

# 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 provides Medical Assistance (MA) coverage for community paramedic services (and also MinnesotaCare coverage since that program covers the MA benefit set unless otherwise specified). 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.

#### Section

- 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, and complete a community paramedic training program from a Minnesota accredited college or university.  
  
(b) Requires a community paramedic to practice in accordance with the protocols and supervisory standards established by the ambulance service medical director.  
  
(c) Specifies that a community paramedic is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to paramedics.  
  
(d) Allows community paramedics to be included in the patient care plan developed in coordination with other providers, in order to prevent duplication of services.
- 3** **Community paramedic services.** Amends § 256B.0625, by adding subd. 55. (a) Provides

MA coverage for the following services when provided by a community paramedic: chronic disease monitoring and treatment, performance of minor medical procedures to prevent unnecessary ambulance transportation or hospital emergency department use, provision of patient information and care referral options to meet physical and mental health needs, and other services approved by the commissioner.

(b) Requires the commissioner, in consultation with representatives of EMS providers and local public health agencies, to establish a payment rate for services provided by community paramedics. Requires these payments to be made to the MA enrolled provider, which may only be an ambulance service.

- 4** **Evaluation of community paramedic services.** Requires the commissioner of human services, in cooperation with the commissioner of health, to evaluate the impact of community paramedic services on the cost and quality of care under MA and MinnesotaCare, and report to the legislature by December 1, 2014.