

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 1074

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DATE	D-PG	OFFICIAL STATUS
02/11/2019	327	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/19/2019		HF substituted in committee HF148

1.1 A bill for an act

1.2 relating to health; permitting a community emergency medical technician to be a

1.3 member of a basic life support ambulance service; modifying an occupational title

1.4 of certain emergency medical technicians; amending Minnesota Statutes 2018,

1.5 sections 144E.001, subdivision 5h; 144E.275, subdivision 7; 256B.0625,

1.6 subdivision 60a.

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

1.8 Section 1. Minnesota Statutes 2018, section 144E.001, subdivision 5h, is amended to read:

1.9 Subd. 5h. **Community ~~medical response~~ emergency medical technician.** "Community

1.10 ~~medical response~~ emergency medical technician" or "CEMT" means a person who is certified

1.11 as an emergency medical technician, who is a member of a registered medical response unit

1.12 under section 144E.275 or a basic life support ambulance service, and who meets the

1.13 requirements for additional certification as a CEMT as specified in section 144E.275,

1.14 subdivision 7.

1.15 Sec. 2. Minnesota Statutes 2018, section 144E.275, subdivision 7, is amended to read:

1.16 Subd. 7. **Community ~~medical response~~ emergency medical technician.** (a) To be

1.17 eligible for certification by the board as a CEMT, an individual shall:

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

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

1.20 (3) be a member of: (i) a registered medical response unit as defined under this section;

1.21 or

2.1 (ii) a basic life support ambulance service that meets the requirements of section
2.2 144E.101, subdivision 6;

2.3 (4) successfully complete a CEMT education program from a college or university that
2.4 has been approved by the board or accredited by a board-approved national accrediting
2.5 organization. The education must include clinical experience under the supervision of the
2.6 medical response unit or ambulance service medical director, an advanced practice registered
2.7 nurse, a physician assistant, or a public health nurse operating under the direct authority of
2.8 a local unit of government;

2.9 (5) successfully complete an education program that includes education in providing
2.10 culturally appropriate care; and

2.11 (6) complete a board-approved application form.

2.12 (b) A CEMT must practice in accordance with protocols and supervisory standards
2.13 established by the medical response unit or ambulance service medical director in accordance
2.14 with section 144E.265.

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

2.17 (d) A CEMT may provide episodic individual patient education and prevention education
2.18 but only as directed by a patient care plan developed by the patient's primary physician, an
2.19 advanced practice registered nurse, or a physician assistant, in conjunction with the medical
2.20 response unit or ambulance service medical director and relevant local health care providers.
2.21 The patient care plan must ensure that the services provided by the CEMT are consistent
2.22 with services offered by the patient's health care home, if one exists, that the patient receives
2.23 the necessary services, and that there is no duplication of services to the patient.

2.24 (e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory
2.25 requirements that apply to EMTs under this chapter.

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. 3. Minnesota Statutes 2018, section 256B.0625, subdivision 60a, is amended to read:

3.2 Subd. 60a. **Community ~~medical response~~ emergency medical technician services.** (a)

3.3 Medical assistance covers services provided by a community ~~medical response~~ emergency
3.4 medical technician (CEMT) who is certified under section 144E.275, subdivision 7, when
3.5 the services are provided in accordance 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. The postdischarge visit includes:

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

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

3.10 (3) medication access confirmation;

3.11 (4) food access confirmation; and

3.12 (5) identification of home hazards.

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

3.17 (1) medication access confirmation;

3.18 (2) food access confirmation; and

3.19 (3) identification of home hazards.

3.20 (d) A CEMT shall be paid at \$9.75 per 15-minute increment. A safety evaluation visit
3.21 may not be billed for the same day as a postdischarge visit for the same individual.