

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 261
Version: As introduced

DATE: February 2, 2015

Authors: Mack and others

Subject: Community emergency medical technicians

Analyst: Jamie Olson (651-296-5043)

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

Overview

This bill creates a community medical response emergency medical technician (CEMT) certification and requires the commissioner of human services to, among other things, consider the services and payment rates for CEMTs if they were to be covered by medical assistance.

Section

- 1** **Community medical response emergency medical technician.** Amends § 144E.001 by adding subdivision 5h. Defines a community medical response emergency medical technician (CEMT) as a certified emergency medical technician who also meets the requirements of section 144E.275, subdivision 7 (section 3 of this bill).
- 2** **Definition.** Amends §144E.275, subdivision 1. Allows a medical response unit to provide, at the direction of a medical director, episodic population health support, episodic individual patient education, and prevention education programs if requested by the patient's primary physician or care team.
- 3** **Community medical response emergency medical technician.** Amends § 144E.275 by adding subdivision 7.
 - (a) Lists the requirements to be eligible to be a CEMT, including being currently certified as an EMT or AEMT, having two years of services as an EMT or AEMT, membership in a registered medical response unit, successful completion of a CEMT training program, and submission of an application.
 - (b) Requires a CEMT to practice in accordance with the standards established by the medical response unit medical director.

Section

(c) Allows a CEMT to provide episodic population health services as approved by the medical director.

(d) Requires that episodic individual patient education and prevention education provided by a CEMT be conducted as directed by a patient plan developed by certain individuals, including, but not limited to, the patient's primary doctor. Requires the care plan to be consistent with services offered by the patient's health care home, if one exists, and that services are not duplicated.

(e) Subjects a CEMT to all certification, disciplinary, complaint, and other regulatory requirements as they apply to EMTs.

4 Community medical response emergency medical technician services covered under the medical assistance program.

(a) Requires the commissioner of human services, in consultation with other specified persons, to determine services and payment rates for CEMTs.

(b) Requires payment for services provided by a CEMT to meet certain conditions, including, but not limited to, having been part of a patient care plan and billed by an eligible medical assistance enrolled provider.

(c) Requires the commissioner of human services to submit the list of services to certain members of the legislature by January 15, 2016. States that no services will be covered until legislation providing coverage is enacted.

5 Evaluation of Community Advanced Emergency Medical Technician Services. Requires the commissioner of human services, if medical assistance coverage legislation is enacted, to evaluate the effect on medical assistance and MinnesotaCare and reporting findings to certain members of the legislature by December 1, 2017.