October 14, 2015
**10:00 – 11:30 a.m.**

1. Call to Order  (Comm. Sivarajah)

2. Approve Agenda  (Comm. Sivarajah)

3. Consent Agenda (Comm. Sivarajah)
   A. Approval of Previous Meeting Minutes  
      (September 9, 2015)
   B. Approval: August Treasurer’s Report
   C. Correspondence

4. Issues and Action Requests
   A. Approval to Correct 2015 Assessment Invoice Amounts (Rohret)
   B. Acceptance of FY2015 HSEM Grant for 3 ECHO Training (Robinson)
   C. Acceptance of MDH Grant for Narcan (Robinson)
   D. Recommendation of Resolution Supporting Stable EMS Program Funding (Robinson)

5. Reports
   A. Statewide Emergency Communications Board (SECB) Reports:
      1. Finance (Comm. Huffman /Comm. R. Johnson)
      2. Legislative (Comm. Egan /Comm. Bigham)
      4. OTC & Other SECB Committees (Tretter)
   B. NG911-GIS Update Presentation (Gordon Chinander, MESB; Randy Knippel, Dakota County)

6. Old Business

7. Adjourn
MEETING MINUTES
SEPTEMBER 9, 2015

Commissioners Present:

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<tr>
<th>ANOKA</th>
<th>HENNEPIN</th>
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<tr>
<td>Rhonda Sivarajah</td>
<td>Randy Johnson</td>
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<td>Mike Gamache</td>
<td>Linda Higgins</td>
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<tr>
<th>CARVER</th>
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<tr>
<td>Jim Ische</td>
<td>Greg Anderson</td>
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<td>Gayle Degler</td>
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<tr>
<th>CHISAGO</th>
<th>RAMSEY</th>
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<tr>
<td>George McMahon</td>
<td>Blake Huffman</td>
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<td>Jim McDonough</td>
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<th>City of Minneapolis</th>
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<tr>
<td>Andrew Johnson</td>
<td>Barbara Marschall</td>
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<td>Tom Wolf</td>
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<th>DAKOTA</th>
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<td>Tom Egan</td>
<td>Ted Bearth</td>
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<td>Mike Slavik</td>
<td>Fran Miron</td>
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**Staff Present:** Jill Rohret; Pete Eggimann; Kelli Jackson; Troy Tretter; Martha Ziese; and Jay Arneson, *MESB Board Counsel*

**Guests Attending:** Rick Juth, *MN DPS/ECN*; Dave Eischens, *Motorola*; and Scott Wosje, *Northland Business Systems*

1. **Call to Order**
Meeting was called to order at 10:05 by MESB 2015 Chair, Commissioner Sivarajah.

2. **Approval of Agenda**
*Motion made by Commissioner Bearth, seconded by Commissioner Egan. Motion Carried.*

3. **Approval of Consent Agenda**
*Motion made by Commissioner Bearth, seconded by Commissioner Egan to approve the Consent Agenda. Motion Carried.*

4. **Issues and Action Requests**
A. **Radio TOC (Rohret)**
1. **Approval of Anoka County Console Upgrade & Addition**
   *Motion made by Commissioner McMahon, seconded by Commissioner Bearth to recommend approval of the Anoka County request to upgrade its current consoles and add two consoles. Motion Carried.*

2. **Approval of City of White Bear Lake Console Upgrade & Addition**
   *Motion made by Commissioner Egan, seconded by Commissioner Wolf to recommend approval of the City of White Bear Lake request to upgrade its current consoles and add one console. Motion Carried.*
4. B. Approval of Amendments to MESB Policies (Rohret)
   1. Policy 001 – Board Policies
   2. Policy 002 – Officer Succession
   3. Policy 003 – Bylaws (Discussion Only)
   4. Policy 004 – Per Diem
   5. Policy 016 – Oath of Office
   6. Policy 017 – Conflict of Interest
   7. Policy 019 – Gift Acceptance
   8. Policy 020 – Government Site Leases

Motion made by Commissioner McMahon, seconded by Commissioner Ische to recommend approval of amendments to MESB Policies 001, 002, 003, 004, 016, 017, 019, 020, and 021. Motion Carried.

