



February 15, 2024

Rep. John Huot
State Office Building Room 591
100 Rev Dr Martin Luther King Jr
Boulevard.
St. Paul, MN 55155

Sen. Judy Seeberger
Minnesota Senate Building, Room 2109
95 University Avenue W.
St. Paul, MN 55155

Dear Chairs Seeberger and Huot and Members of the Legislative Emergency Medical Services Task Force:

Hennepin Emergency Medical Services (EMS) serves a primary services area of 266 square miles and a residential population of more than 700,000. Our team of 350 proudly provides strategic and responsive resources to the community we serve every day. From our cutting-edge technology and our efficient protocols to our specially trained teams, Minnesotans rely on us to provide the right care at the right time, when seconds matter.

As you have heard over the past few weeks of task force field hearings across the state, EMS providers in greater Minnesota are facing critical challenges to delivering services. These challenges include severe reimbursement shortfalls, aging workforces, unsustainable staffing models, and increased operating costs. Combined, these factors are creating a crisis for rural ambulance providers.

We write in support of a \$120M emergency ambulance aid bill that will keep EMS operating in the near term. Without this vital emergency funding, followed by a longer-term viable financial solution, rural ambulance providers won't have the capacity to sustain delivering their services, much less to pursue innovative solutions that can improve care delivery.

We urge you to support legislation that would provide one-time, emergency funding for the critical EMS services that provide care for Minnesotans statewide. Thank you for your dedication to improving EMS in our state.

Sincerely,

Marty Scheerer
Senior Director, Hennepin Emergency
Medical Services
Hennepin Healthcare System

Nick Simpson, MD
Chief Medical Director, Hennepin
Emergency Medical Services
Hennepin Healthcare System



February 15, 2024

Senator Judy Seeberger, Co-Chair
Representative John Huot, Co-Chair
Members of the Emergency Medical Services Task Force

Dear Senator Seeberger, Representative Huot and Members of the Emergency Medical Services Task Force,

The League of Minnesota Cities (LMC) is an association serving 838 of Minnesota's 855 cities through advocacy, education and training, policy development, risk management and other services.

The League appreciates the work of the Emergency Medical Services (EMS) Task Force to understand and begin addressing EMS delivery challenges. As you heard in the field hearings you held throughout the state, problems in the EMS system have been topics of concern and discussion in communities statewide. Additionally, the *2022 Emergency Ambulance Services Report* conducted by the Office of the Legislative Auditor brought to light specific issues that should be addressed through administrative and legislative actions. The report also underscores the need to address staffing and funding shortages to improve ambulance service sustainability in Minnesota.

It's important that solutions recognize there are nuances around challenges faced throughout our state, and there can be no "one size fits all" approach. The League supports immediate financial relief to struggling licensed ambulance services but also interventions designed to help improve efficiencies and resolve serious workforce challenges, capital equipment needs, education, and ongoing operational deficits.

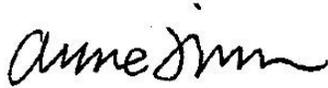
Additionally, the League supports:

- Allowing local units of government to designate which licensed ambulance service provider or providers may serve their communities and to determine the appropriate level of service;
- Providing local units of government with tools and authority to ensure transparency by EMS providers;
- Uncoupling the professional standards overview role of the EMSRB from the service area determination;

- Requiring the membership of the EMSRB to be regionally balanced between Greater Minnesota and the metropolitan area;
- Modifying the membership of the EMSRB to include representatives of municipal ambulance services;
- Legislative consideration of setting term limits for EMSRB members;
- Continued authority for the EMSRB to set professional standards;
- Requiring the EMSRB to submit biennial reports on EMS service delivery data points for each local unit of government to appropriate legislative committees; and
- Federal legislation that would require Medicare to set ambulance payment rates to cover the cost of providing service for both transport and non-transport care of patients.

We look forward to working with you to advance legislation that will address EMS issues statewide.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Finn". The signature is fluid and cursive, with a small dot above the "i" in "Finn".

Anne Finn
Intergovernmental Relations Director

February 15, 2024

Chair Huot and Chair Seeberger, and
Members of the Joint Emergency Medical Services Task Force

RE: Support for the bill that provides one-time, emergency funding to struggling ambulance providers

There has been a lot of discussion about the perceived problems with ambulance operations in Minnesota. The system is stressed, but it is not broken. I seriously doubt you would find any person in areas that we operate in that would say the EMS system is broken. Each day, there are more than 2,000 ambulance calls in our state and the vast majority of them are responded to in an appropriate and acceptable way by providing quick emergency care and transportation to our patients. We do have an opportunity to shore up the real issues with EMS. Sanford Health strongly supports the bill that provides one-time, emergency funding to struggling ambulance providers across Minnesota.

