

A bill for an act

relating to human services; creating a certification for community paramedics; requiring medical assistance coverage of certain community paramedic services; requiring a report; amending Minnesota Statutes 2010, sections 144E.001, by adding a subdivision; 144E.28, by adding a subdivision; 256B.0625, by adding a subdivision.

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

Section 1. Minnesota Statutes 2010, section 144E.001, is amended by adding a subdivision to read:

Subd. 5f. **Emergency medical technician-community paramedic or EMT-CP.**
"Emergency medical technician-community paramedic" or "EMT-CP" means a person who is employed by a licensed ambulance service, is currently certified in Minnesota as an EMT-P, and who meets the additional requirements for certification as an EMT-CP specified in section 144E.28, subdivision 9.

EFFECTIVE DATE. This section is effective July 1, 2011.

Sec. 2. Minnesota Statutes 2010, section 144E.28, is amended by adding a subdivision to read:

Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board as an EMT-CP, an individual shall:

(1) be currently certified as a Minnesota EMT-P, and have two years of full-time service as an EMT-P, or its part-time equivalent; and

(2) successfully complete a community paramedic training program from a Minnesota-accredited college or university. The clinical experience provided to students in the program must be under the supervision of an ambulance medical director, advanced

practice nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government.

(b) A community paramedic must practice in accordance with protocols and supervisory standards established by the ambulance service medical director as provided under section 144E.265.

(c) A community paramedic is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to an EMT-P under this chapter.

(d) To prevent duplication of services, community paramedics may be included in the patient care plan, which must be developed in coordination with other local providers, including hospitals and clinics and other entities such as health care homes and local public health agencies.

EFFECTIVE DATE. This section is effective July 1, 2011.

Sec. 3. Minnesota Statutes 2010, section 256B.0625, is amended by adding a subdivision to read:

Subd. 55. **Community paramedic services.** (a) Medical assistance covers the following services, when provided by a community paramedic certified under section 144E.28, subdivision 9: chronic disease monitoring and treatment; performance of minor medical procedures intended to prevent avoidable ambulance transportation or avoidable hospital emergency department use; provision of patient information and care referral options for meeting physical and mental health care needs; and other services approved by the commissioner.

(b) The commissioner, in consultation with representatives of emergency medical service providers and local public health agencies, shall establish a payment rate for services performed by community paramedics. All payments for community paramedic services must be provided to the medical assistance-enrolled provider, which may only be an ambulance service licensed under chapter 144E.

EFFECTIVE DATE. This section is effective July 1, 2011.

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

The commissioner of human services, in cooperation with the commissioner of health, 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 shall present findings to the legislature by December 1, 2014.