5. Reports

A. Statewide Emergency Communications Board (SECB) Reports:
   1. Finance (Rohret)
      The Finance Committee meets tomorrow. The agenda for that meeting will include the ARMER integration grant requests for Mahnomen County in the amount of approximately $30,000 and Beltrami County in the amount of $226,000.

      The August meeting had a discussion on the 7.19 upgrade. A letter went out to all County Administrators with c.c. to Radio System Administrators requesting a response if they can meet the change in budgets.

   2. Legislative (Rohret) – Cancelled

   3. OTC (Rohret)
      The OTC has been meeting the last few months. They have been discussing the console requests. Troy Tretter added they did approve console upgrades on today's MESB agenda. The OTC also discussed increasing some coverage for some talkgroups outside to inside the metro due to the increase of some transport groups of mental health patients. They do anticipate an increasing need for coverage.

   4. Steering (Rohret)
      The Steering Committee met in July and August, and will meet again this afternoon. The committee discussed a governance study done by a consultant which was a requirement for the SLIGP grant for FirstNet. The report identified six perceptions of the SECB. The committee conducted a poll to see if those interviewed still felt the same way. One of the interviewees felt that no tribal representation was an issue. The other item was the interoperability between other states and Canada. The committee is also looking into establishing an Education and Outreach workgroup.

   5. Board (Bearth) – Cancelled

5. B. Executive Director’s Report (Rohret)

Rohret introduced Troy Tretter, the new Radio Services Coordinator. Tretter was the Interoperable Communications Manager for the Minnesota National Guard for eight years. He
also has been involved with the State Emergency Communications Board and with the Metro Communications Response Task Force.

Rohret will continue to work on the Board’s policies. The IT policies in particular will have an abundance of changes. The credit card policy will be updated as well. Those proposed changes will be brought before the Executive Committee before bringing them to the full Board for approval.

The 2016 budget did not need be adjusted due to the Dakota County healthcare benefit figures. The 2015 budget does have an assessment discrepancy. This will be on the Board agenda for next month (October). The correct notices were sent out in August of last year. The discrepancy occurred when the information was transferred over to the invoices. Hennepin County was overbilled and all other member counties were under billed. Rohret clarified that this is for 2015. The notices were correct, but the invoices of 2015 were not. All counties were given the correct 2015 budget amounts.

The 2016 proposed meeting dates will be on the October agenda.

National Association of Counties is presenting an Achievement Award to Hennepin County and the metro collaborators in the area of GIS for the metro region’s Centerline Collaboration. The project was managed by Hennepin County. The award will be presented at the Hennepin County Board meeting on September 22, 2015. Gordy Chinander, MESB GIS Manager will be present.

Commissioner Marschall asked Rohret if the policies that are being updated were based on current practices or anticipated requirements. Rohret responded that they were being reviewed for both, but the changes to the IT policies will be predominately based on the anticipated requirements and technological changes and advancements, as they have not been changed since 1998. They will go to the Executive Committee before the Board for approval.

6. Old Business - None

Adjourn
TO: Metropolitan Emergency Services Board

FROM: City of Minneapolis Councilmember Andrew Johnson, MESB Treasurer

RE: Treasurer’s Report – August 2015

DATE: October 2, 2015

As Treasurer for the Metropolitan Emergency Services Board it is necessary to review the following documents:

- Monthly summary financial reports for Administration, 911, Radio and EMS
- Explanation for significant variance from budget report for Administration, 911, Radio and EMS.

The review was conducted on October 2, 2015.

Sincerely,

Received email approval

Andrew Johnson, Councilmember
City of Minneapolis
Treasurer, Metropolitan Emergency Services Board
RECOMMENDATION
Staff recommends approval of the plan to correct the 2015 MESB Assessment invoices:
- Refund Hennepin County the $20,487.00 overage for which it was invoiced
- Bill all other MESB member agencies for the amounts their invoices were shorted, ranging from $354.00 to $4,791.00 (see attached for detail; “Difference” column amounts will be the new invoices)

BACKGROUND
By August 1 of every year, the MESB must notify its member agencies of their assessment amount for the following year. The MESB then sends out invoices to the member agencies in December for the following year. Normally, the invoices match the amount listed in the notification, unless the Board adjusts the budget lower.

