

This Document can be made available in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 75

01/14/2013 Authored by Schoen, McNamar and Mack

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

1.1 A bill for an act
1.2 relating to health; requiring continuing education hours for certification as a
1.3 community paramedic; amending Minnesota Statutes 2012, section 144E.28,
1.4 subdivision 9.

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

1.6 Section 1. Minnesota Statutes 2012, section 144E.28, subdivision 9, is amended to read:

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

1.9 (1) be currently certified as a paramedic and have two years of full-time service as
1.10 a paramedic or its part-time equivalent;

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

1.17 (3) complete a board-approved application form; and

1.18 (4) complete an additional 12 hours of continuing education in clinical topics
1.19 approved by the ambulance service medical director, in addition to the requirements in
1.20 subdivision 7.

1.21 (b) A community paramedic must practice in accordance with protocols and
1.22 supervisory standards established by an ambulance service medical director in accordance
1.23 with section 144E.265. A community paramedic may provide services as directed by a
1.24 patient care plan if the plan has been developed by the patient's primary physician or by

2.1 an advanced practice registered nurse or a physician assistant, in conjunction with the
2.2 ambulance service medical director and relevant local health care providers. The care
2.3 plan must ensure that the services provided by the community paramedic are consistent
2.4 with the services offered by the patient's health care home, if one exists, that the patient
2.5 receives the necessary services, and that there is no duplication of services to the patient.

2.6 (c) A community paramedic is subject to all certification, disciplinary, complaint,
2.7 and other regulatory requirements that apply to paramedics under this chapter.