



State by State Community Paramedicine – Mobile Integrated Healthcare (CP-MIH) Status Board

March 2018

NASEMSO CP-MIH COMMITTEE

This Status Board is intended as a resource for state EMS officials and other EMS leaders to better understand the progress and implementation of CP-MIH in states and locales, and to access legislative and regulatory language, and other tools, from those “who have gone before” in the CP-MIH evolution.

It is based on information reported from an in-process NASEMSO 2017 survey of state EMS offices (Black Print) and updates from state offices, information reported in 2015 from a 2014-15 NASEMSO survey of state EMS offices (Red Print), and from NASEMSO staff experience (Green Print). The survey was a product of the CP-MIH Committee and tested in five states before general distribution.

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Rules, Regulations, and Legislation Summary

| State | What? | Additional Information |
|----------------------|---|---|
| Arkansas | Enabling Legislation | Act 685, House Bill 1133 An Act to Create a Program for Licensure of Community Paramedics; and for Other Purposes. To Create a Program for Licensure of Community Paramedics. |
| Colorado | Enabling Legislation | Senate Bill 16-069 Concerning Measures to Provide Community-Based Out-of-Hospital Medical Services, and, in Connection therewith, Making an Appropriation. |
| Connecticut | Enabling Legislation | House Bill 7222 An Act Concerning the Department of Public Health's Various Revisions to the Public Health Statutes. |
| Iowa | Enabling Legislation | Code, Chapter 147A Emergency Medical Care – Trauma Care Code, Section 641, Chapter 131 Emergency Medical Services – Provider Education/Training/ Certification Code, Section 641, Chapter 132 Emergency Medical Services – Service Program Authorization |
| Maine | Enabling Legislation | S.P. 222 – L.D. 629 An Act Regarding Community Paramedicine Pilot Projects |
| Massachusetts | Enabling Legislation | Outside Section 93 Mobile Integrated Health Care |
| Minnesota | Defining & Enabling CP | Statute 256B.0625, Subdivision 60 Community Paramedic Services |
| | Enabling Medicaid Payment for CP | Statute 144E.28, Subdivision 9 Certification of EMT, AEMT, and Paramedic |
| Missouri | Enabling Legislation | Revised Statute, Chapter 190 Comprehensive Emergency Medical Services Systems |
| New Hampshire | Enabling Legislation | Saf-C 5922.01 Patient Care Protocols Chapter He-P 800, Part He-P 809 Home Health Care Providers |
| New Mexico | Enabling Legislation | Title 7, Chapter 27, Part 11 Supplemental Licensing Provisions |
| New York | Enabling Legislation <i>NOT PASSED</i> | Senate Bill 5588 |

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| | | Authorizes collaborative programs for community paramedicine services as part of the hospital-home care-physician collaboration program. |
| North Carolina | Enabling Legislation | <p><u>10A NCAC 13P .0506</u> Practice Settings for EMS Personnel</p> <p>NC administrative code outlines the practice settings for all paramedics. It mentions the use of alternative practice settings, public or community health initiatives, and being part of the public health system. This has been in rule since 2002.</p> |
| Pennsylvania | Enabling Legislation | <p><u>House Bill 1013</u> An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," further providing for emergency services.</p> |
| Tennessee | Enabling Legislation | <p><u>Senate Bill 1270</u> As enacted, requires the emergency medical services board to establish standards for a community paramedic through promulgation of rules.</p> |
| Washington | Enabling Legislation | <p><u>House Bill SSB 5591</u> An act relating to allowing emergency medical services to develop community assistance referral and education services programs.</p> |
| | Reimbursement Legislation | <p><u>House Bill 1358</u> Concerning reimbursement for services provided pursuant to community assistance referral and education services programs.</p> |
| West Virginia | Enabling Legislation | <p><u>64CSR48 Chapter 12</u> Emergency Medical Services</p> |
| Wyoming | Regulation | <p><u>Chapter 14</u> <u>Community EMS Practitioners, Agencies and Education Programs</u></p> |

State Status

Alabama



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| Activity Reported: |
| Enabling Legislation: |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: |
| Medicaid Support Sought: |
| 3rd Party Payer Support Sought: |
| Health Systems Supporting CP Activities: |
| State Benchmarking Activity: |
| Education/Training Requirement: |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP- MIH? Lessons learned? |
| Community Gap Analysis/Needs Assessment Requirement: |
| Community Gap Analysis/Needs Assessment Resources: |
| CP Medical Director Requirement: |
| Patient Care Record Requirement: |
| EMS Agencies Providing CP: |
| Documents Available: |
| State EMS Office CP Contact: |

Alaska



Activity Reported: We currently have the original model for integrated health care which is our community health aide program. Community Health Aide Program members get EMT training and provide coverage in clinics with physician involvement. This is a very robust program with funding. The new model of paramedic involvement is being considered but has statutory issues. We also have dental aides in a similar model.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?
Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Anchorage, Valdez, and many others are in planning stages.