ISSUES & CONCERNS
While beginning to prepare for end-of-year financial requirements, the Financial Services Coordinator noticed that the assessment notice amounts and the actual invoiced amounts for 2015 MESB assessments did not match, due to a spreadsheet error. The error resulted in Hennepin County being over-invoiced by $20,487.00 and all other invoices being reduced.

Hennepin County pays the 911 administrative assessment on behalf of the whole county, but pays radio administrative assessments for the county minus Minneapolis; Minneapolis pays directly for the radio administrative assessment. The 2015 invoicing spreadsheet did not subtract Minneapolis out of the radio administrative assessment portion for Hennepin County, resulting in the overbilling.

Because the 2015 noticed amount was correct, and that is the amount agencies used in creating their budgets, staff recommends refunding Hennepin County its overage and sending a follow-up invoice to all other MESB agencies billing them for the difference the overage payment created.

FINANCIAL IMPACT
None other than staff time to re-invoice and process the reimbursement payment. The 2015 budgeted revenue will remain intact.

MOTION BY: SECONDED BY: MOTION APPROVED:
____ YES ______ NO
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July 14, 2014

Mr. Jerry Soma
Anoka County Administrator
2100 3rd Avenue
Anoka, MN 55303

Subject: Contribution according to assessment formula of Joint Powers Agreement

Dear Mr. Soma:

By August 1st of each year the Metropolitan Emergency Services Board determines the amount of contribution of each member county according to the assessment formula described in section 3 of the Joint Powers Agreement. This value should be used in the county’s budgeting process.

Enclosed is a chart showing the anticipated Anoka County contribution amount for the 2015 MESB operating expenses. The invoice for assessment amount due will be mailed in December.

Regards,

[Signature]

Martin Moody
Executive Director
Metropolitan Emergency Services Board
651-643-8398

Attachment
Cc: Rhonda Sivarajah
    Carol LeDoux
# Metropolitan Emergency Services Board — Assessment to Members

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<td>$1,143,392</td>
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December 8, 2014

Mr. Jerry Soma
Anoka County Administrator
2100 3rd Avenue
Anoka, MN 55303

Dear Mr. Soma:

Enclosed you will find the Assessment Invoice for 2015 from the Metropolitan Emergency Services Board. As you know the Metropolitan Emergency Services Board is a Joint Powers Agreement comprised of nine metro counties and the City of Minneapolis whose responsibility it is to oversee and manage the 911 network and database, the metro region EMS program and the 800 MHz radio system in the metro area. Anoka County is a member of the Metropolitan Emergency Services Board.

The Board notified member counties of their year 2015 assessment in July this year, as prescribed by the Metropolitan Emergency Services Board Joint Powers Agreement.

The attached invoice is payable in January 2015.

If you have any questions, please feel free to contact me at 651-643-8398 or mmoody@mn-mesb.org.

Sincerely,

[Signature]

Martin Moody
Executive Director

Attachment

Cc: Rhonda Sivarajah
   Carol LeDoux
Bill To:

Mr. Jerry Soma
Anoka County Administrator
2100 3rd Avenue
Anoka, MN 55303

Invoice # 15-103

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<td>$129,040</td>
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Please Remit To:

METROPOLITAN EMERGENCY SERVICES BOARD
2099 University Avenue  Suite 201
Saint Paul, Minnesota 55104-3431
651-643-8382
Attn: Kelli Jackson
kjackson@mns-mesb.org

B.U. # _____________________________
Obj # _____________________________
Client # __________________________
Date ________________  U.T. _____
Rec. ________________
Auth. _______________________

Submitted By: _______________________
RECOMMENDATION
Staff recommends the Board accept the State of Minnesota FY2015 HSEM Grant for the continuation of 3 ECHO regional training. The grant period is January 1st through December 31, 2016. This grant of $100,000.00 is administered by the MN Homeland Security and Emergency Management (HSEM) and utilizes federal FY2015 State Homeland Security Program funds.

BACKGROUND
In 2009, the MESB-Metro Region EMS System was awarded Federal Metropolitan Medical Response System (MMRS) funds to develop a regional post-blast response plan. Early in the planning process, a larger multi-discipline active shooter response gap was uncovered. The planning team noted similarities to both active shooter and post-blast response strategies and incorporated them into what now is 3-ECHO Hostile Event training and response plan. Since 2009, the MESB-Metro Region EMS System has been awarded additional funding from various sources to continue 3-ECHO development and training. During the last five (5) years, the MESB-Metro Region EMS System and the 3-ECHO cadre of instructors have successfully trained over 3,500 first responders to use this unique response strategy. The Minnesota Department of Public Safety and HSEM have stated they are committed to continue funding 3-ECHO training and have stated that this program is looked upon by them and other states as a “best practice” response strategy.

