

HENNEPIN COUNTY

MINNESOTA

PRELIMINARY COMMITTEE AGENDA

HEALTH COMMITTEE
TUESDAY, MARCH 10, 2026
1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

1. Minutes from Previous Meeting

1.A. February 5, 2026 Meeting Minutes

Attachments: [HE-COMMITTEEMINUTES-05-Feb-2026](#)

2. New Business

Routine Items

2.A. [26-0078](#)

Amd 3 to Agmt PR00000924 with Mercury Healthcare, Inc. dba WebMD Ignite to provide Hennepin Health members with access to an online health encyclopedia and video library that contains evidence-based topics, in English and Spanish languages, ext end date to 03/31/27, incr NTE by \$23,155 for a new total NTE of \$183,920

Items for Discussion and Action

2.B. [26-0079](#)

Adopt proposed amendments to Hennepin County Ordinance 9 - Emergency Medical Services (EMS) Section VII, Subsection 1: Staffing; and revised names and definitions in the ordinance, as written

Attachments: [Ordinance 9 as Amended by the Hennepin County Board o June 7 2022 with suspension note](#)

HENNEPIN COUNTY

300 South Sixth Street
Minneapolis, MN
55487-0240

MINNESOTA

Board Action Request

TMP-26-0213

Item Description:

February 5, 2026 Meeting Minutes

HENNEPIN COUNTY

MINNESOTA

COMMITTEE MINUTES

HEALTH COMMITTEE

THURSDAY, FEBRUARY 5, 2026
1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

Commissioner Angela Conley, Chair, called the meeting of the Health Committee for Thursday, February 5, 2026 to order at 3:35 p.m.

Present: Commissioner Angela Conley, Commissioner Heather Edelson, Commissioner Jeff Lunde, Commissioner Irene Fernando, Commissioner Marion Greene and Commissioner Kevin Anderson

Absent: Commissioner Debbie Goettel

1. Minutes from Previous Meeting

1.A. January 13, 2026 Meeting Minutes

APPROVE

Commissioner Marion Greene moved, seconded by Commissioner Heather Edelson, to approve the Minutes.

Aye: Commissioner Conley, Commissioner Edelson, Commissioner Lunde, Commissioner Fernando and Commissioner Greene

Absent: Commissioner Goettel and Commissioner Anderson

2. Public Hearing

2.A. Public Hearing on the staffing requirement (Section VII, Subsection 1) of Ordinance 9 - Emergency Medical Services

Commissioner Angela Conley moved to open the public hearing at 3:38 p.m. The following individuals came forward to provide testimony:

**Sam Erickson
Susan Long
Scott Sampey
Tim Hagfors**

**Peter Tawolte
Martin Sheeren**

Being that no other individuals came forward, the public hearing portion of the meeting was closed at 3:54 p.m., seconded by Commissioner Marion Greene and approved.

There being no further business, the Health Committee for Thursday, February 5, 2026 was declared adjourned at 3:54 p.m.

Maria Rose
Clerk to the County Board

Board Action Request

26-0078

Item Description:

Amd 3 to Agmt PR00000924 with Mercury Healthcare, Inc. dba WebMD Ignite to provide Hennepin Health members with access to an online health encyclopedia and video library that contains evidence-based topics, in English and Spanish languages, ext end date to 03/31/27, incr NTE by \$23,155 for a new total NTE of \$183,920

Resolution:

BE IT RESOLVED, that Amendment 3 to Agreement PR00000924 with Mercury Healthcare, Inc. dba WebMD Ignite to provide Hennepin Health members with access to an online health encyclopedia and video library, extending the end date to March 31, 2027; increasing the not to exceed amount by \$23,155 for a new total not to exceed amount of \$183,920 be approved; that the Chair of the Board be authorized to sign the Amendment on behalf of the County; and that the Controller be authorized to dispense funds as directed.

Background:

Agreement PR00000924 with Mercury Healthcare, Inc. dba WebMD Ignite provides Hennepin Health members with access to health/wellness/and clinical knowledge-based content. Evidenced based wellness and health promotion materials offered as self-management tools are available via web/digital access as well as other formats.

Evidence-based or certified decision-making aids the provider, care management, and manager shared decision making. The solution offered by Healthwise, Incorporated meets the Minnesota Department of Human Services Family and Children's and SNBC contract requirements that must align with National Committee for Quality Assurance (NCQA) Population Health. Healthwise knowledge content is evidenced-based, certified via NCQA and allows Hennepin Health to meet requirements and not have undue burden of additional regulatory requirements.

