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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. **2060**

02/01/2012 Authored by Mack, Zellers, Quam, Huntley, Gottwalt and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/21/2012 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

03/29/2012 Adoption of Report: Pass and re-referred to the Committee on Ways and Means

1.1 A bill for an act
1.2 relating to human services; providing medical assistance coverage for community
1.3 paramedic services; amending Minnesota Statutes 2010, section 256B.0625, by
1.4 adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2010, section 256B.0625, is amended by adding a
1.7 subdivision to read:

1.8 Subd. 60. **Community paramedic services.** (a) Medical assistance covers services
1.9 provided by community paramedics who are certified under section 144E.28, subdivision
1.10 9, when the services are provided in accordance with this subdivision to an eligible
1.11 recipient as defined in paragraph (b).

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

1.18 (c) Payment for services provided by a community paramedic under this subdivision
1.19 must be a part of a care plan ordered by a primary health care provider in consultation with
1.20 the medical director of an ambulance service and must be billed by an eligible provider
1.21 enrolled in medical assistance that employs or contracts with the community paramedic.
1.22 The care plan must ensure that the services provided by a community paramedic are
1.23 coordinated with other community health providers and local public health agencies and
1.24 that community paramedic services do not duplicate services already provided to the

2.1 patient, including home health and waiver services. Community paramedic services
2.2 shall include health assessment, chronic disease monitoring and education, medication
2.3 compliance, immunizations and vaccinations, laboratory specimen collection, hospital
2.4 discharge follow-up care, and minor medical procedures approved by the ambulance
2.5 medical director.

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

2.9 (e) The commissioner shall seek the necessary federal approval to implement this
2.10 subdivision.

2.11 **EFFECTIVE DATE.** This section is effective July 1, 2012, or upon federal
2.12 approval, whichever is later.