The EMS system has evolved with the broader health care system since the middle of the last century with a couple key exceptions:

- Much of the rural areas of our state have volunteers donating their labor to operate an ambulance service.
 - Fewer people are willing to volunteer time and ultimately the volunteer ambulance model will fail.
- The fee-for-service model that all of health care operates under does not generate enough revenue to completely fund ambulance operations for low-volume agencies.
 - Medicare and Medicaid account for 80% to 85% of the payer mix for rural ambulances.
 - Both Medicare and Medicaid reimburse ambulances at 30 cents on the dollar – this is below the cost of providing the service.

The stories you have heard about long response times and inadequate coverage are really staffing issues – which are really funding issues. If there was adequate funding, rural ambulance services could pay staff to be available. Having staff available for the next emergency is the true key performance indicator. Response times and coverage standards will be met if there is adequate staffing available.

Minnesota has a great EMS system that needs financial help. I urge you to support this cause.

Best regards,

A handwritten signature in black ink, appearing to read "Tim Meyer", with a stylized flourish at the end.

Tim Meyer, Senior Director
Sanford Ambulance, Sanford AirMed



February 15, 2024

Chairpersons Huot and Seeberger & Members of the Task Force on Emergency Medical Services:

Thank you for the opportunity to submit written testimony to the Task Force on Emergency Medical Services on behalf of the Minnesota Ambulance Association (MAA). MAA represents 110 organizations and 2 regional programs. Our membership includes more than 90% of the ground ambulance volume in Minnesota. We want to address critical issues that are threatening the health and long-term sustainability of EMS in our state.

Identified Challenges:

The Minnesota EMS community, along with its diverse stakeholders, has identified two primary issues that pose significant threats to the efficacy of emergency medical services in our state: below-cost reimbursement and insufficient funding, which are leading to serious workforce challenges.

EMS is the safety net provider for many people across Minnesota; often the only way to access medical care in areas where hospitals and clinics are shutting down services or closing their doors entirely. We are obligated to respond to any call for help, regardless of an individual's ability to pay; and while we are happy to provide high-quality care to those who need it, below-cost reimbursement and inadequate funding are threatening the long-term health and sustainability of Minnesota EMS providers.

These financial challenges threaten equitable access to care for Minnesotans, but also contribute to the growing workforce crisis. The inability to increase reimbursement rates exacerbates the difficulties in recruiting, training, and retaining highly trained and qualified EMS providers. We all heard loud and clear at the Task Force's outreach meetings the need for immediate funding.

Practical Solutions:

To address these pressing issues, we urge the legislature to consider practical, common-sense solutions that can be implemented promptly, many of which have already been introduced and are awaiting action. This includes:

- **Medicaid Supplemental Payment Program ([HF 643/SF 595](#))**
The implementation of Medicaid supplemental programs will cost the state nothing. These programs leverage Federal matching funds that can ease the financial burden on EMS providers and enhance their capacity to deliver high-quality care.
- **Community Paramedic (CP) Certification and Community Emergency Medical Technician (CEMT) Practice Updates**
[HF 2574](#) and [SF 2660](#) were introduced in 2023 and referred to the Health Finance and Policy and Health and Human Services Committees, respectively.
[HF 2146](#) and [SF 2953](#) were introduced in 2023 and were referred to the Health Finance

and Policy and Health and Human Services Committees, respectively.

These bills update the certification requirements and practice regulations, along with increasing the CP and CEMT rates, along with adding a per mile fee for travel to a patient's home.

- We also support the initiative to provide immediate one-time funding of \$125 million dollars managed through MN Management and Budget. This process will allow a validation of providing funding to services in extreme financial need. This in-turn will allow all of us to work on long term solutions while maintaining the infrastructure.

Collaborative Approach:

We acknowledge the complexity of healthcare reform and reimbursement restructuring at both state and federal levels. While we advocate for comprehensive changes, we also emphasize the need for immediate, actionable steps that can be taken to alleviate the current challenges faced by EMS providers.

In conclusion, we appreciate the Task Force's dedication to addressing the critical issues facing the Minnesota EMS community. By implementing practical and cost-effective solutions, we can ensure the continued delivery of high-quality emergency medical services to our communities. We look forward to collaborating with the legislature to secure a sustainable and resilient future for EMS in Minnesota.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Newton", with a long horizontal flourish extending to the right.

