

HOUSE RESEARCH

Bill Summary

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Overview

This bill authorizes MA coverage of community paramedic services when provided to certain MA recipients. The bill also specifies payment methods, covered services, and related criteria. The 2011 Legislature directed the Commissioner of Human Services to determine the community paramedic services to be covered under MA and payment rates for these services, and required the commissioner to submit a list of covered services to legislative committee chairs and ranking minority members. The 2011 legislation provided that these services are not covered by MA until further legislative action is taken.

1 Community paramedic services. Amends § 256B.0625, subd. 60. (a) States that MA covers services provided by a community paramedic who meets the requirements for additional certification when provided in accordance with this subdivision to an eligible recipient.

(b) Defines an eligible recipient as an individual who has received hospital emergency services three or more times in a period of four consecutive months within the past 12 months, or an individual identified by the recipient's primary care provider for whom the provision of community paramedic services would likely prevent admission to or allow discharge from a nursing facility or likely prevent readmission to a hospital or nursing facility.

(c) Requires payment for services to be part of a care plan ordered by a primary health care provider in consultation with the medical director of an ambulance services. Requires the service to be billed by an eligible MA enrolled provider that employs or contracts with the community paramedic. Requires the care plan to ensure service coordination and to avoid duplication with services already provided to the recipient. States that community paramedic services include health assessment, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.

(d) Requires services provided by a community paramedic to a recipient also receiving care coordination services to be in consultation with the providers of the care coordination services.

(e) Requires the commissioner to seek any federal approval necessary to implement this subdivision.

Provides an effective date of July 1, 2012, or upon federal approval, whichever is later.