

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2128

(SENATE AUTHORS: SEEBERGER)

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Introduction and first reading
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to emergency medical services; modifying requirements for community
1.3 emergency medical technician certification; modifying medical assistance coverage
1.4 of community emergency medical technician services; amending Minnesota Statutes
1.5 2024, sections 144E.275, subdivision 7; 256B.0625, subdivision 60a.

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

1.7 Section 1. Minnesota Statutes 2024, section 144E.275, subdivision 7, is amended to read:

1.8 Subd. 7. **Community emergency medical technician.** (a) To be eligible for certification
1.9 by the director as a CEMT, an individual shall:

1.10 (1) be currently certified as an EMT or AEMT;

1.11 (2) have two years of service as an EMT or AEMT;

1.12 ~~(3) be a member of:~~

1.13 ~~(i) a registered medical response unit as defined under this section; or~~

1.14 ~~(ii) a basic life support ambulance service that meets the requirements of section~~
1.15 ~~144E.101, subdivision 6;~~

1.16 ~~(4)~~ (3) successfully complete a CEMT education program that: (i) is from a college or
1.17 university that, or health care system providing CEMT care; and (ii) has been approved by
1.18 the director or accredited by a director-approved national accrediting organization. The
1.19 education must include clinical experience under the supervision of the ~~medical response~~
1.20 ~~unit or ambulance service~~ physician medical director of the program through which the
1.21 CEMT is providing services, an advanced practice registered nurse, a physician assistant,
1.22 or a public health nurse operating under the direct authority of a local unit of government;

2.1 ~~(5)~~ (4) successfully complete an education program that includes education in providing
2.2 culturally appropriate care; and

2.3 ~~(6)~~ (5) complete a director-approved application form.

2.4 (b) A CEMT must practice in accordance with protocols and supervisory standards
2.5 established by the ~~medical response unit or ambulance service~~ program's physician medical
2.6 director in accordance with section 144E.265.

2.7 (c) A CEMT may provide services within the CEMT skill set as approved by the medical
2.8 response unit or ambulance service medical director.

2.9 (d) A CEMT may provide ~~episodic~~ individual patient care, education, and prevention
2.10 education ~~but only~~ as directed by a patient care plan developed by the patient's primary
2.11 physician, an advanced practice registered nurse, or a physician assistant, in conjunction
2.12 with the ~~medical response unit or ambulance service~~ program's physician medical director
2.13 and relevant local health care providers. The patient care plan must ensure that the services
2.14 provided by the CEMT are consistent with services offered by the patient's health care home,
2.15 if one exists, that the patient receives the necessary services, and that there is no duplication
2.16 of services to the patient. CEMT services include health assessments, chronic disease
2.17 monitoring and education, vaccinations, laboratory specimen collection, and hospital
2.18 discharge follow-up care approved by the program's physician medical director.

2.19 (e) Services provided by a CEMT to a patient who is also receiving care coordination
2.20 services must be provided in consultation with the providers of the patient's care coordination
2.21 services.

2.22 (f) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory
2.23 requirements that apply to EMTs under this chapter. In addition to the renewal requirements
2.24 in section 144E.28, subdivision 7, a CEMT must complete an additional 12 hours of
2.25 continuing education in clinical topics approved by the program's physician medical director.

2.26 ~~(f) A CEMT may not provide services as defined in section 144A.471, subdivisions 6~~
2.27 ~~and 7, except a CEMT may provide verbal or visual reminders to the patient to:~~

2.28 ~~(1) take a regularly scheduled medication, but not to provide or bring the patient~~
2.29 ~~medication; and~~

2.30 ~~(2) follow regularly scheduled treatment or exercise plans.~~

3.1 Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 60a, is amended to read:

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

3.6 (b) A CEMT may provide a postdischarge visit, after discharge from a hospital or skilled
3.7 nursing facility, when ordered by a treating physician, advanced practice registered nurse,
3.8 or physician assistant. The postdischarge visit includes:

3.9 (1) verbal or visual reminders of discharge orders;

3.10 (2) recording and reporting of vital signs to the patient's primary care provider;

3.11 (3) medication access confirmation;

3.12 (4) food access confirmation; and

3.13 (5) identification of home hazards.

3.14 (c) An individual who has repeat ambulance calls due to falls or has been identified by
3.15 the individual's primary care provider as at risk for nursing home placement, may receive
3.16 a safety evaluation visit from a CEMT when ordered by a primary care provider in accordance
3.17 with the individual's care plan. A safety evaluation visit includes:

3.18 (1) medication access confirmation;

3.19 (2) food access confirmation; and

3.20 (3) identification of home hazards.

3.21 (d) A CEMT shall be paid at ~~\$9.75~~ \$100 per hour, billed at \$25 per 15-minute increment
3.22 and \$1.25 per mile for mileage traveled to the individuals home only. A safety evaluation
3.23 visit may not be billed for the same day as a postdischarge visit for the same individual.

3.24 (e) In order to be paid under this subdivision, a CEMT must hold a Unique Minnesota
3.25 Provider Identifier (UMPI) number issued by the commissioner.

3.26 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
3.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
3.28 when federal approval is obtained.