Amendment 3 to Agreement PR00000924 with Mercury Healthcare, Inc. dba WebMD Ignite seeks approval to extend the end date to March 31, 2027, and increase the NTE to \$183,920.

This board action request aligns with Hennepin County disparity reduction efforts to improve access to culturally specific/sensitive health services and increase community well-being.

Recommendation from County Administrator: Recommend Approval

Board Action Request

26-0079

Item Description:

Adopt proposed amendments to Hennepin County Ordinance 9 - Emergency Medical Services (EMS) Section VII, Subsection 1: Staffing; and revised names and definitions in the ordinance, as written

Resolution:

BE IT RESOLVED, that the Hennepin County Board of Commissioners adopts the proposed amendments to Ordinance 9 - EMS, Section VII, Subsection 1: Staffing, and revised names and definitions as written within the ordinance.

Background:

On June 7, 2022, the Hennepin County Board adopted several revisions to Hennepin County Ordinance 9 - Emergency Medical Services (EMS) except proposed changes to the staffing requirement (Section VII, Subsection 1), that would mirror the Basic Life Support (BLS) and Advanced Life Support (ALS) EMS staffing requirements in Minn. Stat. §144E.101 (144E). Ordinance 9 had previously required a two-paramedic staffing model (2-medic) for nearly all 9-1-1 responses in Hennepin County; the new staffing standard proposed a minimum of one paramedic and one emergency medical technician (EMT), or the 1-1 model, for 9-1-1 ALS responses and added an option for Basic Life Support (BLS) responses for some 9-1-1 requests.

After the Hennepin County Board's approval of an amended version of Ordinance 9, the EMS Council was instructed to study the public health benefits, costs, impact on the public's access to ambulance services of acceptable quality, equity, and impact on the orderly development of regional systems of emergency medical care relating to staffing ALS ambulances with at least two paramedics versus staffing ALS ambulances with at least one paramedic and at one EMT. Three staffing study reports were submitted by staff on behalf of the EMS Council to the County Board that supported amendments to the staffing requirement so it would follow the Minn. Stat. §144E.101 staffing standards. An additional report on EMS Providers' stroke and trauma performance measures data from 2024-25 was also submitted to the County Board.

A final decision on staffing requirements is due on or before March 31, 2026 when the suspension of Ordinance 9 Section VII, Subsection 1: Staffing will terminate.

This action supports the county's disparity elimination efforts in the health domain by supporting workforce development in the communities served by EMS providers.

Recommendation from County Administrator: Recommend Approval

FOR HENNEPIN COUNTY

Adopted by the

Hennepin County Board of Commissioners

of Hennepin County, Minnesota

on January 17, 1984

Amended September 17, 1985

Amended June 1, 1999

Amended June 7, 2022

Section VII, Subsection 1 of Ordinance 9 is currently suspended by
Resolution 22-0155 R1 of the Hennepin County Board of Commissioners

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SECTION I: PURPOSE

The purpose of this ordinance is to protect the health, safety, and general welfare of the people in Hennepin County by establishing standards relating to the provision of Ambulance Services in Hennepin County.

SECTION II: SCOPE

This Ordinance shall be applicable to the provision of all Unscheduled Ambulance Services operated within Hennepin County by Ambulance Providers that have been designated a Primary Service Area in Hennepin County by the Emergency Medical Services Regulatory Board and are subject to licensure and regulation pursuant to Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690.

SECTION III: ENACTING AUTHORITY

This Ordinance is enacted pursuant to the authority of the County Board of Hennepin County under Minn. Stat. §§ 144E.16, subd. 5; 145A.11, subd. 4; 375.51-375.55; & 383B.215(c).

SECTION IV: INCORPORATION OF MINNESOTA STATUTES AND RULES

This Ordinance incorporates herein Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690. If Minnesota Statutes Chapter 144E or Minnesota Rules Chapter 4690 are amended or re-codified, this Ordinance incorporates those amendments and re-codifications.

SECTION V: DEFINITIONS

Subsection 1: This Ordinance incorporates the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 unless expressly stated otherwise herein. If the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 are amended or re-codified, or if additional definitions are added to Minn. Stat. § 144E.001 or Minn. R. 4690.0100, this Ordinance incorporates those amendments, re-codifications and new definitions.

Subsection 2: In addition, the following definitions also apply to this Ordinance:

(A) "Ambulance Provider" shall mean any individual, firm, partnership, corporation, trustee, association, or unit of government, licensed pursuant to Minnesota Statutes to provide Ambulance Services and, with respect to acts prohibited or required herein, shall include an Ambulance Provider's employees.

