



## Issue Brief

# Left Behind in California: Comparing Community Paramedicine Policies Across States

## Introduction

Community paramedicine is a growing health care model in which emergency medical professionals such as paramedics and emergency medical technicians (EMTs) work beyond their traditional emergency care roles and provide nonemergency care. This model is based on local need and seeks to reduce unnecessary emergency department (ED) use and to connect underserved populations with health care resources. Services are integrated into local or regional health care systems and overseen by emergency and primary care physicians. Examples of services include furnishing posthospital follow-up care, providing health education programs, giving immunizations, and referring or transporting 911 callers to more appropriate care centers, such as mental health centers, sobering centers, primary care physicians' offices, or community health centers.

This paper provides an overview of state laws governing community paramedicine across the United States, including laws describing their scope of practice, educational requirements, and reimbursement policies. Examining other states' policies can inform California's efforts to build upon its ongoing community paramedicine pilot project by enacting legislation that would authorize the practice of community paramedicine statewide.

## Defining Terms

The term "community paramedicine" (CP) may be used interchangeably with "mobile integrated health care" (MIH), but the definitions of these terms are not necessarily congruent.<sup>1</sup>

MIH is usually used as an umbrella term that refers to multiple types of services provided by emergency medical services (EMS) agencies that go beyond

responding to 911 calls and transporting people to an emergency department (ED). Some MIH services are provided by paramedics, and some are provided by other types of health professionals, such as nurse practitioners and registered nurses.

CP usually refers to MIH services provided by paramedics that are beyond traditional EMS services. In some cases, CP only connotes services provided by paramedics outside of response to 911 calls, such as providing home visits to people recently discharged from a hospital or providing case management services to frequent users of EMS services. In other cases, CP also encompasses alternate destination services under which paramedics who respond to 911 calls transport people who meet eligibility criteria to destinations other than an ED, such as a sobering center or a mental health crisis center.

Ultimately, both terms speak to the objectives of reducing ED overuse, avoiding duplication of health care services, and meeting the health care needs of vulnerable and underserved communities in more pragmatic and cost-effective ways.

## Legislative Efforts at Regulation: US and California

Although CP and MIH projects exist in varying forms across states, with some dating back to as early as 2002, legislative efforts to recognize and regulate community paramedicine have largely taken place within the last 10 years. Twenty-three states have passed laws that regulate community paramedicine, establish CP pilot programs, or authorize EMS personnel to provide nonemergency

care. Most states with statutory recognition of community paramedicine do not treat community paramedics as a separate licensed EMS occupation. Rather, eligible EMS professionals become CP professionals by completing further training and, depending on the state, receiving certification, approval, or endorsement. Most of these enabling statutes contain criteria for training and continuing education. Curricula may vary depending on the specific EMS agency that a prospective CP professional wants to work for, based on local needs. In addition to community paramedics, some states also recognize “community emergency medical technicians” and “community emergency medical responders” as members of the CP workforce.

California has not passed legislation regulating community paramedicine. However, since 2014, California has operated a statewide pilot project on community paramedicine under the auspices of the Office of Statewide Health Planning and Development (OSHPD)'s Health Workforce Pilot Projects (HWPP) Program. Established under Sections 128125–128195 of the California Health and Safety Code and Title 22, Division 7, Chapter 6 of the California Code of Regulations, the HWPP Program was founded in 1972 and waives scope-of-practice laws to test and evaluate new and innovative models of care. HWPP #173 is sponsored by the California Emergency Medical Services Authority and currently includes 15 active CP pilot projects across the state.<sup>2,3</sup>

## Summary of Legislative Oversight in Other States

Below is a summary of different types of state legislation passed that address community paramedicine. See Table 2 on page 9 for a list of all US states, as well as the District of Columbia and Puerto Rico, and their legislative environments.