Joe Newton
President, Minnesota Ambulance Association



February 15, 2024

Re: Support for Rural EMS in Minnesota

Dear Senator Seeberger, Representative Huot, and members of the Emergency Medical Services Task Force,

Created in 1994, the MRHA has grown to be a recognized advocate for rural health in Minnesota. Our mission is to strengthen health care for rural Minnesotans. On behalf of our nearly 200 members, we would like to express our concern for the sustainability of rural ambulance services.

As you have heard from the testimony provided at the outreach hearings, Minnesota ambulance services are facing significant financial challenges. During the field hearings, ambulance operators shared annual losses of \$300k, \$180k, and \$1.1 million. These losses are real and are being absorbed by cities, hospitals, and private providers. We trust you are as concerned as we are about how long these municipalities and organizations can continue to operate in the red.

We are writing today to encourage the Committee to focus on solving the critical funding and reimbursement issues faced by Minnesota's rural EMS providers.

The funding crisis we face today has been long coming. Over the past 20 years, reimbursements from Medicare and Medicaid have been flat while the cost to operate and ambulance services have increased. The result of poor reimbursement is the workforce shortage we are experiencing. Ambulance operators cannot afford to pay their staff wages that compete with most other jobs in their communities. Not to mention the \$60+ million volunteer subsidy that has kept many rural ambulance services financially viable. If there are no people to do the work, there are no ambulances to respond. The time is now to focus on funding. Innovation and transformation will surely follow.

Once again, we appreciate the opportunity to share the importance of funding initiatives to support the sustainability of our rural ambulance industry. If you have any questions regarding MRHA's position, feel free to contact me at mark@mnruralhealth.org or 218-201-0098.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Jones', with a long horizontal flourish extending to the right.

Mark Jones
Executive Director



City of Roseville Fire Department

2701 Lexington Ave. ▪ Roseville, MN 55113
Phone: 651.792.7340 ▪ Fax: 651.792.7300

www.facebook.com/RosevilleMNFireDepartment
www.CityOfRoseville.com/Fire

February 15th, 2024

Task Force on Emergency Medical Services
CO: Josh Sande

Task Force,

Thank you for allowing the opportunity for written testimony. My name is David Brosnahan, I am the Fire Chief of the Roseville Fire Department and a member of MN Fire Chiefs Association. And in my role as the Fire Chief, my number one priority is, and will always be, the health and safety of my community. That is why in August 2022, due to increasing response times and the swelling of mutual aid utilization of my community's PSA ambulance provider, my fire department transitioned our level of emergency first response care from basic life support/EMT level to the advanced life support/paramedic level. Their response delays were widening the gap of higher level care, and my organization needed to close that gap for the health and well-being of our community. This enhancement of service has a cost and operational impact, but my community has supported it.

Elongated response times, mutual aid utilization, and delay of care is not just a Roseville and metro issue. Fire Chiefs across the state are experiencing elongated response times, ambulances showing up with only one provider, and expecting the fire department to drive the ambulance for them. EMS agencies closing up shop and no longer staffing an ambulance in a certain town and now responds from miles away.

EMS care and transport is an essential service in all of our communities, as EMS transport to definitive care is provided to ALL regardless of insurance status. With increasing call volumes, on-going recruitment/retention challenges, the current ambulance response model does not meet the demand. The PSA system is now proving to potentially be a detriment to care in many communities across the state. It is imperative to allow local governments to provide their own authority and decision making on appropriate service providers, like all of their services; EMS should be no different.

I have concerns with current PSA law as there is:

- No defined response time requirements
- No quality assurance metrics for service
- No clear performance standards or benchmarks

There needs to be opportunities for greater transparency, expectations for performance, allowance for evaluation of current and future service options by local governments, and reduce the significant inflexibility of the current law. Allowing for change further opens up the opportunity for long-term public/private collaboration, even hybrid service models which may work better for LGUs, private ambulances, fire departments, and volunteer EMS agencies.

Further assessment and review of current EMS systems is important for all Minnesotans, the actual user of the services, because in EMS every second truly counts.

