



SF 4766 (Seeberger); HF 4723 (Johnson): Firefighter Relief Associations; PERA Defined Contribution Plan; modifying requirements for emergency medical providers

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Introduction

- Affected Plans:** Firefighter relief associations; Public Employees Defined Contribution Plan
- Laws Amended:** Sections in Chapters 353G and 424A
- Brief Description:** The bill requires relief associations to allow “emergency medical providers” to participate in the relief association and requires relief associations to provide credit for past service toward vesting and benefit accrual. The bill also permits emergency medical providers to participate in both the Public Employees Defined Contribution Plan (DC Plan) and a relief association retirement plan.
- Amendment:** S4766-1A (author’s amendment)

Background

Section 424A.01, subdivision 1, defines who is permitted to be a member of a relief association. Under paragraph (b) of that subdivision, firefighters are eligible for membership if they are a volunteer or paid on-call firefighter, perform firefighting duties as described in paragraph (b), and satisfy any requirements specified in the relief association’s bylaws.

Section 424A.01, subdivision 1, paragraph (c), states that emergency medical providers are eligible to be members of a relief association on the same basis as firefighters, but if the fire department employs the provider solely for emergency medical response, the provider is able to be a member of the relief association only if the bylaws permit it and their membership has been approved by the municipality. Until 2018, when paragraph (c) was added, emergency medical providers were not eligible to be members of a relief association. Paragraph (c) took effect January 1, 2019, and applied only prospectively.

We contacted Rose Hennessy Allen, Pension Division Director, Office of the State Auditor, for information on the prevalence of emergency medical providers in fire departments in Minnesota and as members of relief associations. Over a decade ago, in 2014 to 2016, the Office of the State Auditor’s Fire Relief Association Working Group spent meeting time on the topic of emergency medical providers. Minutes of the meeting of the Working Group on December 8, 2014, state:

The belief of the Group is that the bigger issue, especially in Greater Minnesota, is the desire to allow individuals who perform volunteer emergency medical services to be members of the relief association. **Medical calls now represent the majority of calls a fire department receives. Efforts to recruit and retain fire department personnel would be aided by providing pension coverage for persons who solely perform volunteer emergency medical services.** The Group agreed that, if relief association membership were broadened to permit volunteer emergency medical personnel, membership should be permissible rather than mandatory, and require local approval.

(Emphasis added in the quotation above and below.)

The OSA conducted a survey in April 2016 to gather information on this topic:

The Office of the State Auditor conducted a survey in April of relief association trustees and municipal officials to collect information about how many people on the fire department solely provide volunteer emergency medical services. Responses were received from 565 people. About 62 percent of respondents said that the fire department affiliated with the relief association provides emergency medical services. **Nearly 64 percent of respondents said that individuals on the fire department who provide just emergency medical services receive no compensation.** We asked how many individuals within the fire department perform just volunteer or paid-on-call emergency medical services. Answers ranged from 0 to 45.

We found support for the statement about the majority of calls received by a fire department highlighted in the minutes, above, in a [Report](#) published in June 2022 by the U.S. Fire Administration. From the webpage that summarized the findings in the Report, which were based on data collected nationwide in 2020:

- Nearly two-thirds (64%) of the reported calls required emergency medical services (EMS) and rescue services from fire departments.
- Only 4% of all reported fire department runs were fire related.
- More than half (55%) of the reported calls were to residential properties. Of these calls to residential properties, 70% required EMS or rescue services while only 3% were fire related.

The OSA Working Group at its meeting on November 10, 2015, considered information about the PERA Defined Contribution Plan (DCP) as a possible option for compensating emergency medical providers who are not allowed to participate in the relief association. Section 353D.01, subdivision 2, which governs eligibility for the DCP, states that the following are eligible to participate:

Clause (3): emergency medical service personnel employed by a public ambulance service.

Clause (8): volunteer or on-call firefighters not covered by the Police and Fire Plan or a relief association.

These are the only two clauses that get close to describing emergency medical providers serving in a fire department. By their terms, these provisions do not authorize emergency medical providers serving in a fire department to participate in the DCP.