### General oversight

- ▶ Seventeen states have passed laws authorizing and regulating CP or similar programs (Table 1).
- ▶ Six states have passed legislation establishing statewide CP projects and/or working groups to review the feasibility of community paramedicine.
- ▶ Six states have ongoing statewide CP pilot projects made possible through existing statutes. Instead of passing additional legislation or establishing explicit authority in state law, these states' existing laws governing EMS may grant EMS agencies broad authority, or allow local EMS agencies great latitude in determining the scope of services that EMS providers may provide in their respective service areas.<sup>4</sup> Authority to conduct pilot projects may be time-limited. For example, in California, Health Workforce Pilot Projects are intended to support proof-of-concept studies that can inform debates about proposals to change laws and regulations that govern the health professionals' practice.
- ▶ Alaska does not have a statewide CP project and has not passed legislation authorizing and regulating community paramedicine. However, its Community Health Aides/Practitioners (CHA/Ps) program, which serves indigenous tribal communities, contains similarities to community paramedicine. As frontline health care workers, CHA/Ps provide culturally relevant emergency, acute, chronic, and preventive care in their communities, as well as assessing and referring community members to appropriate health care resources. CHA/Ps are trained in emergency medical skills required of all three EMT levels in the state.<sup>5</sup> They are required to enroll in Alaska's Medicaid program; however, not all of the services they provide are covered by Medicaid.<sup>6</sup>

### Medicaid and commercial insurance reimbursement

- ▶ In three states, only the Medicaid program reimburses CP services.
- ▶ In 12 states, only commercial health plans reimburse CP services.
- ▶ In four states, both the Medicaid program and commercial health plans reimburse CP services.
- ▶ In 14 states, Medicaid programs reimburse for treatment without transport on 911 calls.

## Professions included in statutes

- ▶ Seven states' laws include only paramedics. The other 10 include other emergency medical professions, such as EMTs (basic, intermediate, or advanced), emergency medical responders, or other licensed emergency care providers.

## Types of services

- ▶ Nine states' laws contain specific language outlining the types of services that CP programs or professionals can provide, such as health assessments, chronic disease management, hospital discharge follow-up care, and medication compliance.
- ▶ The remaining eight states have "general authority" laws, with language stating that CP providers may provide whatever services are within their scope of practice as long as such services are authorized by a physician or EMS medical director, or are part of a patient's care plan.
- ▶ In three states — Iowa, Ohio, and Washington — the passed legislation does not specifically contain the words "community paramedicine," "mobile integrated health care," or other similar language. Instead, the legislation authorizes EMS personnel to provide care in nonemergency situations, such as performing medical services within their scope of practice or providing community assistance referrals and education services.

## Community paramedicine education and licensing/certification

- ▶ Twelve states require formal recognition after training, which varies across states and can be licensure, certification, approval, or endorsement.
  - Two states do not require recognition and require only completion of an approved training program.

- ▶ Twelve states require prospective CP or MIH personnel to complete additional training. Training requirements vary by state, ranging from state-accredited programs to programs set by individual local EMS bureaus.
  - Five states require CP personnel to obtain training from an accredited college/university or educational institution.
  - Three states are currently developing CP education regulations.

## Conclusion

Presently, only one-third of states have enacted MIH-CP legislation. At the same time, community paramedicine is also being piloted in smaller-scale efforts across individual EMS agencies in additional states. There is great variation across states in terms of CP providers' scope of practice, educational requirements, and Medicaid and commercial insurance reimbursement. This variation makes it difficult for policymakers in other states to determine which elements to include in CP legislation. Further research is needed to assess the consequence of variation in statutory requirements on the diffusion of CP services within states. As California continues its CP pilot projects, policymakers should look toward the demonstrated benefits of these projects as a guide to expanding community paramedicine statewide through legislative action.