(B) "Ambulance Services" shall mean the transportation and treatment rendered in-place, preliminary to or during transportation to, from, or between facilities to ill or

injured persons or expectant mothers. The term “Ambulance Services” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Ambulance Service” in Minn. Stat. § 144E.001, subd. 3.

(C) “Call Processing System” shall mean the processes and practices by which Ambulance Providers determine the Medical Resource.

(D) “County” shall mean Hennepin County.

(E) “County Board” shall mean the Hennepin County Board of Commissioners.

(F) “EMSRB” shall mean the Emergency Medical Services Regulatory Board.

(G) “Emergency Medical Services Council” or “EMS Council” shall mean the body appointed by the County Board to establish standards relating to Ambulance Services under this Ordinance.

(H) “Health Authority” shall mean the Community Health Services Administrator in Hennepin County, as defined by Minn. Stat. § 145A.02 subd. 6a, as that statute may be amended or re-codified from time to time, their designees, and other employees, agents, or contractors as the County Board may designate.

(I) “Medical Resource” shall mean the types of services listed in Minn. Stat. § 144E.101, subd. 5, as that statute may be amended or re-codified from time to time.

(J) “Medically Appropriate” shall mean the responding Ambulance Provider on scene will use its clinical judgment and follow its protocols under the medical direction of their Medical Director or online Medical Control, including but not limited to its patient disposition guidelines, to make an initial assessment based on the patient’s symptoms, which will determine the services needed and the disposition options to be considered to meet the medical needs of the patient.

(K) “Pre-Arranged Transfer” shall mean Ambulance Services which are scheduled to be provided at a later time and for which immediate Ambulance Services are not being requested.

(L) “Primary Service Area” or “PSA” shall mean the geographic area within Hennepin County designated to an Ambulance Provider by the EMSRB to provide Unscheduled Ambulance Services. The term “Primary Service Area” or “PSA” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Primary Service Area” in Minn. Stat. § 144E.001, subd. 10.

(M) "Unscheduled Ambulance Services" shall mean all Ambulance Services which are not Pre-Arranged Transfers.

SECTION VI: ADMINISTRATION AND DOCUMENTATION

Access to Records: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all records that the Health Authority determines necessary to determine compliance with this Ordinance, subject to applicable state and federal law and regulations. All Prehospital Care Data requested by the Health Authority may be provided in the same format as it is provided to the EMSRB under Minn. Stat. § 144E.123. Records provided under this section may be reviewed by the Health Authority or its designees. Prehospital Care Data obtained by the Health Authority shall be classified as private data on individuals under Minnesota Statutes Chapter 13, the Minnesota Government Data Practices Act.

SECTION VII: STANDARDS

Subsection 1: Staffing requirements:

All advanced ambulance providers shall provide and maintain not less than two approved paramedics on each ambulance at any time the ambulance is on duty for service. Two paramedics shall ride or drive as attendants on all runs with the exception of unusual or extraordinary circumstances which require the advanced ambulance to be staffed without two paramedics. In a situation when advanced life support transportation service response is required pursuant to this ordinance and two paramedics are not available as attendants, the advanced ambulance provider in whose primary service area the response is required shall send two attendants, one of whom shall be a non-probationary paramedic. If no approved paramedics are available, an attempt shall be made to transfer the request to another advanced ambulance provider. Documentation shall be submitted to the Health Authority on approved forms on all ambulance runs staffed with less than two paramedics.

Subsection 2: Call Processing System Standards:

(A) The EMS Council shall establish a list of Call Processing Systems that are acceptable for use by Ambulance Providers. The EMS Council may approve an Ambulance Provider's Call Processing System that is not on the list of acceptable Call Processing Systems established by the EMS Council.

(B) All unscheduled requests for a Medical Resource, whether directly received or transferred from a primary public safety answering point (PSAP) shall be processed through a Call Processing System that is on the list of acceptable Call Processing Systems established by the EMS Council or that has been approved by the EMS Council.

Subsection 3: Medical Resource Standards:

(A) Ambulance Providers shall send an Advanced Life Support (“ALS”) ambulance in response to an unscheduled request for a Medical Resource when the EMS Council-approved Call Processing System determines that an ALS ambulance is an appropriate Medical Resource under the circumstances, or when adequate information is not available to use the EMS Council-approved Call Processing system, except in the circumstances detailed in Section VII, subsection 3, paragraph (B) below.

