

# Emergency Ambulance Services

Update to 2022 Evaluation Report

February 2024

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## Problems Identified

- **Insufficient Oversight.** The agency responsible for regulating ambulance services, the Emergency Medical Services Regulatory Board (EMSRB), had limited authority to oversee ambulance services through the licensure process outlined in state law. Ambulance services could renew their licenses or transfer them to other organizations with minimal oversight. Minnesota did not have performance standards for ambulance services.
- **Outdated Service Areas.** Ambulance services have led decisions about service area boundaries and coverage since the 1980s. EMSRB did not have authority to independently alter service area boundaries, even if doing so would benefit public health. Some local governments had much more local control than others based on historical precedent.
- **Persistent Sustainability Challenges.** Outstate services have struggled for years to recruit and retain staff, and service directors told us that they were not earning enough revenue to cover costs.
- **Ineffective Board Leadership.** EMSRB failed to carry out some core functions, had outdated rules, did not collect required financial data, had never published maps of service areas, and did not have a statewide plan for emergency care. The agency's board had not effectively overseen the agency, and its composition creates risks for conflicts of interest.

## Changes Implemented

- **Administrative Changes.** EMSRB has implemented many of our recommendations it can implement without statutory changes. It has repealed outdated rules, increased ambulance service inspections, established clinical performance measures, resumed performance reviews of the agency's Executive Director, collected financial data, published maps of service area boundaries, and made recommendations regarding its membership composition.

## Actions Needed

- **Legislative Changes.** Many of our recommendations require changes to law, and a new Legislative Task Force is currently gathering input. The Legislature should require EMSRB to create a statewide plan, address the agency's limited oversight authority, and consider changes to the composition of the board. The Legislature should also enable local governments to have input on service area boundaries and should restructure how the boundaries are created, modified, and overseen. The Legislature should experiment with pilot or short-term programs to address ambulance services' staffing and revenue challenges.