**Table 1. Overview of Recent State Legislation Regulating Community Paramedicine and Similar Programs, by State**

State	Bill(s) Passed	Year Passed	Professions Included	Education/Training Requirements	Type of Recognition	Practice Authority
Arkansas	<p>HB 1133</p> <ul style="list-style-type: none"> <li>Creates a licensure program for community paramedics and allows them to provide services as directed by a care plan</li> </ul>	2015	Paramedics	Completion of training program from accredited college or university approved by the Arkansas Department of Health	Licensure	Services described in a patient care plan developed by the patient’s physician in conjunction with the community paramedic service’s medical director.
Colorado	<p>SB 16-069</p> <ul style="list-style-type: none"> <li>Establishes rules for community paramedic endorsement programs and minimum standards for community integrated health care service agencies</li> </ul>	2016	Paramedics	Completion of training course from an accredited paramedic training center or accredited college or university, and a passing score on a nationally offered exam that is recognized in Colorado	Endorsement	Medical services including but not limited to initial assessments of patients, care coordination, resource navigation, patient education, wound closure and care, ultrasounds, and administration of medications within the provider’s scope of practice.
Idaho	<p>HB 153</p> <ul style="list-style-type: none"> <li>Sets forth definitions of community EMT, community health EMS, and community paramedics in state statute</li> </ul>	2015	Paramedics and EMTs	Nothing formally codified in the law besides completion of additional training <i>Paramedics and EMTs can become “community paramedics” and “community EMTs,” respectively, following training.</i>	None, besides recognition of having completed additional training	Community paramedics and EMTs work within community EMS programs as members of community-based teams of health and social services providers.
Indiana	<p>SB 498</p> <ul style="list-style-type: none"> <li>Allows state Office of the Secretary of Family and Social Services to reimburse EMS provider agencies for covered services provided to Medicaid recipients as part of MIH</li> <li>Amends statutory definition of EMS to include transportation services, acute care, chronic condition services, or disease management services as part of MIH</li> <li>Sets standards for establishing and administering MIH programs</li> </ul>	2019	Paramedics and EMTs <i>The statute recognizes both professions as being employed by MIH systems, but only mentions paramedics when discussing whether additional training and certification are necessary.</i>	In development <i>The statute authorizes the creation of a commission responsible for developing an MIH program and deciding whether additional training or education is necessary for paramedics working in the program.</i>	In development <i>MIH development committee to decide whether additional certification is necessary for participation in the program.</i>	Transportation services, acute care, chronic condition services, and disease management services.

Table 1. Overview of Recent State Legislation Regulating Community Paramedicine and Similar Programs, by State, continued

State	Bill(s) Passed	Year Passed	Professions Included	Education/Training Requirements	Type of Recognition	Practice Authority
Iowa	State Code Chapter 147 — Trauma Care and Administrative Code Section 641, Chapters 131 and 132 <ul style="list-style-type: none"> <li>▶ Allows certified EMS providers to provide emergency and nonemergency care within their scope of practice</li> </ul>	2016	All EMS providers, based on level of certification	Varies by EMS agency <i>The Iowa Department of Public Health has stated that under these statutes, community paramedicine would be treated as a specialty area of EMS with “expanded roles” for providers rather than a new scope of practice. Therefore, EMS agencies may provide necessary additional education and training for CP staff to complete required tasks.<sup>7</sup></i>	None <i>Certification or endorsement is not currently required for MIH systems utilizing certified EMS providers.</i>	CP providers may perform emergency and nonemergency care without contacting a supervising physician or physician designee if the tasks are within their scope of practice and fall within clearly written protocols that have been approved by the service program medical director.
Kentucky	HB 106 <ul style="list-style-type: none"> <li>▶ Defines community paramedic and mobile integrated health care program</li> <li>▶ Provides administrative requirements for MIH</li> </ul>	2019	Paramedics	In development <i>The bill defines community paramedics as advanced practice paramedics that are certified by the Kentucky Board of Emergency Medical Services in the community paramedic emergency medical services subspecialty. The board is responsible for establishing educational requirements, testing requirements, credentialing, and licensure requirements of advanced practice paramedics.</i>	Certification (as advanced practice paramedic)	Community paramedics may only practice as employees of a licensed MIH program.
Massachusetts	Outside Section 93 <ul style="list-style-type: none"> <li>▶ Defines what MIH is and outlines how it should be administered</li> </ul> 105 Code of Massachusetts Regulations (CMR) 173 <ul style="list-style-type: none"> <li>▶ Outlines regulations of MIH and community EMS programs</li> </ul>	2015 (Outside Section 93), 2018 (105 CMR 173)	Paramedics	Training and activities determined by the local jurisdiction EMS agency and affiliate hospital medical director	Certification	Community paramedics may practice within their scope of practice and provide follow-up and preventive measures including but not limited to fall prevention, vaccinations, health screenings, and blood pressure and blood glucose checks.