(B) Ambulance Providers may send a Basic Life Support (“BLS”) ambulance if the Ambulance Provider sending a BLS ambulance:

(1) Used an EMS Council-approved Call Processing System to determine that a BLS ambulance is an appropriate Medical Resource under the circumstances; or

(2) The Ambulance Provider’s EMS Council-approved Call Processing System determined that an ALS ambulance is the appropriate Medical Resource under the circumstances, but the Ambulance Provider’s ALS ambulance resources have been expended, and the ALS ambulance resources of the Ambulance Provider(s) with whom the Ambulance Provider has a mutual aid agreement under Minn. Stat. § 144E.101, subd. 12 have also been expended; and

(3) The Ambulance Provider maintains capability for two-way communication with the caller requesting a Medical Resource;

Subsection 4: Patient Choice and Disposition Standards

(A) Ambulance Providers shall provide patients with a choice of all hospitals that meet the criteria in Section VII, subsection 4, paragraph (B) below, unless the patient is not able to make a choice. If the patient is not able to choose a hospital, the Ambulance Provider shall provide the choice to the patient’s family or physician, if present.

(B) Ambulance Providers shall transport the patient to the patient’s choice of hospital (or to the hospital of choice of the patient’s family or physician, if applicable) unless (1) the hospital of the patient’s choice is unavailable to treat the patient, (2) transporting the patient to a hospital of his or her choice would not be Medically Appropriate, (3) the patient does not require a hospital level of care, so transporting the patient to an alternative medical facility is Medically Appropriate, and applicable laws allow the patient to be transported to a facility other than a hospital, or (4) the time and/or distance required to transport the patient to the hospital of their choice would remove the Medical Resource from service for a period of time that would compromise the ability of the Ambulance Provider to serve other patients.

Subsection 5: Communication Standards

(A) The EMS Council shall establish a communication policy which all Ambulance Providers shall follow, unless the policy conflicts with policies established by the Statewide Emergency Communications Board (SECB) or the Metropolitan Emergency Services Board (MESB). The communication policy developed by the EMS Council must ensure that communications can be maintained between Ambulance Providers, primary PSAPs, Medical Resource Control Centers (“MRCCs”), and hospital emergency departments.

(B) The EMS Council shall establish a policy that specifies the minimum information that Ambulance Providers must provide to the MRCC and the destination hospital, and all Ambulance Providers shall follow the policy developed by the EMS Council.

Subsection 6: Hospital Closure and Ambulance Diversion Policy: The EMS Council shall establish a policy that directs Ambulance Providers’ transports in response to hospital closures and diversions, and all Ambulance Providers shall follow the policy developed by the EMS Council.

Subsection 7: County Board Authority to Direct EMS Council to Modify Standards: The County Board may, by resolution, direct the EMS Council to modify the standards established by the EMS Council under Section VII, subsections two (2), five (5), and six (6) above.

Subsection 8: EMS Council: The EMS Council may establish additional guidelines relating to the provision of Ambulance Services in Hennepin County without express delegation in this Ordinance, and Ambulance Providers, hospitals, and other individuals and entities may follow those additional guidelines.

SECTION VIII: PERFORMANCE STANDARDS

Subsection 1: EMS Council Recommends and County Board Establishes Performance Standards: The County Board shall establish performance standards for all Ambulance Providers subject to this Ordinance. The performance standards shall be based upon recommendations of the EMS Council, which shall be forwarded to the County Board for review and approval as often as the EMS Council determines is necessary, but at least once every two years.

Subsection 2: Performance Standard Review: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all records that the Health Authority determines necessary to determine compliance with the performance standards established under this section, subject to applicable state and

federal law and regulations. All Prehospital Care Data requested by the Health Authority may be provided in the same format as it is provided to the EMSRB under Minn. Stat. § 144E.123. Records provided under this section may be reviewed by the Health Authority or its designees. Prehospital Care Data obtained by the Health Authority shall be classified as private data on individuals under Minnesota Statutes Chapter 13, the Minnesota Government Data Practices Act. The Health Authority shall aggregate information derived from the records received to summarize the performance of Ambulance Providers for the Board.

Subsection 3: An Ambulance Provider's failure to meet the performance standard(s) established by the County Board shall be a violation of this Ordinance.

SECTION IX: WAIVERS AND VARIANCES

Subsection 1: Waivers: An Ambulance Provider may apply to the Health Authority for a waiver of the requirements of this Ordinance. Application for a waiver shall be made on forms approved by the Health Authority. The Health Authority shall grant the waiver if the application of Ambulance Provider meets the standards of Minn. R. 4690.8100, subp. 1.