The 3-ECHO 12 hour face-to-face course serves as a basic introduction to the activities and processes of a unified multidiscipline and multi-agency response to a mass casualty hostile event. The ideal number of participants is 60 with 50-60% from law enforcement, 20-25% EMS, and 20-25% fire service. Every student must have home agency approval to attend this course and be insured and indemnified by their employer.

ISSUES & CONCERNS
The grant deliverables include the provision of four (4) Train-the-Trainer or Trainer Certification courses (10 hours). Some of these sessions may be offered outside of the metro region. However, these sessions are mostly scheduled just outside the metro region’s geographic borders and are open to any responder who meets the minimum requirements and is recommended by their employer, regardless of region or discipline.

FINANCIAL IMPACT
This grant provides funding for a minimum of two (2), twelve (12) hour 3 ECHO trainings and four (4) 10 hour Train-the-Trainer classes; all instructor, most course materials and logistics costs are covered by this grant. However, Federal rules prohibit the use of DHS funds for certain training items and foods. The EMS FY2016-2017 work plan has budgeted funds budgeted to support 3-ECHO trainings and cover ‘prohibited’ expenses.
September 16, 2015

Ron Robinson
Metropolitan Emergency Services Board
2099 University Ave W
St. Paul, MN 55104

Mr. Robinson:

I am pleased to inform you that the Metropolitan Emergency Services Board (MESB) has been awarded a Fiscal Year 2015 State Homeland Security Grant Program (FY 2015 SHSP) grant in the amount of $100,000 for the Mass Care/Mass Casualties project included in your application and outlined on the second page of this letter.

FY2015 SHSP is a reimbursement grant program of federal funds with a performance period from January 1, 2016 to December 31, 2016. The grant award is specific to the approved projects; funds cannot be re-allocated to other activities without prior state approval.

HSEM will create a record of your grant in E-Grants, our online grant management system, and will contact you to ask that you “make application” by completing E-Grants forms and budgets. Once they are submitted and approved by HSEM, a formal Grant Agreement will be issued and sent to you for signature. The grant is officially awarded when the Grant Agreement has been signed by your agency, a representative of HSEM, and a representative of the Department of Public Safety’s office of Fiscal and Administrative Services.

Please review the approved grant-funded activities on the next page, be ready to “make application” in E-Grants when notified by HSEM, and as always, contact us with any questions. The HSEM contact for this grant is Kathryn Halling, Homeland Security Grant Administrator (651-201-7493, Kathryn.Halling@state.mn.us).

HSEM recognizes the value of your organization’s work and is pleased to provide funding in support of new and ongoing efforts to strengthen local preparedness and sustain core capabilities throughout the state.

Thank you and congratulations,

Joe Kelly, Director
Approved projects for the MESB FY2015 SHSP grant:

Investment: Mass Care/Mass Casualties

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<td>Equipment</td>
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RECOMMENDATION
Staff recommends the Board accept the State of Minnesota Grant of $70,000 to purchase opiate antagonists and educate and train emergency medical services persons (as defined in Minnesota Statutes, section 144.7401, subdivision 4, clauses (1) and (2)), in the use of these antagonists in the event of an opioid or heroin overdose.

BACKGROUND
The Minnesota Legislature enacted "Steve's Law" during the 2014 legislative session. This law allows for more widespread distribution and administration of naloxone in hopes that deaths related to opiate overdoses can be prevented. Administration of this program was not decided until May 2015, when the Legislature allocated $290,000 in grants to the eight EMS regions via the Minnesota Department of Health (MDH).

CHAPTER 232--S.F. No. 1900
An act relating to health; providing for drug overdose prevention and medical assistance; limiting liability; amending Minnesota Statutes 2012, sections 144E.101, subdivision 6; 151.37, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 604A.