Documents Available:

State EMS Office CP Contact:

American Samoa



Activity Reported:

A needs assessment and report was provided to AS EMS, hospital, public health and legislature. In a follow-up visit, a strategic plan was developed to guide the implementation of CP in the territory.

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Only has one EMS service and they are planning to be engaged with CP.

Documents Available:

State EMS Office CP Contact:

Arizona



Activity Reported:

Department of Health sponsored Community Integrated Paramedicine (CIP) work group met over a 9-month period to characterize existing AZ/CIP programs and to identify resources. A resource document is being developed as a result of the meeting. Spontaneous CP/MIH programs initiation continues, chiefly in the fire-based organizations.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP- MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Arkansas



Activity Reported: The State CP Act 685 was passed in 2015, and the first service is now operating (predated the Act).

Enabling Legislation: Signed into law in 2015: [House Bill 1133](#).

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Baxter Regional Medical Center

Documents Available:

State EMS Office CP Contact:

California



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| Activity Reported: | Thirteen site pilot project program has been operating for a year and an evaluation has been completed (see below). |
| Enabling Legislation: | |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Stanislaus County, Ventura County, City of Alameda, City of San Diego, City of Carlsbad, City of Glendale, Fountain Valley, Huntington Beach, Newport Beach, Santa Monica, Alameda City, Butte County, City of Glendale, San Bernardino County, Solano County. |
| Documents Available: | A description of California’s pilot project approach to CP is located here . A January 2017 report on California’s pilot projects is located here . |
| State EMS Office CP Contact: | |

Colorado



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| Activity Reported: | Yes |
| Enabling Legislation: | Senate Bill 16-069 . |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | The framework of the rules are outlined in Senate Bill 16-069 as above. The rule-making process happened in 2017, and the program will be implemented on Jan. 1, 2018. |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | For community paramedic endorsement: certificate of completion of a Community Paramedicine course and maintaining active certification requirements of the IBSC Community Paramedic examination. |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Two task forces met regularly to develop draft rules for Community Paramedic endorsement and Community Integrated Health Care Agency Licensing. Rules went through the Colorado Board of Health process in October 2017 and will be effective Jan. 1, 2018. |
| Community Gap Analysis/Needs Assessment Requirement: | Details yet to be determined. |
| CP Medical Director Requirement: | A physician medical director is required for oversight of a community paramedic endorsed provider providing medical services in a community integrated health care service agency. |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Licensing of Community Integrated Health Care Service (CIHCS) agencies will begin Jan. 1, 2018. Endorsement of paramedics for community paramedicine will begin Jan. 1, 2018. |
| Documents Available: | www.coems.info |
| State EMS Office CP Contact: | Dr. Jeff Beckman, State EMTS Medical Director Jeff.beckman@state.co.us |
| Last Update: | November 2017 |

Connecticut



Activity Reported:

Enabling Legislation:

PASSED: [General Assembly MIH Bill 08433](#). *“An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes”*

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Delaware



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| Activity Reported: |
| Enabling Legislation: |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: |
| Medicaid Support Sought: |
| 3rd Party Payer Support Sought: |
| Health Systems Supporting CP Activities: |
| State Benchmarking Activity: |
| Education/Training Requirement: |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP- MIH? |
| Lessons learned? |
| Community Gap Analysis/Needs Assessment Requirement: |
| Community Gap Analysis/Needs Assessment Resources: |
| CP Medical Director Requirement: |
| Patient Care Record Requirement: |
| EMS Agencies Providing CP: |
| Documents Available: |
| State EMS Office CP Contact: |

District of Columbia



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Florida



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Sunrise Fire Rescue, Commercial Diving Academy Technical Institute, South Walton Fire District, Sanford Fire Department, Highlands County EMS, Ft Myers Beach FD, Martin Health System, Advanced Medical Transport, Riviera Beach Fire Rescue, Rockledge Fire & Emergency Services, Pinellas County EMS, Century Ambulance Service, Inc., Estero Fire Rescue, Leon County EMS, Polk County Fire Rescue, Escambia County EMS, Atmore Ambulance Inc., Falck (dba American Ambulance of FL), Sarasota County Fire Department, City of Satellite Beach, Okaloosa County Department. of Public Safety, TransCare Medical Transportation.

Documents Available:

State EMS Office CP Contact:

Georgia



Activity Reported: The Georgia EMS Association and the Health Department have been involved in grant funded studies and pilots.

Enabling Legislation: Current statute suffices to enable CP activities.

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Grady Hospital EMS, Hall County Fire/EMS, Gold Cross EMS, Inc., Metro Atlanta Ambulance, Gwinnett Fire/EMS, Spaulding Regional EMS.