Even if they were authorized by Section 353D.01 to participate in the DC Plan as volunteer firefighters, the municipality must approve the emergency medical provider's participation in the Plan and both the provider and the municipality are required to contribute 7.5% of any compensation received by the provider. In a relief association, the firefighter contributes nothing to the retirement benefit, which is funded primarily by contributions from the state and in some cases, also by municipal contributions.

Even though the statute does not allow emergency medical providers in a fire department to participate in the DC Plan, we understand that there are emergency medical providers that do participate in the DC Plan.

Section- by- Section Summary

The bill makes changes to sections in Chapter 353D, which governs the PERA Defined Contribution Plan, and in Chapter 424A, which governs relief association.

Sections 1- 3: Changes to Chapter 353D (Public Employees Defined Contribution Plan)

Section 1 amends section 353D.01, subdivision 2, which defines eligibility for the DC Plan by listing categories of employees, e.g., physicians, local government officials, city managers. New clause (11) is inserted to add "emergency medical providers" as defined in the relief association chapter.

Section 2 amends section 353D.02, which authorizes eligible persons to elect coverage by the DC Plan. Subdivision 7 applies to volunteer firefighters. This subdivision is revised to insert a reference to "emergency medical providers." A new paragraph (b) is added to state that volunteer or paid on-call firefighters and emergency medical providers may participate in both the DC Plan and in a relief association. All public employees are permitted to participate in the Minnesota Deferred Compensation Plan while being required to participate in a pension plan, so permitting participation in both the DC Plan and a relief association retirement plan is consistent with that.

Section 3 amends Section 353D.03, which defines the contributions required to participate in the DC Plan. Subdivision 6 applies to volunteer firefighters. This subdivision is revised to add references to "emergency medical providers."

Sections 4 – 8: Changes to Chapter 424A (relief associations)

Section 4 amends Section 424A.001, the definitions section. A definition for "emergency medical provider" is added as new subdivision 13.

Section 5 amends Section 424A.003, subdivision 1, which requires the fire chief to certify annually the service credit earned by each firefighter. References to “emergency medical provider” are inserted next to each reference to “firefighter.”

A new subdivision 2 is added to require the fire chief to certify by August 1, 2026, all active service performed by an emergency medical provider before August 1, 2026, since the provider’s membership start date as if the law had required relief associations to cover providers on the same basis as firefighters.

Section 6 amends Section 424A.01, subdivision 1, which defines eligibility for a relief association. As explained on page 1, paragraph (b) states that firefighters are eligible for membership if they are a volunteer or paid on-call firefighter, perform firefighting duties as described in paragraph (b), and satisfy any requirements specified in the relief associations bylaws. Paragraph (c) states that emergency medical personnel are eligible for membership in a relief association and coverage by the retirement plan on the same basis as firefighters if:

- (1) The fire department employs the emergency medical personnel solely to perform emergency medical response duties or supervision;
- (2) The bylaws authorize eligibility for emergency medical personnel; and
- (3) Eligibility of emergency medical personnel is approved by the municipality.

Section 6 deletes everything starting with the “if” so the remaining text simply states that emergency medical providers are eligible for relief association membership and a retirement benefit on the same basis as firefighters.

Section 7 adds new section 424A.012 to Chapter 424A. As amended by S4766-1A, subdivision 1 states that a relief association must take into account all active service as an emergency medical provider beginning with the first day of membership in the relief association. This service must be used in determining vesting and benefit accrual (i.e., years of service in computing the retirement benefit).

Subdivision 2 requires relief associations to amend their bylaws no later than January 1, 2027, to incorporate the new requirements regarding emergency medical providers.

Section 8 amends Section 424A.02, subdivision 1, which states the requirements for receiving a retirement benefit from a defined benefit relief association, to insert a reference to “emergency medical provider” where only “firefighter” currently appears.

Section 4: Effective Date

Sections 1 to 3 are effective the day following final enactment.

Amendment S4766- 1A

The amendment (1) corrects language changed by the Revisor's office when the bill was jacketed (that erroneously changed the meaning) and (2) adds more specificity to the requirement that relief associations amend their bylaws for the changes made by the bill, to refer specifically to the paragraph that requires relief associations to provide membership to emergency medical providers.

SF4767-HF4724 Summary