**Table 1. Overview of Recent State Legislation Regulating Community Paramedicine and Similar Programs, by State, continued**

State	Bill(s) Passed	Year Passed	Professions Included	Education/Training Requirements	Type of Recognition	Practice Authority
Minnesota	<p>State Statute Section 144E.28, Subdivision 9</p> <ul style="list-style-type: none"> <li>▶ Defines what community paramedicine is and what services community paramedics can provide</li> </ul> <p>State Statute Section 256B.0625, Subdivisions 60 &amp; 60a</p> <ul style="list-style-type: none"> <li>▶ Addresses what community paramedic services are covered by Medicaid</li> </ul>	2011	Paramedics	Completion of a community paramedic training program from an accredited college, university, or organization approved by the state EMS Regulatory Board	Certification	Can provide services included in a care plan developed by the patient’s primary physician or by an advanced practice registered nurse (APRN) or a physician assistant (PA), in conjunction with relevant local health care providers. Services must not be duplicative.
Missouri	<p>State Statute Chapter 190.098</p> <ul style="list-style-type: none"> <li>▶ Outlines scope of practice and eligibility requirements of community paramedics</li> </ul>	2013	Paramedics	Completion of a community paramedic certification program from a college, university, or education institution that has been approved by the Missouri Department of Health and Senior Services or accredited by a national accreditation organization approved by the department	Certification	Can provide services included in a care plan developed by the patient’s primary physician, or by an APRN or PA through a collaborative practice agreement with a physician. Services must not be duplicative.
Montana	<p>SB 38</p> <ul style="list-style-type: none"> <li>▶ Defines community-integrated health care as the provision of out-of-hospital medical services that EMS providers with endorsements may provide as determined by the state Board of Medical Examiners</li> <li>▶ Allows EMS providers to offer community health care in nonemergency situations</li> </ul>	2019	Licensed emergency care providers, including but not limited to emergency medical responders (EMRs), EMTs, advanced EMTs (AEMTs), or paramedics	In development	Endorsement	EMS providers may provide out-of-hospital medical services and nonemergency care as determined by board rule.

Table 1. Overview of Recent State Legislation Regulating Community Paramedicine and Similar Programs, by State, *continued*

State	Bill(s) Passed	Year Passed	Professions Included	Education/Training Requirements	Type of Recognition	Practice Authority
Nevada	<p>AB 305</p> <ul style="list-style-type: none"> <li>▶ Authorizes and provides for the regulation of CP services</li> <li>▶ Defines CP services as those provided to patients who do not require transportation to or services at a hospital and provided using mobile equipment, in a manner that is integrated with health care and social services resources available in the community</li> </ul>	2015	EMTs, AEMTs, and paramedics	Continuing education and training that will allow the CP provider to meet endorsement eligibility and practice within their respective scope of practice	Endorsement	The following services fall under a CP provider’s scope of practice when they are part of a primary care provider’s care plan: evaluation/health assessment, chronic disease prevention, monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection and lab tests, hospital discharge follow-up care, minor medical procedures and treatments within scope of practice as approved by the EMS agency’s medical director, home safety assessments, and telehealth.
New Mexico	<p>State Statute 7.27.11.8, Part F</p> <ul style="list-style-type: none"> <li>▶ Outlines what community EMS programs are and their scope of practice</li> </ul>	2017	Any EMS caregivers	Completion of EMS bureau-approved community EMS caregiver course	Authorization (by EMS medical director to perform the skills listed in their application as part of the community EMS program)	Skills include but are not limited to patient education, home (safety) assessments, disease prevention, immunizations, developing care plans, fall prevention, referral to social services, acute health care issues treatment, and nonemergent transportation. Any skills exceeding the provider’s respective occupation’s scope of practice must be approved through the special skill process.
Ohio	<p>HB 64</p> <ul style="list-style-type: none"> <li>▶ Allows for EMTs, IEMTs, AEMTs, and paramedics to perform medical services that they are authorized to perform in nonemergency situations</li> </ul>	2015	EMTs, intermediate EMTs (IEMTs), AEMTs, and paramedics	Not applicable	Not applicable	May perform medical services falling under their respective occupation’s scope of practice in nonemergency situations if the services are performed under the direction of their medical director or cooperating physician advisory board.