Documents Available:

State EMS Office CP Contact:

Guam



Activity Reported:

Interagency meetings with Guam Fire Department, Guam Community College, and EMS Commission members to include private ambulance and EMS providers, EMS Medical Director, and Guam EMS Office, as well as military partners.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP- MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Hawaii



Activity Reported: Research and active discussions are being done, focusing on State contracted EMS services collaborating with Federally Qualified Health Centers in rural and suburban areas. This includes the concept of a shared call-intake center that would identify CP-MIH services from 911 services.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: American Medical Response (AMR) - Kauai and AMR-Oahu are actively involved in the current planning discussions, but no active CP-MIH planning has been implemented.

Documents Available:

State EMS Office CP Contact:

Idaho



Activity Reported:

Community Health EMS subcommittee has been added to our state EMS Advisory Committee to encourage the development of MIH/CP programs and share best practices. CP/MIH has been discussed as a viable solution to health care challenges in Idaho during the State Health Innovation Plan (SHIP) project. The EMS Bureau and the state Office of Rural Health collaborate on the development of CP programs in rural areas of the state.

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Ada County Paramedics, Teton County EMS, Moscow Ambulance, Bonner County EMS, Swan Valley Ambulance.

Documents Available:

State EMS Office CP Contact:



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| <p>Activity Reported:</p> | <p>The State of Illinois Emergency Medical Services (EMS) Advisory Council has been the lead agency initiating CP-MIH activity in Illinois. A sub-committee of the Council was formed and charged with examining the Community Paramedic topic.</p> <p>The first meeting took place on July 24, 2013. Topics discussed were: History and Overview, Committee representation, “What do we want”, Scope of Practice, Medical Oversight, and Program evaluation (data) structure.</p> <p>On July 15, 2015, the committee finalized their initial phase of the MIH initiative. This was done with the creation of MIH pilot program application approved and adopted by IDPH. Education guidelines were created for use and adaptation by the local Medical Director and EMS System for their specific MIH activity.</p> <p>To date there are 10 pilot programs approved by IDPH. The MIH sub-committee continues its work which involves creation and agreement on a consistent set of data metrics usable from program to program, available to IDPH, EMS systems and the public. Developing funding resources for services offered and considering legislation to enable the growth of this valuable community resource.</p> |
| <p>Enabling Legislation:</p> | <p>None</p> |
| <p>Enabling/Facilitating/Regulating Language of Rules/Regulations:</p> | <p>None</p> |
| <p>Medicaid Support Sought:</p> | <p>MIH Task Force is reviewing possible legislative efforts for Medicaid reimbursement, data elements and scope of practice.</p> |
| <p>3rd Party Payer Support Sought:</p> | <p>Not as yet.</p> |
| <p>Health Systems Supporting CP Activities:</p> | <p>Not as yet.</p> |
| <p>State Benchmarking Activity:</p> | <p>Pilot projects require performance measurement appropriate to the types of services provided under the limited pilot projects. It prescribes specific benchmarks for the full MIH projects</p> |
| <p>Education/Training Requirement:</p> | <p>MIH Pilot specific education and training is a requirement of the program that is being conducted.</p> |

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| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Yes. We are just beginning this phase as the State Task Force is interested in examining data obtained from these Pilot Programs. The State EMS Data Sub-Committee is also meeting in an attempt to standardized the data and provide help to the programs. |
| Lessons learned? | Lessons learned: We are still operating in “silos” and there is not much communications between the Pilot Programs and IDPH. Regional Coordinators from IDPH has collected data but not reviewed any of the data submitted or moved it higher in the organization. |
| Community Gap Analysis/Needs Assessment Requirement: | There is a requirement that a pilot project describing the community health need targeted and demonstrate that it has coordinated with primary care providers in the area to be served. |
| Community Gap Analysis/Needs Assessment Resources: | None at this time |
| CP Medical Director Requirement: | Yes. The Medical Director of the local EMS System that is overseeing the Pilot Program has the authority for the program |
| Patient Care Record Requirement: | Each Pilot Program has Patient Care Records and is providing date to the IDPH Regional Coordinators. |
| EMS Agencies Providing CP: | None |
| Documents Available: | Pilot Project Application (currently not on IDPH website). |
| State EMS Office CP Contact: | None |

Indiana



Activity Reported:

Currently our agency has assembled a committee to review the different components of establishing CP-MIH in Indiana. We have reviewed the necessary stakeholders and will be holding an informational session in December 2014 to review current programs, curriculum, and possible legislation needed.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Indianapolis EMS, Fishers Fire Department/Community Hospital, Carmel Fire department, Ball-Memorial Indiana University Hospital, Prompt Medical, Wayne Township Fire Department.

Documents Available:

State EMS Office CP Contact:

Iowa



Activity Reported:

The Iowa Department of Public Health’s (IDPH) Bureau of Emergency and Trauma Services (BETS) has been involved with the Iowa Emergency Medical Services Association (IEMSA) since 2015 in reviewing the utilization of state certified paramedics in a non-traditional role such as community paramedicine. In a move to formalize discussions and activities surrounding the community paramedicine (CP) and mobile intergraded healthcare (MIH), the State’s Emergency Medical Services Advisory Committee (EMSAC) established a multi-partner CP/MIH Subcommittee at its April 12, 2017 meeting. The Subcommittee will be responsible for the gathering of and review of current CP/MIH activities both within Iowa and other states. Information will report to EMSAC quarterly along with any needed recommendations to BETS for possible regulatory changes or oversight.

