

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-NINTH SESSION**

**S.F. No. 176**

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DATE	D-PG	OFFICIAL STATUS
01/20/2015	86	Introduction and first reading
		Referred to Health, Human Services and Housing
03/25/2015		Comm report: To pass as amended and re-refer to Finance

A bill for an act

1.1  
 1.2 relating to health; creating a certification for community medical response  
 1.3 emergency medical technicians; amending Minnesota Statutes 2014, sections  
 1.4 144E.001, by adding a subdivision; 144E.275, subdivision 1, by adding a  
 1.5 subdivision.

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

1.7 Section 1. Minnesota Statutes 2014, section 144E.001, is amended by adding a  
 1.8 subdivision to read:

1.9 Subd. 5h. **Community medical response emergency medical technician.**  
 1.10 "Community medical response emergency medical technician" or "CEMT" means  
 1.11 a person who is certified as an emergency medical technician, who is a member of a  
 1.12 registered medical response unit under this chapter, and who meets the requirements for  
 1.13 additional certification as a CEMT as specified in section 144E.275, subdivision 7.

1.14 Sec. 2. Minnesota Statutes 2014, section 144E.275, subdivision 1, is amended to read:

1.15 Subdivision 1. **Definition.** For purposes of this section, the following definitions  
 1.16 apply:

1.17 (a) "Medical response unit" means an organized service recognized by a local  
 1.18 political subdivision whose primary responsibility is to respond to medical emergencies to  
 1.19 provide initial medical care before the arrival of a licensed ambulance service. Medical  
 1.20 response units may, subject to requirements specified elsewhere in this chapter and only  
 1.21 when requested by the patient's primary physician or care team, provide. at the direction  
 1.22 of a medical director, episodic population health support, episodic individual patient  
 1.23 education, and prevention education programs.

2.1 (b) "Specialized medical response unit" means an organized service recognized by a  
 2.2 board-approved authority other than a local political subdivision that responds to medical  
 2.3 emergencies as needed or as required by local procedure or protocol.

2.4 Sec. 3. Minnesota Statutes 2014, section 144E.275, is amended by adding a subdivision  
 2.5 to read:

2.6 Subd. 7. **Community medical response emergency medical technician.** (a) To be  
 2.7 eligible for certification by the board as a CEMT, an individual shall:

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

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

2.10 (3) be a member of a registered medical response unit as defined in this chapter;

2.11 (4) successfully complete a CEMT training program from a college or university that  
 2.12 has been approved by the board or accredited by a board-approved national accrediting  
 2.13 organization. The training must include clinical experience under the supervision of the  
 2.14 medical response unit medical director, an advanced practice registered nurse, a physician  
 2.15 assistant, or a public health nurse operation under the direct authority of a local unit  
 2.16 of government; and

2.17 (5) complete a board-approved application form.

2.18 (b) A CEMT must practice in accordance with protocols and supervisory standards  
 2.19 established by the medical response unit medical director in accordance with section  
 2.20 144E.265.

2.21 (c) A CEMT may provide episodic population health services as approved by the  
 2.22 medical response unit medical director.

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

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

2.32 Sec. 4. **COMMUNITY MEDICAL RESPONSE EMERGENCY MEDICAL**  
 2.33 **TECHNICIAN SERVICES COVERED UNDER THE MEDICAL ASSISTANCE**  
 2.34 **PROGRAM.**

3.1 (a) The commissioner of human services, in consultation with representatives of  
 3.2 emergency medical service providers, physicians, public health nurses, community  
 3.3 health workers, the Minnesota State Fire Chiefs Association, the Minnesota Professional  
 3.4 Firefighters Association, the Minnesota State Firefighters Department Association, and  
 3.5 local public health agencies, shall determine specified services and payment rates for  
 3.6 these services to be performed by community medical response emergency medical  
 3.7 technicians certified under Minnesota Statutes, section 144E.275, subdivision 7, and  
 3.8 covered by medical assistance under Minnesota Statutes, section 256B.0625. Services  
 3.9 may include interventions intended to prevent avoidable ambulance transportation or  
 3.10 hospital emergency department use, care coordination, diagnosis-related patient education,  
 3.11 and population-based preventive education .

3.12 (b) Payment for services provided by a community medical response emergency  
 3.13 medical technician must be:

3.14 (1) ordered by a medical response unit medical director;

3.15 (2) part of a patient care plan that has been developed in coordination with the  
 3.16 patient's primary physician and relevant local health care providers; and

3.17 (3) billed by an eligible medical assistance enrolled provider that employs or  
 3.18 contracts with the community medical response emergency medical technician.

3.19 In determining the community medical response emergency medical technician services  
 3.20 to include under medical assistance coverage, the commissioner of human services shall  
 3.21 consider the potential of hospital admittance and emergency room utilization reductions as  
 3.22 well as increased access to quality care in rural communities.

3.23 (c) The commissioner of human services shall submit the list of services to be  
 3.24 covered by medical assistance to the chairs and ranking minority members of the  
 3.25 legislative committees with jurisdiction over health and human services policy and  
 3.26 spending by January 15, 2016. These services shall not be covered by medical assistance  
 3.27 until legislation providing coverage for the services is enacted in law.

3.28 **Sec. 5. EVALUATION OF COMMUNITY ADVANCED EMERGENCY**  
 3.29 **MEDICAL TECHNICIAN SERVICES.**

3.30 If legislation is enacted to cover community advanced emergency medical technician  
 3.31 services with medical assistance, the commissioner of human services shall evaluate the  
 3.32 effect of medical assistance and MinnesotaCare coverage for those services on the cost  
 3.33 and quality of care under those programs and the coordination of those services with the  
 3.34 health care home services. The commissioner shall present findings to the chairs and  
 3.35 ranking minority members of the legislative committees with jurisdiction over health and

4.1 human services policy and spending by December 1, 2017. The commissioner shall  
4.2 require medical assistance and MinnesotaCare enrolled providers that employ or contract  
4.3 with community medical response emergency medical technicians to provide to the  
4.4 commissioner, in the form and manner specified by the commissioner, the utilization, cost,  
4.5 and quality data necessary to conduct this evaluation.