Respectfully,

David Brosnahan
Fire Chief
Roseville Fire Department
david.brosnahan@cityofroseville.com
(651) 792-7333



INTERNATIONAL FALLS FIRE/RESCUE/EMS

600 Fourth Street
International Falls, Minnesota 56649
Telephone (218) 283-9073
Fax (218) 283-9151
adamm@ci.international-falls.mn.us

FIRE CHIEF
Adam C. Mannausau

February 15, 2024

Task Force on Emergency Medical Services
Co-Chairs: Rep. John Huot and Sen. Judy Seeberger

RE: Letter of Support for the 2024 MN Emergency Ambulance Service Aid

Dear Co-Chairs: Rep. John Huot and Sen. Judy Seeberger,

I am writing this letter to express our support for the Emergency Ambulance Service Aid bill that will provide one-time, emergency funding to struggling ambulance providers across Minnesota. Though this bill does not fix the entire problem, it is an important first step in ensuring that rural ambulance services can continue to operate in the interim.

As you have heard in your listening sessions, many rural ambulance services across the entire State are struggling due to funding. The International Falls Ambulance is no exception, we have diligently spent the last two years exploring options to fund our Service. Most notably has been the exploration of a taxing district with our local governmental partners that we serve within our PSA.

As stated above, this bill does not fix the long term funding problem faced by EMS providers. This bill does buy time, it buys time for EMS providers, the EMSRB and Legislators to collaborate and determine a sustainable revenue source to support our EMS providers across the State to continue the mission of providing high quality, accessible emergency care to everyone across the State of Minnesota.

Please give this 2024 Emergency Ambulance Service Aid proposal your full attention and if I can answer anything further please let me know. I may be reached at my office located in the International Falls Fire Station, 218-283-9073 or via email at adamm@ci.international-falls.mn.us.

Sincerely,

Adam C. Mannausau
Fire Chief/Ambulance Director
International Falls Fire/Rescue/EMS

Mayor Harley Droba
City of International Falls



DEDICATED TO A STRONG GREATER MINNESOTA

February 15, 2024

VIA EMAIL

Dear Senator Seeberger, Representative Huot, and members of the Joint Emergency Medical Services Task Force,

On behalf of the Coalition of Greater Minnesota Cities (CGMC), I am writing to provide comments as the Task Force begins formulating initial recommendations to the Legislature regarding the challenges facing emergency medical services (EMS) delivery statewide. The CGMC is a group of over 100 cities that play a significant role in ensuring Minnesotans have access to reliable and sustainable emergency medical services. Statewide, over 50% of the ambulance licenses are held by local units of government. Based on the discussions held to date, we have concluded that the best thing the Legislature can do in 2024 is pass an immediate EMS aid bill of \$120 million to support our struggling providers.

The prospect of limited access to timely life-saving EMS care is becoming a stark reality for many Minnesotans as providers continue to face critical financial challenges to EMS delivery and sustainability. Low federal and insurance reimbursement rates, an aging workforce, unsustainable volunteer staffing models, and increased operating costs are threatening the ability of local governments and other providers to ensure the health and safety of their communities.

As you heard during your statewide listening sessions, the primary concern repeated by providers over and over again is that funding mechanisms for their EMS operations are not sustainable. We have heard the exact same thing during discussions with our members at our regional meetings in Eveleth, Cokato, and St. James.

What you did not hear is providers expressing concerns about the regulatory mechanisms or PSA law when it comes to the problems they are experiencing in their EMS delivery efforts. Several rural EMS providers have closed permanently, and many of those remaining are having serious discussions about terminating services, leaving their communities vulnerable to the life-threatening consequences of such a decision. Terminating EMS is not a choice that cities want to make, but they are running out of options.

This issue affects more than just the communities where EMS delivery is disappearing. Any Minnesotan traveling to a family cabin or seeking adventure in the Boundary Waters will also have to deal with the consequences. A vehicle crash or recreational accident in regions without reliable EMS would put visitors at risk of succumbing to their injuries. Without immediate financial support, the safety and well-being of Minnesotans statewide will continue to be in jeopardy.

It is imperative that the Legislature immediately prioritize providing urgent relief to licensed ambulance providers. These providers are facing incredible financial challenges to ensure that Minnesotans can receive emergency health care while broader solutions are developed. The Minnesotans providing these services in their communities—often without adequate pay—do so because they care. But in their time of need, the state government must step up and provide the assistance they are literally screaming for. It would be an indignity if their voices were ignored in this conversation, which is why we encourage you to consider the overwhelming testimony heard during your state tour and include \$120 million in immediate EMS aid in your recommendations to the Legislature.

While there are many common challenges facing our members statewide, we recognize that there can be no “one size fits all” approach towards finding sustainable solutions. We understand that the underlying issues may take significant work and time to resolve. We are fully committed to engaging in future conversations around the structure of the governing board and other options for workforce enhancements, service delivery pilots, and primary service area structures, but there should be no question that funding is the absolute priority for the ambulance service providers in 2024.

