



**S.F. No. 1688 – Establishing ambulance service grant programs and a rural EMS uncompensated care pool payment program; establishing an EMS telecommunications fee and prepaid wireless EMS fee; appropriating money**

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*Bill Overview*

**S.F. No. 1688** establishes three programs related to emergency medical services: an ambulance service cost of readiness grant program; an emergency medical services improvement, modernization, and sustainability grant program; and a rural emergency medical services uncompensated care pool payment program. S.F. No. 1688 includes the following appropriations for the three programs established in the bill: \$16,000,000 in fiscal years 2026 and 2027 to fund the ambulance service cost of readiness program; \$60,000,000 in fiscal years 2026 and 2027 to fund the emergency medical services improvement, modernization, and sustainability grant program; and \$4,000,000 in fiscal years 2026 and 2027 to fund the rural emergency medical services uncompensated care pool payment program. The bill also establishes an emergency medical services telecommunications fee.

*Section Summaries*

**Sections 1 and 2 (amends Minn. Stat. § 144E.001; Definitions)** add the definitions of “medical response unit” and “specialized medical response unit” to the “Definitions” section of chapter 144E (Office of Emergency Medical Services). The definitions are currently in law at section 144E.275, subd. 1.

**Section 3 (adds Minn. Stat. § 144E.54; Ambulance Service Cost of Readiness Grant Program)** establishes an ambulance service cost of readiness grant program to provide grants to licensed ambulance services to cover capital and operational expenses related to maintaining ambulance services.

**Subd. 1 (Definitions)** defines terms, including “capital expense” and “operational expense.”

**Subd. 2 (Grant program established)** requires the director of the Office of Emergency Medical Services to establish and administer the grant program.

**Subd. 3 (Application)** requires applicants to apply for grants in a manner and form established by the director.

**Subd. 4 (Criteria for awarding grants)** specifies criteria the director must consider when awarding grants, including, but not limited to: the ambulance service’s financial condition; the population density of the ambulance service’s primary service area; and ambulance transport times for emergency transports and interfacility transports.

**Subd. 5 (Uses of grant money)** requires grantees to use grant money to cover capital expenses and operational expenses.

**Section 4 (adds Minn. Stat. § 144E.55; Emergency Medical Services Improvement, Modernization, and Sustainability Grant Program)** establishes a grant program to improve, modernize, and ensure the sustainability of EMS systems at the local, regional, and statewide levels.

**Subd. 1 (Definition)** defines “political subdivision” as a county, a statutory or home rule charter city, or a township organized to provide town government.

**Subd. 2 (Grant program established)** requires the director to establish and administer the grant program.

**Subd. 3 (Application)** requires applicants to apply for grants in a manner and form established by the director.

**Subd. 4 (Criteria when awarding grants)** specifies criteria the director must consider when awarding grants, including, but not limited to: the degree of collaboration between a political subdivision and other service providers; how the proposed uses of the grant money would improve the speed of emergency responses; and how the grant money would improve the long-term sustainability of the EMS system. This subdivision also requires that half of grant money provided to political subdivisions must be awarded to those located in the seven-county metropolitan area or in Duluth, Mankato, Moorhead, Rochester, or St. Cloud.

**Subd. 5 (Use of grant money)** requires political subdivisions to use grants to pay for activities to improve, modernize, or sustain emergency medical services, or to provide subgrants to licensed ambulance services, medical response units, or to go toward education programs.

**Section 5 (adds Minn. Stat. § 144E.56; Rural Emergency Medical Services**

**Uncompensated Care Pool Payment Program)** establishes a grant program to fund licensed ambulance services that primarily operate outside the seven-county metropolitan area for emergency responses in which an individual was not transported from the scene to a hospital emergency department.

**Subd. 1 (Definitions)** defines “eligible ambulance service” and “public safety answering point.”

**Subd. 2 (Payment program established)** requires the director establish and administer the program.

**Subd. 3 (Excluded responses)** excludes from eligibility EMS responses by specialized life support.

**Subd. 4 (Application)** requires applicants to apply for grants in a manner and form established by the director.

**Subd. 5 (Eligible EMS responses)** specifies which EMS responses are eligible for payment, including, but not limited to: the responding ambulance did not transport an individual from the scene to a hospital emergency room.

**Subd. 6 (Calculations)** outlines calculations to determine the amount of payments to eligible ambulance services under this program.

**Subd. 7 (Payments)** requires the director to issue payments by May 30 of the year in which an application was submitted.

**Section 6 (adds Minn. Stat. § 144E.57; Emergency Medical Services Telecommunications Fee)**

**Subd. 1 (Account established)** establishes an emergency medical services special revenue account as a dedicated account in the special revenue fund consisting of: money from an EMS telecommunications fee; money from a prepaid wireless emergency medical services fee; and transfers of state money into the account.

**Subd. 2 (Emergency medical services telecommunications fee)** requires each wireless voice service subscriber to pay an unspecified monthly emergency medical services telecommunications fee for each customer access line.

**Subd. 3 (Emergency medical services fee for prepaid wireless telecommunications services)** provides that the EMS telecommunications fee does not apply to prepaid wireless telecommunications services.

**Section 7 (amends Minn. Stat. § 403.161, subd. 1; Fees imposed)** imposes a prepaid wireless emergency medical services fee on each retail transaction for prepaid wireless telecommunications services.

**Sections 8 – 13** amend section 403.161 (Prepaid Wireless Fees Imposed; Collection; Remittance) and section 403.162 (Administration of Prepaid Wireless E911 Fees) by adding “emergency medical services” fees to the list of prepaid wireless emergency medical services fees.

**Section 14 (amends Minn. Stat. § 403.162, subd. 5; Fees deposited)** requires deposit of a proportion of the collected fees attributable to the prepaid wireless EMS fee in the emergency medical services special revenue account.

**Section 15 (Transfers)** requires a onetime transfer of \$80,000,000 from the general fund to the emergency medical services special revenue account in the special revenue fund on July 1, 2025. This section also requires transfer of an unspecified amount from the emergency medical services special revenue account in the special revenue fund to the general fund on June 30, 2027, and each June 30 thereafter. This requirement will expire when a total of \$80,000,000 is transferred in accordance with this section.

**Section 16 (Appropriations)** appropriates the following amounts from the emergency medical services special revenue account in the special revenue fund to OEMS:

- \$16,000,000 in fiscal year 2026 and \$16,000,000 in fiscal year 2027 for the ambulance service cost of readiness grant program;
- \$60,000,000 in fiscal year 2026 and \$60,000,000 in fiscal year 2027 for the emergency medical services improvement, modernization, and sustainability grant program; and
- \$4,000,000 in fiscal year 2026 and \$4,000,000 in fiscal year 2027 for the rural emergency medical services uncompensated care pool payment program.

**Section 17 (Repealer)** repeals Minn. Stat. § 144E.275, subd. 1, which currently includes the definitions of “medical response unit” and “specialized medical response unit,” which are proposed in Sections 1 and 2 to be moved to Minn. Stat. § 144E.01.



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