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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **2574**

03/06/2023 Authored by Huot  
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act  
1.2 relating to health care; modifying certification requirements for community  
1.3 paramedics; modifying medical assistance coverage of community paramedic  
1.4 services; amending Minnesota Statutes 2022, sections 144E.28, subdivision 9;  
1.5 256B.0625, subdivision 60.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2022, section 144E.28, subdivision 9, is amended to read:

1.8 Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board as a  
1.9 community paramedic, an individual shall:

1.10 (1) satisfy the requirements in item (i) or (ii):

1.11 (i)(A) be currently certified by the board as a paramedic and;

1.12 (B) have two years of full-time service as a paramedic or its part-time equivalent; and

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

1.19 (ii)(A) be currently certified by the board as a paramedic; and

1.20 (B) be certified as a community paramedic by the International Board of Specialty  
1.21 Certification; and

1.22 ~~(3)~~ (2) complete a board-approved application form.

2.1 (b) A community paramedic must practice in accordance with protocols and supervisory  
 2.2 standards established by ~~an ambulance service~~ the physician medical director in accordance  
 2.3 ~~with section 144E.265~~ of the program through which the community paramedic is providing  
 2.4 services. A community paramedic may provide services as directed by a patient care plan  
 2.5 if the plan has been developed by the patient's primary physician or by an advanced practice  
 2.6 registered nurse or a physician assistant, in conjunction with the ~~ambulance service~~ program's  
 2.7 physician medical director and relevant local health care providers. The care plan must  
 2.8 ensure that the services provided by the community paramedic are consistent with the  
 2.9 services offered by the patient's health care home, if one exists, that the patient receives the  
 2.10 necessary services, and that there is no duplication of services to the patient.

2.11 (c) A community paramedic is subject to all certification, disciplinary, complaint, renewal,  
 2.12 and other regulatory requirements that apply to paramedics under this chapter. In addition  
 2.13 to the renewal requirements in subdivision 7, a community paramedic must complete an  
 2.14 additional 12 hours of continuing education in clinical topics approved by the ~~ambulance~~  
 2.15 ~~service~~ program's physician medical director.

2.16 Sec. 2. Minnesota Statutes 2022, section 256B.0625, subdivision 60, is amended to read:

2.17 Subd. 60. **Community paramedic services.** (a) Medical assistance covers services  
 2.18 provided by community paramedics who are certified under section 144E.28, subdivision  
 2.19 9, when the services are provided in accordance with this subdivision to an eligible recipient  
 2.20 as defined in paragraph (b).

2.21 (b) For purposes of this subdivision, an eligible recipient is defined as ~~an individual who~~  
 2.22 ~~has received hospital emergency department services three or more times in a period of four~~  
 2.23 ~~consecutive months in the past 12 months~~ or an individual who has been identified by the  
 2.24 individual's primary health care provider for whom community paramedic services identified  
 2.25 in paragraph (c) would likely prevent admission to or would allow discharge from a nursing  
 2.26 facility; or would likely prevent readmission to a hospital or nursing facility.

2.27 (c) Payment for services provided by a community paramedic under this subdivision  
 2.28 must be a part of a care plan ordered by a primary health care provider in consultation with  
 2.29 the physician medical director of ~~an ambulance service~~ the program through which the  
 2.30 community paramedic is providing services and must be billed by an eligible provider  
 2.31 enrolled in medical assistance that employs or contracts with the community paramedic.  
 2.32 The care plan must ensure that the services provided by a community paramedic are  
 2.33 coordinated with other community health providers and local public health agencies ~~and~~  
 2.34 ~~that community paramedic services do not duplicate services already provided to the patient,~~

3.1 ~~including home health and waiver services.~~ Community paramedic services shall include  
3.2 health assessment, chronic disease monitoring and education, medication compliance,  
3.3 immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up  
3.4 care, and minor medical procedures approved by the ~~ambulance~~ program's physician medical  
3.5 director.

3.6 (d) Services provided by a community paramedic to an eligible recipient who is also  
3.7 receiving care coordination services must be in consultation with the providers of the  
3.8 recipient's care coordination services.

3.9 (e) A community paramedic must be paid at \$150 per hour, billed at \$37.50 per 15-minute  
3.10 increment and \$1.25 per mile for mileage to the patient's home only. In order to be paid  
3.11 under this subdivision, a community paramedic must hold a Unique Minnesota Provider  
3.12 Identifier (UMPI) number issued by the commissioner.

3.13 ~~(e)~~ (f) The commissioner shall seek the necessary federal approval to implement this  
3.14 subdivision.

3.15 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,  
3.16 whichever is later. The commissioner of human services shall notify the revisor of statutes  
3.17 when federal approval is obtained.