Thank you for your consideration of and efforts toward EMS sustainability solutions that support our children, families, and communities.

Sincerely,

A handwritten signature in black ink that reads "Rick Schultz". The signature is written in a cursive style with a prominent "R" and "S".

Rick Schultz, Mayor of St. Joseph
President, Coalition of Greater Minnesota Cities



THE HENNEPIN COUNTY ASSOCIATION OF PARAMEDICS AND EMTs
1325 WINTER ST, SUITE 102. MINNEAPOLIS, MN 55413

February 15, 2024

Dear Senator Seeberger, Representative Huot, and members of the Joint Emergency Medical Services Task Force,

My name is Shane Hallow. I am the president of the Hennepin County Association of Paramedics and EMTs (HCAPE). HCAPE is the exclusive representative for the paramedics, EMTs, and 9-1-1 dispatchers of Hennepin EMS. In addition to my role as Union President, I have worked full-time as a Hennepin County 9-1-1 Paramedic for 10 years.

It is common knowledge that healthcare systems at both the state and national levels are facing difficulties in managing patient flow, volume, and staffing. The EMS profession is no stranger to these challenges. We frequently shoulder the burden of broader healthcare system pressures. While our core mission remains the care and treatment of sick and injured patients, we often contend with a range of service calls that extend beyond immediate and emergent medical needs. These can include tasks such as handling medication refills, responding to frequent frivolous users of the 9-1-1 system, or assisting individuals seeking transportation to appointments.

Our commitment to providing care extends to individuals who lack viable alternatives for seeking medical attention. This includes those who cannot afford or are unaware of traditional transportation options to the hospital. Those facing difficulties with accessing primary care, due to significant waits for appointments, often turn to 9-1-1 as a solution of last resort. It is crucial to acknowledge the considerable impact of the extensive volume of 911 calls and the misuse of the emergency system. These factors play a significant role in eroding the well-being of providers who are already being consistently exposed to high-stress and challenging environments. The excessive demand and misapplication of emergency services adds an extra layer of strain on professionals already grappling with the inherent pressures of their roles, amplifying the challenges they face in maintaining their mental and emotional resilience. Although critical incidents and high exposure to trauma are key contributors to burnout of EMS providers, misuse of the 911 system and increased call volumes add additional pressures which make providers more vulnerable to burnout.

Furthermore, over the last several years, our profession has faced unprecedented challenges, pushing it to the very limits of its resilience. The transformative events of 2020 triggered a significant departure of EMS providers. Overall safety due to the impacts of COVID-19, Civil Unrest, and increased workplace violence had significant impacts on providers. A considerable number of our peers chose to step away due to burnout, grappling with mental health concerns or



THE HENNEPIN COUNTY ASSOCIATION OF PARAMEDICS AND EMTs
1325 WINTER ST, SUITE 102. MINNEAPOLIS, MN 55413

post-traumatic stress disorder (PTSD). Others found themselves unable, or unwilling, to navigate the evolving landscape and safety considerations required for the demanding nature of the work.

The recruitment of individuals into the EMS profession continues to pose a challenge, with a shortage of certified providers at the state level in Minnesota and nationally. It is imperative to prioritize investment in comprehensive workforce development programs that alleviate the burden of entering the career field. The nurses have begun to address these challenges with training programs and tuition reimbursement programs that offer either free tuition or discounted tuition in exchange for years of service to underserved areas such as greater Minnesota, those programs can easily translate in EMS. Currently, if an ambulance service would choose to offer those programs, they would have to pay for the program themselves, or apply for grant funding which is limited.

Recent statistics underscore a significant portion of certified EMS professionals in Minnesota who are presently not active in the field. This predicament is intricately linked to mental health and burnout among these professionals. Moreover, the EMS industry has historically offered limited avenues for career progression beyond managerial roles, contributing to a perception among some professionals that they face a career plateau. Addressing these challenges demands a multifaceted approach to enhance job satisfaction, mental well-being, and provide meaningful opportunities for professional growth within the EMS field.