The Iowa Department of Public Health and the Bureau of Emergency and Trauma Services continues to support the development and implementation of effective community-based healthcare teams such as MIH systems that are comprised of multiple partners and helps to decrease the burden on limited healthcare resources, saves healthcare dollars, and improves patient outcomes.

Enabling Legislation:

Iowa Code Chapter 147A and Iowa Administrative Code Section 641, Chapters 131 and 132 currently allows certified Iowa emergency medical care providers to render emergency and nonemergency medical care within their scope of practice as part of an authorized service program, hospital, or other entity in which healthcare is ordinarily provided. These provisions would be applicable to a certified Iowa EMS provider functioning as a member of a MIH system either working directly for an authorized EMS program or another component of the MIH. Regardless of which component of the MIH system the certified Iowa EMS provider was working for, they would still be limited to the scope of practice based on their current level of certification. Development of a “Community Paramedic” certification or endorsement currently is not required for MIH systems utilizing Iowa certified EMS providers.

The term “expanded role” is used to describe the difference between a community paramedicine EMS provider and a traditional EMS provider. Traditional EMS practices in a prehospital setting with a skill set designed for acute responses to medical diseases or traumatic

injuries. An expanded role would depict the ability of the CP EMS provider to perform an enhanced assessment and medical history and to develop care plans; use non-traditional medications such as vaccines; perform treatments for chronic diseases such as diabetes or congestive heart failure; and conduct injury prevention activities such as home safety assessments for falls and other hazards. CP as part of a MIH system should not be viewed as a new scope of practice, but rather a specialty area for EMS.

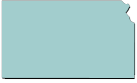
Copies of Iowa Code chapter 147A and Iowa Administrative Code section 641, chapters 131 and 132 can be obtained [here](#).

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| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | A formal request for reimbursement of CP/MIH services has not been pursued. |
| 3rd Party Payer Support Sought: | A formal request for reimbursement of CP/MIH services has not been pursued. |
| Health Systems Supporting CP Activities: | Iowa is a rural state covering approximately 560,000 square miles with population of just over 3 million persons. Of the 118 licensed hospitals, 82 of the facilities are categorized as “critical assess” hospitals. Because of the number of potential patients that could benefit from CP/MIH multiple health systems within the state have expressed interest in seeing data and reviewing progress reports as CP/MIH integrates into current systems |
| State Benchmarking Activity: | |
| Education/Training Requirement: | The agency that employs an Iowa EMS Provider must ensure that each individual has the necessary education and skill capabilities to complete the required tasks. This may require the EMS provider to obtain additional education and skill training beyond their initial education for certification. While the CP EMS provider’s additional education should be standardized, there should also be “built in flexibility” to tailor the education to meet the identified community gaps and needs. Caution must be employed when a skill or procedure that is outside of the EMS provider’s scope of practice has been identified as a community gap or need. In these instances, the CP program would need to request and receive approval from the Iowa Department of Public Health for a pilot program employing the new skill or procedure. If approved, data |

from the pilot program would be utilized to determine if a change in scope of practice would be necessary.

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| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | MIH systems are encouraged to first conduct a community assessment to identify their community health care needs. This assessment should be conducted with involvement from all health care partners to include not only EMS but local practitioners, hospitals, public health, social services, and other partners identified at the local level. Once the assessment has been completed results should be reviewed, analyzed, and shared with all involved partners. The community assessment results would be used to build a local program that may include CP to assist in filling the identified gaps. |
| Community Gap Analysis/Needs Assessment Resources: | None at this time |
| CP Medical Director Requirement: | As with the traditional delivery of prehospital care, CP programs must also be physician-driven and employ physician oversight. To ensure CP programs are effective, the program must be an integral part of the medical home concept where patients are cared for by a physician who leads the medical team and all aspects of prevention, acute, and chronic needs of the patients. Everything in the continuum of care from how the CP EMS provider participates in the development and implementation of a patient's care plan, where to get the orders, and how to provide documentation in the patient's medical records needs to be addressed and established by policy and protocol |
| Patient Care Record Requirement: | A patient care report and data submission to the state data base is required for each patient encounter. |
| EMS Agencies Providing CP: | |
| Documents Available: | Iowa is in the process of establishing a dedicated page on our website for CP/MIH information and reports |
| State EMS Office CP Contact: | Steve Mercer, Executive Officer Bureau of Emergency and Trauma Services steven.mercer@idph.iowa.gov (515) 314-0867 |

Kansas



Activity Reported: Currently, we have one of our EMS associations pursuing the planning and development of a statewide CP-MIH plan.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Olathe Fire Department (offering), Sedgwick County EMS (planning). Depending on the definition of CP-MIH, we may have more services doing this, just not formally (under the auspices of community service).

