Senate File 3902 – Ambulance Service Reporting Requirements

Minnesota Senate Health Committee

Chair and Members of the Committee,

Thank you for the opportunity to submit written comments regarding Senate File 3902.

My name is Michael Schultz, and I serve as Director of Emergency Medical Services for Sanford Health. Sanford operates licensed ambulance services across Minnesota, providing emergency and non-emergency medical care in both urban and rural communities. I am offering the following comments to outline operational considerations related to SF 3902 and its impact on licensed ambulance services.

Summary of the Bill

Senate File 3902 amends Minnesota Statute §144E.123 to require licensed ambulance services ("licensees") to annually collect, aggregate, and report municipality-level prehospital care data for every emergency response. The bill states that *"a licensee must annually collect"* and *"must report the prehospital care data…to the director."*

As written, the statute assigns full responsibility for data collection, aggregation, formatting, and submission to ambulance services themselves. The Office of Emergency Medical Services (OEMS) is directed to publish the data it receives but is not tasked with compiling, generating, or aggregating the required reports.

Key Concern: The State Already Possesses the Underlying Data

All data elements required under SF 3902 are already documented in EMS patient care reports (PCRs) and submitted to the State of Minnesota through MNSTAR, the state's NEMSIS-compliant reporting system. Minnesota maintains a complete NEMSIS v3.5 dataset, with statewide validation rules and standardized data elements governing PCR submission.

In addition, OEMS already maintains multiple systems supporting EMS data oversight and public reporting. SF 3902 would require every licensed ambulance service to independently extract, aggregate, analyze, and format data that the state already possesses in raw form.

Operational Impact on Ambulance Services

If enacted as written, SF 3902 would require ambulance services to:

- Publish fee schedules in conjunction with annual reporting; The OEMS can create a rule to get this during the typical re-licensure process
- Aggregate call data by municipality, including response mode, transport destination, mutual aid activity, fee schedule categories, and transport disposition.
- Dedicate additional administrative time and technical resources to ensure ongoing compliance; and

These requirements represent duplicative reporting and a significant increase in administrative workload. Importantly, they do not improve patient outcomes, response performance, or system coordination. Instead, they shift analytic responsibilities from a centralized state entity to dozens of individual providers, many of whom lack dedicated data or analytics staff—especially in rural settings.

Considerations for the Committee

As the Committee reviews SF 3902, I respectfully encourage consideration of the following:

- Minnesota already receives all required underlying prehospital care data through MNSTAR/NEMSIS.
- The bill duplicates existing data submission requirements while shifting analytic responsibility to local agencies.
- OEMS is best positioned to centrally generate municipality-level reports using data it already maintains.
- If additional reporting mandates remain, corresponding state support or funding should be considered to offset the administrative burden placed on ambulance services.

Closing

Ambulance services support transparent, accurate, and meaningful use of EMS data. However, reporting requirements should be structured in a way that leverages existing state

systems, avoids unnecessary duplication, and preserves local agency capacity to focus on patient care and emergency readiness.

Thank you for the opportunity to provide input on SF 3902. I appreciate the Committee's consideration of these operational perspectives and am available to answer questions or provide additional technical clarification.

Respectfully submitted,

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