I would like to elaborate on how we have recognized these challenges and made changes to address them at Hennepin EMS:

- Through negotiations, we have secured substantial wage increases and implemented various incentives within our contract, positioning our service at the top of compensation scales and contractual incentives within the State of Minnesota for hospital-based EMS systems. Demonstrating that investment in the workforce is critical for the attraction and retention of employees.
- The development of mental health support programs that are a departure from traditional employer offered programs. These programs include peer support specialists, who are EMS providers that are trained to support peers during critical incidents and provide access to alternative support services if needed.
- To further address staffing challenges, our service has developed the Paramedic Trainee Program, which pays currently certified EMTs a living wage to attend paramedic school in exchange for 3 years of service upon completion of their schooling. This program has continued to grow our staffing and allowed us to diversify our workforce to better reflect the communities we serve.
- We have launched a BLS division to handle lower priority 911 calls that statistically do not require Advance Life Support (ALS) intervention, such as clogged feeding tubes, dislodged catheters, hiccups, and earaches. By freeing up ALS incidents, the BLS division allows Hennepin EMS to maintain dual-paramedic response to Advance Life



THE HENNEPIN COUNTY ASSOCIATION OF PARAMEDICS AND EMTs
1325 WINTER ST, SUITE 102. MINNEAPOLIS, MN 55413

Support incidents maintaining the highest quality care possible. This type of tiered response model, if done correctly, is the future of EMS response.

- Finally, our medical direction and management has prioritized high quality care through advanced equipment, training, and protocols. Each ambulance is now capable of providing prehospital ultrasounds and advanced surgical airways. In addition, we have P3 paramedics, Technical Rescue Paramedics (TRMS), Special Response Team (SRT) paramedics, and Water Rescue Paramedics (WRM) who are trained at a high level to respond to specialized incidents. These pathways provide alternative opportunities which keep employees engaged within the career field.

I acknowledge that these challenges are not specific to Hennepin County and are having a more profound impact in greater Minnesota. Our EMS workers and ambulance services are facing unprecedented challenges, while being asked to do more than they have ever done. Burnout, misuse of the 911 system, and lack of adequate funding for EMS services are critical needs that must be addressed through workforce development, public education, creative changes to 911 response, and support for the 911 providers.

On behalf of HCAPE, I offer our full support for the Emergency Ambulance Aid Bill that will provide funding to support those ambulance services, particularly in rural areas across the State, which are struggling to keep their doors open and their ambulances staffed. Ambulance leaders from across the State are committed to working to find a sustainable revenue source to be considered by the legislature in 2025 that will ensure communities across the State will have quality access to quality EMS, long term funding, and improvements to the service that will support EMS providers in their mission to provide essential, lifesaving care to all of Minnesota.

Respectfully,

Shane Hallow

President

Hennepin County Association of Paramedics and EMTs



Cloquet Area Fire District

508 Cloquet Avenue ° Cloquet, MN 55720
Phone: (218) 499-4258 ° Fax: (218) 499-4289

02/13/2024

Minnesota EMS Taskforce Members,

As many of you who serve, or had previously served as part of Minnesota's emergency medical services know, we typically don't sound the alarm until we have reached a critical juncture. We continue to adapt, modify and respond regardless of circumstances, conditions or staffing levels – it is in our nature! Ambulance service providers are telling you now; we are in trouble. The result of one failing or failed service is an increased burden on those around us, and the increased costs to operate impedes our services in their efforts to adapt to the ever-changing circumstances in which we operate.

You have heard from hundreds of speakers across the state about the same funding challenges we are all facing. Inflationary impacts to the cost of capital equipment, supplies and services, our workforce challenges that include decreased interest in becoming an EMS professional and the need to pay competitively, and the ever-increasing call volume has emphasized the constantly widening gap between the cost to provide service and the inadequate amounts received from billing reimbursements. I am asking that you act by supporting the funding bill being introduced that asks for \$120M to aid struggling ambulance services in Minnesota.

This appropriation of financial aid to ambulance services should be looked at as a bridge; it will get us from our dire current position, to one that includes innovation, long-term solutions and unifying ideas to solidify a critical, essential public safety service in Minnesota. The funding will allow our ambulance services to invest in capital equipment, training and education, recruitment and retention efforts and facilities improvements that will ensure a safe, healthy working environment. All of these investments will help curtail the greatest risk to EMS in our state, which is the loss of our most important resource- our responders!

Please reach out to me at any time if I can be of assistance in your efforts to secure our EMS/Ambulance services future.