Documents Available:

State EMS Office CP Contact:

Kentucky



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| Activity Reported: | The Commonwealth of Kentucky currently has multiple Community Paramedicine/Mobile Integrated Healthcare Pilot Programs of various scope functioning in the state. As of 6/1/2017, there are Community Paramedic Pilot Programs functioning at Louisville-Metro EMS, Oldham County EMS, The Medical Center at Bowling Green EMS, & Montgomery County EMS. Pilot Programs that were approved but were never implemented on a local level: Mayfield-Graves County EMS & Yellow Ambulance-Louisville. |
| Enabling Legislation: | None |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | None |
| Medicaid Support Sought: | None |
| 3rd Party Payer Support Sought: | None |
| Health Systems Supporting CP Activities: | Baptist Health The Medical Center at Bowling Green |
| State Benchmarking Activity: | In order for EMS entities to perform Community Paramedic Pilot Programs in Kentucky, the entity offering MIH through the provision of Community Paramedicine must submit data quarterly to the Kentucky Board of EMS. The data reporting requirement is mandatory for continued participation in the Pilot Program, and the eligibility to perform Community Paramedicine. |
| Education/Training Requirement: | Each Community Paramedic Pilot Program drafts an autonomous application similar to a research proposal. The Pilot Program Guidance can be found here . In 2015, the Kentucky Board of Emergency Medical Services formed the Community Paramedicine/Mobile Integrated Healthcare Subcommittee. This subcommittee of MIH stakeholders and participants review each Pilot Program application to include the training requirements for the individuals to perform Community Paramedicine. The subcommittee felt that the education/training requirements may need variability based upon the scope of the Community Paramedicine Pilot Program. The subcommittee reviews and approves or disapproves each proposal to include the education plan. |

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| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Yes. The Community Paramedicine/Mobile Integrated Healthcare Subcommittee functions under the Medical Oversight Committee of the Kentucky Board of EMS. The subcommittee is appointed annually in September by the Chair of KBEMS. The subcommittee is made up of physicians, nurses, and paramedics that participate in the delivery of Mobile Integrated Healthcare. EMS Medical Directors, Home Health Nurses, Hospital Administrators, EMS Directors and Paramedics participate on the subcommittee. |
| Lessons learned? | Lessons Learned: Required Data points should be reviewed meticulously, and a data management platform trialed prior to the initiation of Community Paramedicine projects. |
| Community Gap Analysis/Needs Assessment Requirement: | Provided in Community Paramedic/Mobile Integrated Healthcare Pilot Program proposals. |
| Community Gap Analysis/Needs Assessment Resources: | Provided in Community Paramedic/Mobile Integrated Healthcare Pilot Program proposals. |
| CP Medical Director Requirement: | Yes. Currently, only licensed EMS agencies in Kentucky can apply for and be granted the opportunity to offer Community Paramedicine. The licensed agency Medical Director is a requirement of agency licensure, as well as Pilot Programs. |
| Patient Care Record Requirement: | No. As all licensed agencies are eligible to choose their electronic documentation platform, we have not required a specific patient care record or ePCR. This is because some, but not all ePCR products are able to document the Community Paramedicine encounter efficiently. Additionally, the agency may wish to capture additional data points that are not required for participation. Rather, we require that agencies performing CP provide de-identified data points for each encounter on a quarterly basis to the board for review & publishing. |
| EMS Agencies Providing CP: | Louisville-Jefferson County EMS, Oldham County EMS, The Medical Center at Bowling Green EMS, Montgomery County EMS. |
| Documents Available: | None |
| State EMS Office CP Contact: | Walter Lubbers, MD- Chair- Community Paramedic/Mobile Integrated Healthcare Subcommittee via Mrs. Calynn Fields: Calynn.fields@kctcs.edu |

Louisiana



Activity Reported: We have various CP-MIH programs developing across Louisiana. All of these programs are still at a certificate level as an addendum to the Paramedic license. We are developing a Master's prepared Advanced Practice Paramedic as a mid-level practitioner dedicated for "EMS".

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Baton Rouge EMS, New Orleans EMS, Shreveport EMS, Acadian Ambulance, Pafford EMS.

Documents Available:

State EMS Office CP Contact:

Maine



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| Activity Reported: | Maine held its first statewide CP stakeholders meeting in 2011. A CP committee was formed as well as a leadership group which served to review and approve pilot projects. An Attorney General opinion that the Maine EMS Board did not have authority to approve and oversee CP or other non-emergency/non-transport activities of EMS providers led to 2012 legislation authorizing CP pilot projects under Board oversight. Twelve projects were approved over two years, enabling 15 ambulance services to start providing CP services. The project has to be an “Extended/Enabled Community Health Pilot Project (ECPPP)” which provides a specific type of CP service(s) employing any level of EMS providers, or a General Practice CP Pilot project (GPCPPP) employing paramedics who have graduated from a college-based CP course. To date, all projects are the former. When new legislation removed the limit on the number of projects, three additional projects were approved. |
| Enabling Legislation: | Initial authorization for CP was enacted during the 125 th Legislature, 2 nd Regular Session (2012), LD 1837 (PL 562). This authorization set a cap of 12 pilot projects for a maximum of three years. During the 127 th Legislature, 1 st Regular Session (2015), LD 629 (PL 92), the CP statute was amended to eliminate the maximum number of projects and enable the Board of EMS to renew pilot projects. This amendment went into effect May 19, 2016. All CP language may be found under <i>Sec. 1. 32 MRSA §84, sub-§4</i> . It is also on the CP application form . (Unpublished numbers from Nova Scotia, Toronto, and other programs available in 2012). |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | Only the definition of “pilot projects” which may be found on the CP application form . |
| Medicaid Support Sought: | Maine EMS and CP services have asked MaineCare (Medicaid) to reimburse for CP services. It already reimburses for non-transported diabetic calls treated and released on scene. MaineCare was planning to do a cost study in Fall, 2016 to be followed by reimbursement for CP services. This did not happen. There are 2 bills now in front of the legislature regarding CP funding: one to force the cost study, another to fund CP services. A third bill would make CP permanent (removing “pilot projects” status) and |

charge the Board with promulgating rules regarding application and licensure.

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| 3rd Party Payer Support Sought: | Not as yet. |
| Health Systems Supporting CP Activities: | <p>Central Maine Health, Maine General Health, and Eastern Maine Health systems all have CP programs with affiliated ambulance services.</p> <p>Specific hospitals/health services with CP ambulance services or sponsoring CP services (some of which may be affiliated with the above health systems) include: Maine Health Care at Home, Lincoln Health Home Care, C.A. Dean Hospital, Franklin Memorial Hospital, The Aroostook Medical Center, Mayo Regional Hospital.</p> |
| State Benchmarking Activity: | <p>Pilot projects require performance measurement appropriate to the types of services provided under the limited pilot projects. It prescribes specific benchmarks for the full CP projects, but there are none yet. A study of Maine EMS pilots was conducted by the University of Southern Maine in 2015.</p> |
| Education/Training Requirement: | <p>ECPPP projects need to have training specific to the service(s) being provided. A GPCPPP project must use paramedics with a college-based CP course (the 300 hour national consensus curriculum has been widely employed through distance learning with Hennepin Community College in Minnesota).</p> |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | <p>Yes. Invited “those who were expected to love it, hate it, or just find out more about opportunities it might provide”. Over 70 participated from EMS, hospitals, nursing, home health care, medical and hospital associations, and other professional groups as well as Medicaid program and one third party payer.</p> |
| Lessons learned? | <p>Lessons learned: Invite as above (“love, hate...”). Bring in outsiders with experience in established systems: someone who can explain the concepts and various ways applied across country to date, professionals from groups whose professions might be threatened or otherwise opposed (e.g. a doctor, a nurse – especially a home health or public health provider, a nurse practitioner working in a CP-MIH program). Make sure that the deepest, darkest concerns come out through good facilitation and are openly discussed by the outsiders and audience. Once the meeting further identifies where resistance is going to come from, plan to “meeting” that resistance until it goes away (it will with the logic of the CP-MIH approach to</p> |

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| | address patients not eligible for care by those opposing the concept or who might be aided by CPs who can augment their care at days/ times they don't practice). Start with the statewide association (e.g. home care), then meet individually or regionally until all have been met with. Then, where resistance is still sensed, go back a month or so later and meet again, addressing issues raised at previous meeting. |
| Community Gap Analysis/Needs Assessment Requirement: | There is a requirement that a pilot project describe the community health need targeted and demonstrate that it has coordinated with primary care providers in the area to be served. |
| Community Gap Analysis/Needs Assessment Resources: | Maine has a health needs assessment partnership among some of the major health systems which produced a county by county gap analysis. |
| CP Medical Director Requirement: | A qualified primary care provider and an emergency medical services provider are required. |
| Patient Care Record Requirement: | State run record is required and has a "Community Paramedic" run type. ImageTrend state ePCR is used, though services may use other software, usually Zoll, as long as it can be uploaded to state data base. |
| EMS Agencies Providing CP: | North East Mobile Health Services*, United Ambulance, Winthrop Ambulance, Delta Ambulance, Central Lincoln County Ambulance, Waldoboro Ambulance, Boothbay Regional Ambulance Service, Belfast Ambulance, Castine VFD First Responders, Calais FD Ambulance, C.A. Dean Hospital Ambulance Service, Mayo Regional Hospital EMS, Crown Ambulance*, North Star EMS, MedCare Ambulance, Memorial Ambulance Corps. <i>*approved pilot site, but not currently providing CP services</i> |
| Documents Available: | Pilot Project Application Study of Maine EMS Pilots |
| State EMS Office CP Contact: | Shaun St. Germain Director, Maine EMS (207) 626-3865 Shaun.a.stgermain@maine.gov |

Maryland



Activity Reported:

Maryland has a unique healthcare economy: the state has signed on for the Affordable Care Act and recently renegotiated an agreement with the Centers for Medicare and Medicaid Service (CMS) that would change hospital reimbursement from Fee for Services to Pay for Performance. This is creating pressure for hospitals to form partnerships with EMS and public health. There is one pilot program in one jurisdiction and much discussion about grants to fund additional projects.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP- MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Broad-based (healthcare system, public health, nursing, EMS) pilot program approved in Queen Anne's (QA) County. This is a year-long pilot program which is approximately 3/4 completed. It is run by the QA Department of Health, Shore Health (the healthcare entity) and the QA Department of Emergency Services.

