

1.1 moves to amend H.F. No. 262, the first engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2010, section 144E.001, is amended by adding a
1.4 subdivision to read:

1.5 Subd. 5f. **Emergency medical technician-community paramedic or EMT-CP.**

1.6 "Emergency medical technician-community paramedic," "EMT-CP," or "community
1.7 paramedic" means a person who is certified as an EMT-P and who meets the requirements
1.8 for additional certification as an EMT-CP as specified in section 144E.28, subdivision 9.

1.9 **EFFECTIVE DATE.** This section is effective July 1, 2011.

1.10 Sec. 2. Minnesota Statutes 2010, section 144E.28, is amended by adding a subdivision
1.11 to read:

1.12 Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board
1.13 as an EMT-CP, an individual shall:

1.14 (1) be currently certified as an EMT-P, and have two years of full-time service
1.15 as an EMT-P, or its part-time equivalent;

1.16 (2) successfully complete a community paramedic training program from a college
1.17 or university that has been approved by the board or accredited by a board-approved
1.18 national accreditation organization. The training program must include clinical experience
1.19 that is provided under the supervision of an ambulance medical director, advanced practice
1.20 registered nurse, physician assistant, or public health nurse operating under the direct
1.21 authority of a local unit of government; and

1.22 (3) complete a board-approved application form.

1.23 (b) A community paramedic must practice in accordance with protocols and
1.24 supervisory standards established by an ambulance service medical director in accordance
1.25 with section 144E.265. A community paramedic may provide services as directed by a

2.1 patient care plan if the plan has been developed by the patient's primary physician or by
2.2 an advanced practice registered nurse or a physician assistant, in conjunction with the
2.3 ambulance service medical director and relevant local health care providers. The care
2.4 plan must ensure that the services provided by the community paramedic are consistent
2.5 with the services offered by the patient's health care home, if one exists, that the patient
2.6 receives the necessary services, and that there is no duplication of services to the patient.

2.7 (c) A community paramedic is subject to all certification, disciplinary, complaint,
2.8 and other regulatory requirements that apply to EMT-Ps under this chapter.

2.9 **EFFECTIVE DATE.** This section is effective July 1, 2011.

2.10 Sec. 3. **COMMUNITY PARAMEDIC SERVICES COVERED UNDER THE**
2.11 **MEDICAL ASSISTANCE PROGRAM.**

2.12 (a) The commissioner of human services, in consultation with representatives of
2.13 emergency medical service providers, physicians, and local public health agencies, shall
2.14 determine specified services and payment rates for these services to be performed by
2.15 community paramedics certified under Minnesota Statutes, section 144E.28, subdivision
2.16 9, to be covered by medical assistance under Minnesota Statutes, section 256B.0625.
2.17 Services may include, but are not limited to, initial health assessments, diagnosis-related
2.18 patient education services, the performance of minor medical procedures, and the
2.19 monitoring of chronic disease management directives intended to prevent avoidable
2.20 ambulance transportation or hospital emergency department use.

2.21 (b) Payment for services provided by a community paramedic must be ordered by an
2.22 ambulance medical director, must be part of a patient care plan that has been developed in
2.23 coordination with the patient's primary physician and relevant local health care providers,
2.24 and must be billed by an eligible medical assistance enrolled provider that employs or
2.25 contracts with the community paramedic. In determining the community paramedic
2.26 services to include under medical assistance coverage, the commissioner shall consider
2.27 the potential of hospital admittance and emergency room utilization reductions as well
2.28 as increased access to quality care in rural communities.

2.29 (c) The commissioner shall submit the list of services to be covered by medical
2.30 assistance to the chairs and ranking minority members of the senate Health and Human
2.31 Services Budget and Policy Committee and the house of representatives Health and
2.32 Human Services Finance Committee by January 15, 2012. These services shall not be
2.33 covered by medical assistance until further legislative action is taken.

2.34 Sec. 4. **EVALUATION OF COMMUNITY PARAMEDIC SERVICES.**

3.1 The commissioner of human services shall evaluate the effect of medical assistance
3.2 and MinnesotaCare coverage of community paramedic services on the cost and quality
3.3 of care under those programs and the coordination of these services with the health care
3.4 home services. The commissioner shall present findings to the chairs and ranking minority
3.5 members of the senate and house of representatives committees with jurisdiction over
3.6 health and human services by December 1, 2014. The commissioner shall require medical
3.7 assistance and MinnesotaCare enrolled providers that employ or contract with community
3.8 paramedics to provide to the commissioner, in the form and manner specified by the
3.9 commissioner, the utilization, cost, and quality data necessary to conduct this evaluation."

3.10 Amend the title accordingly