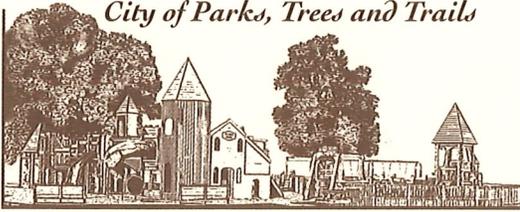
Sincerely,

Jesse Buhs

Fire Chief

Cloquet Area Fire & Ambulance District

The mission of the Cloquet Area Fire District is to provide our member communities with unified fire protection, rescue, emergency medical services and public safety education. We will deliver these services with accountability, efficiency and quality.



City of Parks, Trees and Trails

City of Rushford

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Phone: 507-864-2444 Fax: 864-7003

DATE: 2/15/2024

Subject: Urgent Appeal for Collaborative Financial Support for EMS

Dear Members of the Legislative Task Force on EMS,

I trust this message finds you well. As the City Administrator of Rushford, I am reaching out to share a reality-based testimonial that underscores the critical need for collaborative financial support for Emergency Medical Services (EMS) at the local, state, and federal levels.

In recent years, our community has been actively addressing the decline in volunteerism through ongoing recruitment efforts. A significant shift is underway as dedicated individuals near retirement actively contribute to our recruitment initiatives. While strategic, this transition poses potential challenges, especially regarding service disruptions. Moving to an on-call system was a cultural shift, but a deliberate strategy and uncertainties remain regarding its effectiveness in incentivizing volunteers and ensuring sufficient coverage. As the retirements of active volunteers inevitably occur, increasing pressure on our systems and service coverage will grow.

During our recent council meeting on February 12th, we proactively approved on-call arrangements, base rates, mileage charges, and per-capita contract fees to bolster our services and support the broader community. Nevertheless, the local level has borne the weight of these challenges for too long, navigating changes, disruptions, and resource limitations.

Two exceptional individuals conducted many runs in the last few years, highlighting the strain on dedicated responders. The impending retirements of these individuals intensify our workforce challenges. As we grapple with these issues on the local front lines, we urgently seek true partners at the state and federal levels who can comprehend our mission and collaborate to establish consistent, reliable support.

Recognizing that leaders confront challenges head-on, I appeal to you for assistance on a broader scale. The dedication and efforts of EMS providers at the local level warrant recognition and support from the state and federal levels. As we invest our energy in overcoming these challenges, we implore your support to create a robust foundation ensuring the sustainability of EMS services in our community.

Your attention to this matter is greatly appreciated, and I look forward to the positive impact that collaborative efforts can bring to EMS services nationwide.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tony R. Chladek'.

Tony R. Chladek
City Administrator
City of Rushford

Active Member Run Roster

	2019		2020		2021		2022		2023	
	Total Calls	309	Total Calls	287	Total Calls	325	Total Calls	302	Total Calls	331
EMTS	Runs	% Total Calls								
Evan Meier	25	8%	11	4%	18	6%	13	4%	24	7%
Karen Rislove	32	10%	42	15%	24	7%	27	9%	28	8%
Kasey Nelson	14	5%	3	1%	2	1%	1	0%	0	0%
Andrea Brand	60	19%	61	21%	64	20%	41	14%	40	12%
Lynn Humble Done 5/19/23	43	14%	40	14%	67	21%	96	32%	59	18%
Curt Courier	125	40%	128	45%	196	60%	154	51%	164	50%
Paul Corcoran	163	53%	166	58%	226	70%	134	44%	151	46%
Joey Busse					2	1%	58	19%	117	35%
Alicia Gady							29	10%	61	18%
Shannon Meier							82	27%	81	24%
Tim Schwendinger									3	1%
Sam Schwendinger									2	1%
EMRS									0	0%
Nick Corcoran - Fire	10	3%	16	6%	3	1%	3	1%	0	0%
Alisa Payne							24	8%	37	11%
Amber Skree							35	12%	22	7%
Luther Berge							3	1%	1	0%
Jaden Christenson							11	4%	4	1%
Caitlyn Speece									7	2%
Drivers										
Isaiah Burke	48		24		35		9		19	
Nate Klinski					2		23		18	
Tim Kingsley									17	
David Brand	63		73		64		52		70	
Total Drivers Only	111	36%	97	34%	101	31%	84	28%	124	37%
Total EMT/EMR as Drivers	198	64%	190	66%	224	69%	218	72%	207	63%

These are total runs for each ambulance volunteer

Does not take into account if it's day time or night time

Does not take into account if it's weekday or weekend

Does not take into account if it's a no load or a 100 mile trip or a report only

Does not take into account people covering for others due to events/illness/etc.

Does not take into account people changing jobs, school, work shift, etc.

