

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 3215

(SENATE AUTHORS: ROSEN)

DATE	D-PG	OFFICIAL STATUS
03/24/2016	5259	Introduction and first reading
		Referred to Health, Human Services and Housing
04/07/2016		Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act
 1.2 relating to human services; providing medical assistance coverage for services
 1.3 provided by a community medical response emergency medical technician;
 1.4 amending Minnesota Statutes 2014, section 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2014, section 256B.0625, is amended by adding a
 1.7 subdivision to read:

1.8 Subd. 60a. **Community medical response emergency medical technician**
 1.9 **services.** (a) Medical assistance covers services provided by a community medical
 1.10 response emergency medical technician (CEMT) who is certified under section 144E.275,
 1.11 subdivision 7, when the services are provided in accordance with this subdivision.

1.12 (b) A CEMT may provide episodic individual patient education and prevention
 1.13 education, but only as directed by a patient care plan developed by the patient's primary
 1.14 physician, an advanced practice registered nurse, or a physician assistant in conjunction
 1.15 with the medical response unit medical director and relevant local health care providers.
 1.16 The patient care plan must ensure that:

1.17 (1) the services provided by the CEMT are consistent with services offered by the
 1.18 patient's health care home, if one exists;

1.19 (2) the patient receives the necessary services; and

1.20 (3) there is no duplication of services to the patient.

1.21 (c) Services provided by a CEMT to a recipient who is receiving care coordination
 1.22 services must be provided in consultation with the providers of the care coordination
 1.23 services.

2.1 (d) A CEMT shall only provide services within the CEMT skill set, as approved by
2.2 the medical response unit medical director.

2.3 (e) The commissioner shall seek any federal approval necessary to implement this
2.4 subdivision.

2.5 **EFFECTIVE DATE.** This section is effective July 1, 2016, or upon the effective
2.6 date of any necessary federal approval, whichever is later.