Sec. 2. Minnesota Statutes 2012, section 151.37, is amended by adding a subdivision to read:
Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to section 148.235, or a licensed physician’s assistant authorized to prescribe drugs pursuant to section 147A.18, may authorize the following individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:
(1) an emergency medical responder registered pursuant to section 144E.27;
(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d); and
(3) staff of community-based health disease prevention or social service programs.
(b) For the purposes of this subdivision, opiate antagonists may be administered by one of these individuals only if:
(1) the licensed physician, licensed physician’s assistant, or licensed advanced practice registered nurse has issued a standing order to, or entered into a protocol with, the individual; and
(2) the individual has training in the recognition of signs of opiate overdose and the use of opiate antagonists as part of the emergency response to opiate overdose.
(c) Nothing in this section prohibits the possession and administration of naloxone pursuant to section 604A.04.

Sec. 3. **[604A.04] GOOD SAMARITAN OVERDOSE PREVENTION.**
Subdivision 1. **Definitions; opiate antagonist.** For purposes of this section, "opiate antagonist" means naloxone hydrochloride or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.
Subd. 2. **Authority to possess and administer opiate antagonists; release from liability.** (a) A person who is not a health care professional may possess or administer an opiate antagonist that is prescribed, dispensed, or distributed by a licensed health care professional pursuant to subdivision 3.
(b) A person who is not a health care professional who acts in good faith in administering an opiate antagonist to another person whom the person believes in good faith to be suffering a drug overdose is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act.
ISSUES & CONCERNS
Planning for the EMS program for the current EMSRB grants for FY2016-2017 began in early 2015; work on the programs contained in those grants commenced on July 1, 2015. At the time the program planning occurred, it was unknown that the EMS regions would be the administrators of the opioid antagonist program. The Metro Region EMS System already has a robust two-year work plan without the work outlined to be completed through this new MDH grant.

It is important to note that the MDH funds, as noted in the authorizing legislation, may be used to purchase the opioid antagonist and to educate and train emergency medical services persons; this includes the purchase of requisite supplies and materials (up to five percent) to conduct the training and education, as well as required and reasonable salary (up to five percent) and administrative support or indirect costs (up to seven percent) It is expected that 83 percent of the funds will be used to purchase (and distribute or administer) opiate antagonists.

Staff believes that the MESB can successfully complete all of the proposed grant duties only if the face-to-face training and direct purchase and distribution of the opiate antagonist is outsourced through the EMS transport providers within the region. Most of the first responder agencies who are currently operating under this statute and are carrying an opioid antagonist, have sought physician oversight and training from the EMS agency that trains their responders and/or provides EMS transportation in their jurisdiction.

The grant period is October 1, 2015 through June 30, 2017. This grant of $70,000.00 is administered by the Minnesota Department of Health.

FINANCIAL IMPACT
Staff time and administrative expenses required to administer this grant will be reimbursed by the grant, up to the limits listed above.
RECOMMENDATION
Staff recommends the Board promote a resolution from each MESB member jurisdiction that calls upon the Minnesota State Legislature to make sufficient and stable funding of the regional EMS systems a high priority. In addition, when creating new, or increasing current, revenue sources from actions which could result in EMS response, a dedicated portion be set aside for funding the Regional EMS Systems.

BACKGROUND
The current regionalization of Emergency Medical Services (EMS) originated from the Federal Highway Safety Act of 1970. The Act provided federal funding for regional EMS systems in response to criticism of failure to design safe highways and efficiently respond to and treat the large number of injured victims from vehicle crashes on U.S. highways and roads. When the federal funding ceased, the State of Minnesota chose to continue to fund and promote the EMS regional systems.

After many years, the concept of regionalized EMS systems was revitalized in a 2006 Institute of Medicine (IOM) report titled The Future of Emergency Medical Care in the United States Health System. The report recommended the establishment of coordinated, regionalized, and accountable systems of emergency and trauma care throughout the country to assure effective EMS systems are [remain] in place.

In 1985, the Minnesota State Legislature enacted the Minnesota Emergency Medical Services System Act (144E.50) that created the EMS system fund. The fund is equally divided by the eight regions and is often used to cover each regional entity’s overhead; the EMS system fund initially provided $156,036 every two years for the eight regions. In 1988, the Legislature amended the seat belt requirement statute creating a fine for lack of seat belt use with at least 50% of the collected fines to be deposited to a special account – the emergency medical services relief account, which is also split equally among the eight regions.