These runs might be one event with several patients treated/transported

These runs can vary between 2 -4 personnel on a run depending on circumstances



**WRITTEN TESTIMONY OF
DENA SUIHKONEN
AMBULANCE DIRECTOR
TOWER AREA AMBULANCE SERVICE
OWNED AND OPERATED BY THE
CITY OF TOWER, MN.**

A heartfelt thank you to all members of the Task Force on Emergency Medical Services (EMS). My name is Dena Suihkonen, and I am an Ambulance Director/EMS Provider practicing in rural Minnesota. The task force members' willingness to come to Mountain Iron, MN on December 13, 2023, to listen to our stories and strife, has given me hope. My hope is that our legislators will provide meaningful and permanent funding (be it by taxation of each PSA, or another source) which will allow rural communities to continue providing these much needed and necessary services. These Field Hearings, or as many of the task force members called them, "listening sessions," allowed "boots on the ground" EMS Providers the ability to highlight our challenges.

As the task force members will once again be meeting on Friday, February 16, 2024, I appreciate this opportunity to provide a more detailed written testimony. This written testimony is intended to highlight challenges Rural Ambulance Services are facing due to geographical location, net tax capacity, and smaller populations, as well as higher Medicare and Medicaid patient ratios. As Paul Peltier, Executive Director of the Range Association of Municipalities and Schools (RAMS), so eloquently stated during a roundtable discussion our rural services had

with US Senator Tina Smith, *“This needs to be a rural solution for a rural fit. The problem is in rural Minnesota, it is an acute, specialized problem that needs acute, specialized tactics and solutions to it, because our net tax capacity can’t keep up with the seven-county metro area.”*

Tower Area Ambulance Service (TAAS) is owned and operated by the City of Tower, MN. We are in an area nicknamed the “Iron Range” due to its deep pockets of iron ore, which brought many settlers to our area. However, between the closure of some of our mines, as well as the use of automation to handle larger workloads, the number of mining employees has dropped significantly. Many residents moved away to find employment to match their skillset as well as living wages.

In the 1980’s, the Emergency Medical Services Regulatory Board (EMSRB), per MN Statute 144E.06, assigned Tower Area Ambulance Service (as well as other MN ambulance services) their Primary Service Area (PSA). Since the 1980’s, the City of Tower/Tower Area Ambulance Service has provided ambulance services for the City of Tower, Breitung Township, Eagles Nest Township, Greenwood Township, Kugler Township, Vermilion Lake Township, many areas of Unorganized Townships including Trout Lake in the BWCA, as well as a portion of Embarrass Township and the Bois Forte Band of Chippewa. The last official US census (2020) shows the City of Tower population at 426 permanent year-round residents. However, TAAS must provide services for more than 3,000 permanent year-round residents, as well as part-time residents and visitors. Depending on the time of year, the daily census numbers can double or even triple.

In the 1990’s the EMSRB added statute 144E.10 subd 11. This statute states all services must have a written on-call schedule which means a schedule must be kept showing two personnel who will take a call 24/7/365. Covering these hours proved almost impossible. Trying to help smaller departments, the EMSRB added an exclusion allowing BLS rural services

to now cover those hours with one EMT and either an EMT or an EMR to work those on call hours 24/7/365. However, even with this change the coverage was very hard to find.

In 2017, the former Ambulance Director requested that the City of Tower begin a paid-on-call program, realizing that expecting EMT's and EMR's to donate their time on call or on 911 calls, was asking a lot, and personnel was becoming harder to come by. Due to our geographic location our 911 calls average two hours. Due to these and other factors, the paid-on-call era began for the City of Tower/TAAS. Today almost all rural services are paying their staff to cover on-call hours and 911 patient care hours. The EMSRB, when advised of the monetary cost services are paying to hopefully meet the statute, advised that their job is to make sure services are meeting the statute and not to help fund services.

Fast Forward to the year 2023 and the City of Tower has spent over 10% of their annual property tax levy (over \$51K) to barely keep TAAS in the black. Without this funding TAAS would not have made it. However, the City of Tower cannot continue supporting TAAS in this way. As a low/moderate income community Tower is not financially equipped to continue subsidizing TAAS. The service area has quite a few other governing bodies who could and should be supporting their service as well.

In Conclusion: Rural ambulance services need legislative help to survive. We need you to come up with a formula to either provide funds directly from the State or a taxing formula requiring each PSA entity to support their ambulance service. We greatly appreciate all the efforts that have been made to help us.

Thank you for taking the time to read my plea.

Dena Suihkonen
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