The Health Authority shall have 14 calendar days from the date of application to notify the Ambulance Provider of its decision. The Ambulance Provider can apply to the Deputy County Administrator for a reconsideration of the decision of the Health Authority. The Health Authority shall revoke a waiver if a material change occurs in the circumstances that justified granting the waiver. An Ambulance Provider that has been granted a waiver shall notify the Health Authority of any material change in the circumstances that justified granting the waiver.

Subsection 2: Variances: An Ambulance Provider may apply to the Health Authority for a variance from the requirements of this Ordinance. Application for a variance shall be made on forms approved by the Health Authority. The Health Authority shall grant the variance if the application of the Ambulance Provider meets the standards in Minn. R. 4690.8200, subp. 1.

The Health Authority shall have 14 calendar days from the date of application to notify the Ambulance Provider of its decision. The Ambulance Provider can apply to the Deputy County Administrator for a reconsideration of the decision of the Health Authority. The Health Authority shall revoke a variance if a material change occurs in the circumstances that justified granting the variance or if the Ambulance Provider fails to comply with the alternative practice specified in its successful application for a variance. An Ambulance Provider that has been granted a variance shall notify the Health Authority of any material change in the circumstances that justified granting the variance.

SECTION X: SEVERABILITY

If any provision or application of any provision of this Ordinance is held invalid, the invalid

provision shall be severable, and its invalidity shall not affect the validity of other provisions or applications of this Ordinance.

SECTION XI: VIOLATIONS AND PENALTIES

Subsection 1: Violations

(A) Notice. An Ambulance Provider who violates this Ordinance may be issued a notice from the Health Authority that sets forth the alleged violation, requires the Ambulance Provider to remedy the violation or propose a plan to remedy the violation, and informs the Ambulance Provider of its right to a hearing on the violation and how and where a hearing may be requested, including a contact address and phone number.

(B) Removal and Correction of Violations. An Ambulance Provider, upon receipt of a notification of one or more violations of this Ordinance, shall either remedy each violation in the time period as determined by the Health Authority, propose a plan to remedy the violation as required by the Health Authority, or request a hearing on the violation according to subsection 2 of this section.

Subsection 2: Appeals

(A) Right of appeal. Where an Ambulance Provider is issued a notice of a violation of this Ordinance, the Ambulance Provider may appeal the action to the Health Authority by requesting an administrative hearing within 14 calendar days of the date of the notice.

(B) Administrative hearing. If any Ambulance Provider makes a request for an administrative hearing, such hearing shall be held before the Hennepin County Administrator or their designee.

(C) Schedule. The administrative hearing shall be held no later than 42 calendar days after the date of service of the request for a hearing was received unless the appealing Ambulance Provider requests an extension of time. If an extension is requested, the hearing shall be held no later than 90 calendar days after the date of service of the request for a hearing.

(D) Notice. The Health Authority shall mail notice of the administrative hearing to the appealing Ambulance Provider at least 14 calendar days prior to the hearing. Such notice shall include (1) a statement of time, place, and nature of the hearing; and (2) a reference to the particular section of this Ordinance that has been violated.

(E) Witnesses and evidence. All parties shall have full opportunity to respond to and present evidence and witnesses.

(1) Standard of proof. The Health Authority shall have the burden of proving its position by a preponderance of the evidence. All findings of fact, conclusions of law, and decisions by the County Administrator or their designee shall be based on evidence presented and matters officially noticed.

(2) Rules of evidence. The Rules of Evidence, as applied in the District Court, shall not apply to the hearing, but irrelevant, immaterial, and unduly repetitious evidence shall be excluded. The hearing shall be confined to matters raised in the Health Authority's written notice of violation or in the appealing Ambulance Provider's written request for a hearing.

(3) Record of hearing. The hearing shall be recorded and minutes shall be kept.

(4) Notice of decision. The determination of the County Administrator or their designee and a copy of the minutes of the administrative hearing shall be forwarded to the appealing Ambulance Provider within 14 calendar days of the conclusion of the administrative hearing.

Subsection 3: Penalties

Any Ambulance Provider found to have violated this Ordinance or whose employee violated this Ordinance, and who does not remedy the violation or propose a plan to remedy the violation according to the requirements of the Health Authority, or prevail on an appeal of the violation, may be penalized in the following ways:

(A) Charged an administrative fine of \$500.00 for each violation; and/or

(B) The Health Authority may recommend to the EMSRB that all or a portion of the Primary Service Area of an Ambulance Provider be re-designated to another Ambulance Provider.

Subsection 4: Referrals to EMSRB

The Health Authority may make referrals to the EMSRB, whether or not the referral involves a violation of this Ordinance.