Unfortunately, the EMS system fund has never increased in 31 years; the fund amount was cut in 2010 by 6.25% to $143,250 every two years, which is the amount of funding shared by the eight regions today. Similarly, the EMS relief funds have drastically dwindled due to high compliance with Minnesota’s seat belt law. The EMS relief funds peaked in 2011, and have declined dramatically since then, to less than $100,000 in FY 2015 (see attached graphs). To say the least, Minnesota’s eight regional EMS systems severely need sufficient and stable funding.

ISSUES & CONCERNS
Because Minnesota has maintained and financially supported its regional EMS systems, the citizens of the metro region receive some of the best emergency care in the nation. The MESB-Metro Region EMS System strives to deliver quality personnel training, EMS coordination, public safety support, integrated healthcare systems integration, and system management to the EMS system. The metro region has been expected to provide more services with less funding.

Across Minnesota’s EMS regions, there is universal agreement on the need for sufficient, stable funding.

The Central Minnesota EMS Region JPA, in an attempt to create an awareness of the significant funding need for regional EMS and to stimulate a legislative action, has created a resolution for counties to pass, calls upon the
Minnesota State Legislature to make sufficient and stable funding of regional EMS systems a high priority. They have asked the other regions to do the same. Each County is also encouraged to contact the Association of Minnesota Counties (AMC) Public Safety Policy Committee to endorse this position, in hopes that the AMC would urge its members to engage their legislators to prioritize long-term, sustainable regional EMS system funding.

**FINANCIAL IMPACT**
None to the MESB. If the effort is successful, the result would be increased funds to provide EMS programming in the metro region.
### Minnesota Seat Belt Compliance

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<tbody>
<tr>
<td>%</td>
<td>79.4</td>
<td>82.1</td>
<td>83.9</td>
<td>83.3</td>
<td>87.8</td>
<td>86.7</td>
<td>90.2</td>
<td>92.3</td>
<td>92.7</td>
<td>93.6</td>
<td>94.8</td>
<td>94.7</td>
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### July EMS Relief fund revenue Comparison by year

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</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>18413</td>
<td>19440.09</td>
<td>14221.48</td>
<td>13053.21</td>
<td>14056.77</td>
<td>27422.33</td>
<td>41413.99</td>
<td>13603.92</td>
<td>14787.01</td>
<td>12244.56</td>
<td>9877.45</td>
</tr>
</tbody>
</table>
EMS RELIEF FUNDS ACTUAL vs. BUDGETED (-23%)

<table>
<thead>
<tr>
<th>FY 2014-2015</th>
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<tbody>
<tr>
<td>Actual</td>
<td>$232,841.62</td>
</tr>
<tr>
<td>Budgeted</td>
<td>$303,750.00</td>
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</tbody>
</table>

EMS RELIEF FUNDS ACTUAL vs. BUDGETED FY 2015 (-36%)

<table>
<thead>
<tr>
<th>FY 2015</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>$96,496.07</td>
</tr>
<tr>
<td>Budgeted</td>
<td>$151,875.00</td>
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</tbody>
</table>
Resolution 2015-16

Emergency Medical Services Funding

WHEREAS, Emergency Medical Services (EMS) personnel, public and private, volunteer and career, serve as the first line of emergency medical services care in the community; and

WHEREAS, an effective EMS response system must be built on knowledgeable and trained providers who have access to resources such as current training and up-to-date equipment; and

WHEREAS, the Institute of Medicine (IOM) in 2006 released a report *The Future of Emergency Medical Care in the United States Health System* that recommended the establishment of coordinated, regionalized, and accountable systems of emergency and trauma care throughout the country to assure effective EMS systems are in place; and

WHEREAS, for many years Minnesota has maintained a regional Emergency Medical Services support system that supports local EMS services; and

WHEREAS, the management of those regional programs has been delegated to local administration to assure Emergency Medical Services is maintained and advanced at the local level by providing core system infrastructure services; and

WHEREAS, resources provided through the regional Emergency Medical Services are functioning today with varying roles and responsibilities using dedicated state and local funding; and

WHEREAS, to maintain an effective local and regional EMS system it must be built on sound and dedicated funding that supports the regional and local EMS system infrastructure; and

WHEREAS, Regional EMS system funding grant resources have been declining as a result of lack of inflationary adjustments; and

WHEREAS, Regional EMS system Seatbelt Funding resources have been declining as a result of an increase in seatbelt compliance in the State; and

WHEREAS, the demands of support from local EMS provider to the Regional EMS system has not diminished but has increased;

NOW THEREFORE BE IT RESOLVED that _________________ County calls upon the Minnesota State Legislature to make sufficient and stable funding of regional EMS services a high priority; and

That the State of Minnesota Legislature assures when raising funds for state activities that directly impact the need for EMS system interventions the Legislature dedicate a portion of the funding to support Regional EMS Services.

