERRY
1011 NICOLLET MALL
MPLS., MN
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ROSENTHAL ABE MN TRANS SERV
SUITE 310 N 1821 UNIV
ST PAUL MN
55104

ROSS ALFRED
6356 WARE RD
LINO LAKES MN
55014

ROYAL ESQUIRE REALTY INC
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55101

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7000 PORTLAND AVE
RICHFIELD MN
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SCHULTZ LINDA
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SMITH BOB III
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WHITE BEAR LK MN
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SO ST PAUL MN
55075

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55101

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SAVAGE MN
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DIV.OF ENVIRONMENTAL SANITATION

U.S. Soil Conservation Service, 517 Red Courts Bldg., St. Paul (Swimming Pools)

HOTELS, RESORTS, RESTAURANTS

U.S. Soil Conservation Service, 517 Red Courts Bldg., St Paul (Trailer Parks,etc)

MINNESOTA PLUMBING CODE ONLY

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Higgins, Robert G., Room 300 B, 1409 Willow Street, Mpls 55403

Commissioner's Exhibit No. 1
File No. HLth-80-026-6-13
Date 1-31-80

RECEIVED
JAN 18 1980
OFFICE OF HEARING EXAMINERS

Department of Health

Notice of Intent to Promulgate Rules Governing the Operations of Life Support Transportation Services

The Minnesota Department of Health, under the authority and requirements of Laws of 1979, ch. 316, §§ 144.801 to 144.8091, intends to draft and promulgate as rules standards for the operation of the following types of life support transportation services:

(a) basic life support transportation services;

(b) advanced life support transportation services:

(c) scheduled life support transportation services:

(d) life support transportation services provided by an employer for the benefit of its employees, and

(e) life support transportation services operated by a non-profit entity and limited exclusively to providing service by contract for specific events and meetings.

These rules will include definitions, standards and procedures pertaining to the establishment of primary service areas for licensees, the authorization of training certificates, and the establishment of a State emergency medical communications plan.

All interested parties desiring to submit data or views relating to the proposed adoption, amendment or revision of these should address their comments (either written or oral) to the Minnesota Department of Health, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, by writing or calling the person designated. Evidence submitted for consideration should be pertinent to the matter at hand. Written material received by the Department of Health will become part of the hearing record.

Contact: Daniel McInerney, J.D. (612) 296-5511.

Department of Health Hospital Rate Review Program

Notice of Intent to Solicit Outside Opinion Concerning a Proposed Rule Relating to Hospitals and Providing for Exemption from Rate Review for Certain Hospitals

Notice is hereby given that the Minnesota Department of Health is considering adoption of a rule which would:

1. Establish an acceptable increase in hospital gross acute care charges (all hospitals whose projected increases in gross acute care charges fall under the acceptable increase established by the Commissioner of Health would be exempt from the rate review process for that year);

2. establish the elements to be included in the abbreviated projected operating statement which must be filed by exempt hospitals; and

3. other technical aspects of Minn. Stat. § 144.7021.

All interested or affected persons or groups may submit information on this subject. Written or oral information and comment should be addressed to:

Mr. Fredric L. Sattler, Director
Hospital Rate Review Program
Minnesota Department of Health
717 S.E. Delaware Street
Minneapolis, Minnesota 55440
(612) 296-5572

All statements of information and comment must be received by July 31, 1979. Any written material received by this date will become part of the record of any hearing held on this subject.

June 11, 1979

Fredric L. Sattler, Director
Hospital Rate Review Program

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

Diane M. Newberg, being first duly sworn upon oath, deposes and says:

That at the City of Minneapolis, County and State aforementioned, on the 24th day of April, 1980, she served the attached Notice by depositing in the United States mail at said city, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to the persons on the attached list:

Diane M. Newberg

Subscribed and sworn to before me
this 24th day of April 1980.
Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
My Commission expires Oct 9, 1980

minnesota department of health
717 s.e. delaware st. minneapolis 55440
(612) 296-5221

April 24, 1980

To: Persons Interested in the Adoption of Life Support Transportation Rules

From: Jim Parker, Assistant Chief
Emergency Medical Services
(612)296-5281

Subject: Notice of Submission of Hearing Record to Attorney General for Final Review

At a public hearing held on January 31, 1980, to review the rules proposed by the Commissioner of Health as standards for the operation of basic and advanced life support transportation services, you requested that the Department notify you when it was submitting the final version of these rules to the Attorney General for review.

The Commissioner submitted this final version of the rules, copies of the record of the public hearing, and copies of a listing and justification of nonsubstantial changes made following the public hearing in responses to information presented at that forum, to the Attorney General on this date. The Attorney General is required to wait ten days before reporting to the Commissioner regarding these rules, but must report within twenty days.

Persons interested in knowing the content of these nonsubstantial changes should call or write this office for a copy of the Commissioner's "Changes to Rules Published in 4 State Register 10003 and Subsequent Amendments Presented in Public Hearing."

Following the review by the Attorney General, the rules as adopted will be published in the State Register and in the Minnesota Code of Agency Rules (MCAR). All currently licensed life support services, all Health Systems Agencies, and all local boards of health will receive a copy of the final adopted rules. The current estimated date for these rules to be effective is June 1, 1980. The exact effective date will depend on the date on which the rules are published in the State Register.

JP:mt

Copy

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
COMMISSIONER OF HEALTH

In the Matter of the Adoption
of Rules Relating to Life
Support Transportation Services

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Commissioner of Health at 9:30 a.m. on Thursday, January 31, 1980, in Room 105 of the Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, after proper notice had been given as required by Minn. Stat. §§ 15.0411 to 15.0417 and 15.052.

The Commissioner of Health hereby submits a copy of the Order Adopting Rules, a copy of additional Findings of Fact and Conclusions, a copy of the rules as originally proposed, and a copy of the rules as adopted to the Chief Hearing Examiner for review pursuant to Minn. Stat. § 15.052, subd. 4 (1978). The Chief Hearing Examiner shall complete his review and submit his report to the Commissioner on the issues of substantial changes in the rule and compliance with Minn. Stat. § 15.0412 (1978) within ten calendar days. The Commissioner will be responsible for filing the rules with the Attorney General and for notifying persons who have indicated that they wish to be notified of such filing.

After giving interested persons an opportunity to present written and oral information, statements and arguments, having heard all of the testimony, having considered all the evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards and criteria, having confirmed the need for the above-captioned rules,

IT IS HEREBY ORDERED

that the attached rules relating to life support transportation services, identified as 7 MCAR §§ 1.601 - 1.611, are adopted this 21st day of April, 1980, pursuant to the authority vested in me by law.

George R. Pettersen M.D.
George R. Pettersen, M.D.
Commissioner of Health

Apr 21, 1980
Date