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State of Minnesota

# HOUSE OF REPRESENTATIVES

**EIGHTY-EIGHTH SESSION**

**H. F. No. 3288**

03/26/2014 Authored by Fritz, Atkins, Davids, Schoen and Hornstein
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

A bill for an act

relating to human services; creating a certification for community emergency medical technicians (EMT); requiring the commissioner of human services to submit to the legislature proposed services and payment rates for coverage of community EMT services under medical assistance; requiring the commissioner of human services to evaluate community paramedic services; amending Minnesota Statutes 2012, sections 144E.001, by adding a subdivision; 144E.28, by adding a subdivision.

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

Section 1. Minnesota Statutes 2012, section 144E.001, is amended by adding a subdivision to read:

Subd. 5h. **Emergency medical technician (EMT)-community EMT.** "Emergency medical technician-community EMT," "EMT-CE," or "community EMT" means a person who is certified as an EMT and who meets the requirements for additional certification as an EMT-CE as specified in section 144E.28, subdivision 10.

Sec. 2. Minnesota Statutes 2012, section 144E.28, is amended by adding a subdivision to read:

Subd. 10. **Community EMTs.** (a) To be eligible for certification by the board as a community EMT (EMT-CE), an individual shall:

(1) be currently certified as an EMT and have two years of full-time service as an EMT or the part-time equivalent;

(2) successfully complete an EMT-CE training program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The training program must include clinical experience that is provided under the supervision of an emergency medical services (EMS) medical director,

physician, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government; and

(3) complete a board-approved application form.

(b) An EMT-CE must practice in accordance with protocols and supervisory standards established by an EMS medical director in accordance with section 144E.265. An EMT-CE may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the EMS medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the EMT-CE are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient. The EMT-CE shall work in concert with other social and health care providers to ensure the best care is provided to the patient.

(c) An EMT-CE's protocol must be limited to caring for patients during the 72-hour period following discharge from a hospital.

(d) An EMT-CE is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

Sec. 3. **COMMUNITY EMT SERVICES COVERED UNDER THE MEDICAL ASSISTANCE PROGRAM.**

(a) The commissioner of human services, in consultation with representatives of emergency medical service providers, health care systems, physicians, public health nurses, and local public health agencies, shall determine specific services and payment rates for those services performed by community emergency medical technicians (EMTs) certified under Minnesota Statutes, section 144E.28, subdivision 10, that may be covered by medical assistance.

(b) Services may include interventions intended to prevent avoidable ambulance transportation or hospital emergency department use, including the performance of minor medical procedures, initial assessments within the community EMT scope of practice, care coordination, diagnosis related to patient education, and the monitoring of chronic disease management directives in accordance with educational preparation. In determining the appropriate community EMT services to include under medical assistance coverage, the commissioner shall consider the potential of reductions in hospital admissions and emergency room utilization, as well as increased access to quality care in rural communities.

(c) Payment for services provided by a community EMT must be ordered by an emergency medical services medical director, be part of a patient care plan that has been

developed in coordination with the patient's primary physician and relevant local health care providers, and be billed by an eligible medical assistance enrolled provider that employs or contracts with the community EMT.

(d) The commissioner shall submit the list of services to be covered by medical assistance and proposed payment rates to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 15, 2015. These services shall not be covered or paid for under medical assistance until further legislative action is taken.

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

The commissioner of human services shall evaluate the effect of medical assistance and MinnesotaCare coverage of community paramedic services on the cost and quality of care under those programs, and the coordination of those services with health care home services. The commissioner shall present findings to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by December 1, 2014. The commissioner shall require medical assistance and MinnesotaCare enrolled providers that employ or contract with community paramedics to provide to the commissioner, in the form and manner specified by the commissioner, the utilization, cost, and quality data necessary to conduct this evaluation.