Signed this ____ day of ________, 2015
As more drivers buckle up, seat belt fines are down

As a growing number of Minnesotans buckle up behind the wheel, fewer motorists are getting ticketed for not wearing a seat belt.

The number of seat belt citations issued by Minnesota law enforcement agencies is about half what it was five years ago, according to data from the state court system.

State and local officials agree that’s a positive trend, showing that the message that seat belts save lives has gotten through. But it also means less revenue from fines, which are used to help pay for training for emergency medical responders.

“As we push closer and closer to that 100 percent seat belt use, that's a good thing,” said Renee Fraendienst, Stearns County public health director. “But then what we see is the correlating decrease in revenues to the region.”

Before Minnesota’s first seat belt law was adopted in 1986, 20 percent of front-seat vehicle occupants wore belts. Since then, the rate has been climbing steadily. A 2014 observational survey put the rate of seat belt use at about 95 percent.

Stronger laws, education and extra enforcement campaigns are likely contributing to more people buckling up, said Donna Berger, director of the Department of Public Safety’s Office of Traffic Safety.

One major factor was the 2009 Minnesota law that made not wearing a seat belt a primary offense. That means law enforcement can stop a motorist for not wearing a seat belt even if there are no other offenses. A seat belt ticket is $25 but can cost more than $100 with fees.

In 2010, law enforcement agencies in Minnesota handed out more than 108,700 seat belt tickets, according to data requested by the Times from the state court administrator’s office. Since then, the number has steadily declined. Last year, fewer than 55,000 citations were issued.

As a result, the amount of fines collected fell from almost $6 million in 2010 to about $3.2 million last year, according to state data.

Most of the revenue from seat belt fines is distributed to regional emergency medical services for education, training and equipment.

Stearns County is the fiscal agent for the 12-county Central Minnesota EMS Region, a joint powers board that helps cover the cost of training first responders, firefighters, law enforcement and paramedics.

Each EMS region received about $247,500 from seat belt citations from July 2013 to June 2015, said Marion Larson, EMS coordinator for the Central Minnesota region. That was $56,000 less than the state predicted.

“We are thrilled that people are buckling up and keeping their safety in mind, but it gives us less to work with,” Larson said.

The region hasn’t yet had to cut services, but has had to spend from its reserve fund, she said.

Central Minnesota officials are working on a resolution that would ask the Legislature for other related dollars, such as fines from citations issued for texting while driving.

“We’re saying, can a portion of those dollars go to EMS?” Fraendienst said. “Just as non-seat belt use directly impacts (emergency medical responders), so does texting. They’re the ones who are responding to these accidents.”

Not all law enforcement agencies are seeing a decline in seat belt violations. The Stearns County Sheriff’s Office issued 69 citations from January to September this year compared to 41 the same period in 2014, said Lt. Jon Lentz.

“Perhaps we’re bucking the trend,” Lentz said. The county often has special enforcement details concentrating on seat belt use through the Toward Zero Deaths state grant program, he said.
Overall, seat belt use has been rising over the years, Lentz said. He attributed that to more middle-age and older drivers getting in the habit of buckling up, plus younger generations who grew up with seat belts.

“It kind of gets ingrained in them,” he said.

However, lack of seat belt use statewide remains a serious safety concern, Berger said. It’s a contributing factor in about half of all Minnesota traffic fatalities.

Of the 823 people killed in vehicle crashes in Minnesota from 2012-14, 52 percent were known to be wearing seat belts.

“In a perfect world, law enforcement wouldn’t have to write any seat belt tickets,” Berger said.

Follow Kirsti Marohn on Twitter @kirstimarohn or reach her by phone at 255-8746.

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