

HOUSE RESEARCH

Bill Summary

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Overview

This bill defines "community paramedic" and allows certification of community paramedics by the Emergency Medical Services Regulatory Board. The bill also requires the commissioner to determine specified services and payment rates for community paramedics under MA, and to report services to be covered to the legislature. Provides that the services are not covered until further legislative action is taken. The bill also requires the commissioner of human services to evaluate the effect of this coverage on the cost and quality of care under state health care programs, and on coordination with health care home services.

- 1** **Emergency medical technician-community paramedic or EMT-CP.** Amends § 144E.001, by adding subd. 5f. Defines community paramedic (EMT-CP) as a person certified as a paramedic (EMT-P), who meets the additional requirements for certification as a community paramedic.
- 2** **Community paramedics.** Amends § 144E.28, by adding subd. 9. (a) To be eligible for certification by the Emergency Medical Services Regulatory Board as a community paramedic, requires an individual to be currently certified as a paramedic, have two years full-time experience as a paramedic or its part-time equivalent, complete a community paramedic training program from an approved or accredited college or university; and complete a board-approved application form.

(b) Requires a community paramedic to practice in accordance with the protocols and supervisory standards established by the ambulance service medical director. Allows a community paramedic to provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or physician assistant, in conjunction with the ambulance service medical director and local health care providers. Specifies requirements for the care plan.

(c) Specifies that a community paramedic is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to paramedics.
- 3** **Community paramedic services covered under the medical assistance program.** (a) Requires the commissioner of human services, in consultation with representatives of EMS providers, physicians, and local public health agencies, to determine paramedic services and payment rates under MA.

Services may include, but are not limited to: initial health assessments, diagnosis-related patient education services, performance of minor medical procedures, and the monitoring of chronic disease management directives intended to prevent avoidable ambulance transportation or hospital emergency department use.

(b) Requires payment for services to be ordered by an ambulance medical director, be part of a patient care plan, and billed by an MA enrolled provider that employs or contracts with the community paramedic. Requires the commissioner, in determining what community paramedic services should be covered under MA, to consider the potential for reductions in hospital and emergency room use and increased access to quality care in rural communities.

(c) Requires the commissioner to submit the list of services to be covered by MA to specified legislative committee chairs and ranking minority members by January 15, 2012. States that these services shall not be covered by MA until further legislative action is taken.

- 4** **Evaluation of community paramedic services.** Requires the commissioner of human services to evaluate the impact of community paramedic services on the cost and quality of care under MA and MinnesotaCare, and the coordination of these services with health care home services, and report to specified legislative committee chairs and ranking minority members by December 1, 2014.