Documents Available:

State EMS Office CP Contact:

Massachusetts



Activity Reported:

Enabling Legislation:

PASSED. In 2015, the State passed the nation's first, and to date only, [MIH-specific legislation](#). Because it affects more than just EMS licensees, it has had some implementation issues in terms of where in State government it is overseen.

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Michigan



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| Activity Reported: | <p>Discussions began in Michigan about community paramedicine in 2013, with the first programs going live in the middle of 2014. Programs are approved as special studies according to administrative rule and approval of the State of Michigan Quality Assurance Task Force (QATF), a subcommittee of the Emergency Medical Services Coordination Committee. Each program must report quarterly to the Bureau of EMS, Trauma, and Preparedness, through the QATF, in order to retain their special study status.</p> <p>A total of 20 programs have been approved through this process, with 11 currently running. The most running at one time has been 12, and the longest program has been running continuously for 3 years.</p> |
| Enabling Legislation: | <p>Currently there is no legislation in the State of Michigan that refers directly to CP. There have been introductions of legislation, outside of EMS, in an attempt to bring CP to a different arena, but to date none have passed. It is the opinion of the Bureau of EMS, Trauma, and Preparedness that there will need to be more consistency in education, scope, and program design before legislation would be effective.</p> <p>EMS law is a part of the public health code and is supported by administrative rule.</p> |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | <p>Special studies are defined in administrative rule.</p> |
| Medicaid Support Sought: | <p>There is an open line of communication with Medicaid in Michigan, but with no defined scope of practice for community paramedic, it has been difficult to establish a specific payment model.</p> |
| 3rd Party Payer Support Sought: | <p>Each program in the state is designed differently, some with active contracts with third party payers and others with little interaction with them. In general, the longer operating programs have found ways to interface with 3rd party payers. One larger program has had success with a capitated model, while another has had intermittent success with fee for service.</p> |
| Health Systems Supporting CP Activities: | <p>Spectrum Health has given some support through their insurance company, Priority Health. McLaren Health has a program that it assists with in Macomb County. Henry Ford Health System has partnered with several CP programs since their inception. St. Joseph Health also operates a</p> |

program in partnership with EMS agencies. Several other hospitals have collaborated including a new program involving a critical access hospital, Hayes Green Beach. The Beaumont Health System has a program partnership up for review by the QATF.

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| State Benchmarking Activity: | Quarterly reporting had been sporadic in the initial stages of the special study. Starting in 2017, the state has implemented a standard reporting document that tracks nationally accepted standards. |
| Education/Training Requirement: | This is likely the most varied item between programs, with each program tailoring their education to specific needs. While some programs use distance learning through Hennepin Community College in MN, most use an internal education source. Discussion amongst stakeholders has begun on designing a standard minimum curriculum. |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Yes. As the interest in and numbers of CP programs grew, it became clear that there would need to be some unification of the interested and active parties. A CP Work Group was established and incorporates parties from all active CP programs as well as medical control, rural health, etc. The parties have increased the frequency of meetings to monthly in order to make a stronger effort for creating statewide standards. |
| Lessons learned? | Lessons learned: While support for CP is widespread, there is a significant lack of consistency not only in programs currently operating, but also in the vision for CP in the future. This lack of a cohesive vision has made coming to consensus difficult. Meetings have been pared down to smaller ideas and focuses in order to tackle one piece at a time. This approach will hopefully allow for taking the big issues into more manageable goals. |
| Community Gap Analysis/Needs Assessment Requirement: | When applying for special study status, the program/MCA must describe what need(s) they will be meeting in the program. |
| Community Gap Analysis/Needs Assessment Resources: | N/A |
| CP Medical Director Requirement: | There is a minimum requirement of the local Medical Control Authority Medical Director support for each MCA in which the program operates. Some programs expand this minimum requirement and have another physician that helps with program design and physician direction for program participants. |

Patient Care Record Requirement: All EMS runs, regardless of type (or documentation platform), are required to be reported to the state. Some programs use both an EMS platform and other methods of documentation (including interface with other agency systems).