**Table 1. Overview of Recent State Legislation Regulating Community Paramedicine and Similar Programs, by State, continued**

State	Bill(s) Passed	Year Passed	Professions Included	Education/Training Requirements	Type of Recognition	Practice Authority
Tennessee	SB 1270 <ul style="list-style-type: none"> <li>Requires the EMS board to establish standards for a community paramedic through promulgation of rules</li> </ul>	2017	Paramedics	Specialized training in physiology, disease processes, injury and illness prevention, and medical system navigation	Licensure	Including but not limited to patient evaluation, advice, treatment directed at preventing or improving a particular medical condition, and referrals to other community resources.
Washington	SSB 5591 <ul style="list-style-type: none"> <li>Allows EMS to develop community assistance referral and education (CARE) services programs</li> </ul> HB 1358 <ul style="list-style-type: none"> <li>Directs the Washington State Healthcare Authority to develop reimbursement policies for services provided by fire departments pursuant to CARE programs</li> </ul>	2015 (SSB 5591), 2017 (HB 1358)	EMTs, AEMTs, and paramedics	Not applicable	Not applicable	Services provided by EMTs, AEMTs, or paramedics who are hired by these CARE programs must not exceed their respective occupation's scope of practice.
Wisconsin	AB 151 <ul style="list-style-type: none"> <li>Creates an approval process for community paramedics, community EMTs, and community EMS providers</li> </ul>	2017	EMS providers, EMTs, and paramedics	Completion of training program approved by the Wisconsin Department of Health Services	Approval	Community EMS practitioners may provide services that fall within their scope of practice, are not duplicative of services already being provided to a patient, and are part of the patient's care plan.
Wyoming	Current Rules and Regulations, Chapter 14 <ul style="list-style-type: none"> <li>Outlines regulations for community EMS practitioners, agencies, and education programs</li> </ul>	2016	EMTs, IEMTs, AEMTs, and paramedics (can apply to be community EMS technicians or community EMS clinicians)	Completion of a training program approved by the Wyoming Department of Health's Office of Emergency Medical Services that is conducted by a college, university, or institution with an articulation agreement with a college or university, or an education program accredited by the Committee on Accreditation for the EMS Professions	Endorsement	May practice the skills listed for the individual's EMS license level and in accordance with protocols or standing orders approved by the physician medical director of the community EMS agency.

Sources: National Association of State EMS Officials (NASEMSO) State Status Re-Assessment: Community Paramedicine-Mobile Integrated Healthcare (CP-MIH), administered in 2018; author review of individual state statutes and individual state departments of health, public health, medicine, and emergency medical service websites.

Notes: CP is community paramedicine. EMS is emergency medical services. EMT is emergency medical technician. AB is Assembly Bill; HB is House Bill; SB is Senate Bill; SSB is Substitute Senate Bill.



## Endnotes

1. *Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): 2nd National Survey (PDF)*, National Association of Emergency Medical Technicians, April 12, 2018.
2. *California Health and Safety Code § 128125–128195*, California Legislative Information, accessed October 21, 2019.
3. *Chapter 6. Health Workforce Pilot Project Program* [22 CCR § 92001–92702], Thomson Reuters Westlaw California Code of Regulations, accessed October 21, 2019.
4. *Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): 2nd National Survey*, National Association of Emergency Medical Technicians, April 12, 2018.
5. *Community Health Aide Program Certification Board: Standards and Procedures*, Alaska Community Health Aide Program, amended September 12, 2019.
6. State of Alaska Department of Health and Social Services, *Alaska Medical Assistance Provider Billing Manual*, "Community Health Aides and Community Health Practitioners (CHA/Ps)" and "Appendix H – CHA/P CPT, CDT, & HCPCS Codes," 2019; State of Alaska Department of Health and Human Services, "Services Not Covered by Alaska Medical Assistance," (n.d.).
7. *Mobile Integrated Health care and Community Paramedicine in Iowa (PDF)*, Iowa Department of Public Health, September 2016.

## About the Authors

Janet Coffman, PhD, MPP, MA, is a health services researcher and professor at the UCSF School of Medicine's Philip R. Lee Institute for Health Policy Studies. Connie Kwong is a research analyst at the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco (UCSF).

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