EMS Agencies Providing CP: Life EMS (Allegan, Kent, and Ottawa County), Clinton Area Ambulance, Eaton Area EMS (Hayes Green Beach Hospital), Jackson Community Ambulance, Medstar Ambulance, Pro-Med Ambulance, White Lake Ambulance Authority, North Ottawa Community Hospital EMS, Oceana County EMS, Bloomfield Township Fire Department, Star EMS, Huron Valley Ambulance, Livingston County EMS, Van Buren EMS*, Community EMS**, Superior Ambulance*, Portland Ambulance*, Northern Bay Ambulance*

Many of these agencies operate together in larger CP initiatives.

**Agencies that have had a program approval and are not currently taking patients.*

***Agencies in the approval process*

Documents Available: No specific CP documents are available

State EMS Office CP Contact: Emily Bergquist, MCA Coordinator
State of Michigan
(517) 335-0067

Minnesota



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| Activity Reported: | Minnesota has much CP activity, including tribal and ACO programs. The latter (North Memorial Hospital Medicaid ACO with CP Services) has produced large documented health care savings. MN has specific laws for certification of Community Paramedics and specific provisions the Community Paramedic must work and be reimbursed (Medicaid) under. The certification requirements, practice requirements and certification renewal requirements are cited from Minnesota Statute below. |
| Enabling Legislation: | Defining and enabling CPs: Minnesota Statute 256B.0625, Subdivision 60 (Community Paramedics) Enabling Medicaid payment for CPs: Minnesota Statute 144E.28, Subdivision 9 |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | Obtained: Minnesota Statute 144E.28, Subdivision 9 Specific language on eligibility, services covered, and payment: Minnesota Department of Human Services Provider Manual |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | North Memorial Ambulance Service, Allina Health Medical Transportation, Cuyuna Regional Medical Center, Meds 1 Emergency Medical Services, Hennepin County EMS, (there may be more). |

Documents Available:

A compendium of CP related materials which led to the Minnesota CP Toolkit is located [here](#).

Minnesota CP [Toolkit](#).

State EMS Office CP Contact:

Mississippi



Activity Reported:

EMS Functionality Committee developed to explore scope of practice, medical control and fit in current EMS structure in Mississippi.

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Missouri



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| Activity Reported: | Legislation has been passed. The Bureau is now promulgating regulations pursuant to the legislation. |
| Enabling Legislation: | Missouri Revised Statute, Chapter 190, Emergency Services passed in 2014. |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Two services in the State are actively operating pilot programs. |
| Documents Available: | |
| State EMS Office CP Contact: | |

Montana



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| Activity Reported: | Montana continues to have discussions, but no substantive progress on implementation of CP-MIH have been realized. |
| Enabling Legislation: | Montana’s legislation does not clearly allow CP. The term ‘emergency’ medical services, etc. in statutes confuses the discussion about how to implement community-based non-emergency or preventative care. After discussions and proposed legislation over two sessions, only legislation to study this over the next two years passed the 2017 session. |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | Department of Health statutes are broad enough to allow discussions about the issue. However, legal interpretations about whether EMTs or paramedics can provide CP services are unclear. Most recently, an opinion was expressed the non-emergency care is not under the medical board’s authority and they may not be able to prohibit it, but cannot regulate it either |
| Medicaid Support Sought: | Without the ability to create defined education, medical oversight and protocols for CP practice, payers such as Medicaid or others are reticent to pay for an unknown practice or defined provider. |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | While have had meetings and forums about CP, without statutory clarification, it’s difficult to make substantive steps to implement CP. |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | While the statutory landscape does not define CP, several services are offering CP services which are within scope practice. However, this work is all done voluntarily and without reimbursement. |

Documents Available:

State EMS Office CP Contact: Jim DeTienne, State EMS Director
(406) 444-4460
jdettienne@mt.gov

Nebraska



Activity Reported:

We have had two statewide focus groups, and have kept the EMS Board briefed on developments at the state and national level. We passed legislation two years ago allowing providers to practice within their scope of practice to provide patient care in a non-emergency setting.

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Valley Ambulance Service Medics At Home. Three hospital based ambulance services are exploring possibly offering services similar to CP-MIH.

Documents Available:

State EMS Office CP Contact:

Nevada



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement: An initial training program for CP endorsement must be completed by providers before providing CP services. The initial training consists of:

1. 30 hours of didactic instruction and 12 clinical hours in an authorized setting* for the EMT level;
2. 34 hours of didactic instruction and 12 clinical hours in an authorized setting for the AEMT level;
3. 52 hours of didactic instruction and 24 clinical hours in an authorized setting* for the EMT level;

*An authorized setting is considered to be:

- In the office of a person who is professionally qualified in the field of psychiatry,
- A public health program under the supervision of a Registered Nurse, or
- In the office of a primary care physician.

The didactic course of training must include the following five modules:

1. Role of the community paramedic in the healthcare system.
2. Social determinants of health.
3. Role of the community paramedic in public and primary care.
4. Cultural competency; and
5. Personal safety and wellness of the community paramedic.

A provider's CP endorsement expires every 2 years on the date the provider's certification expires. To renew the CP endorsement, the provider must complete:

1. 4 hours of continuing education in clinical topics approved by the medical director for the EMT level;

2. 8 hours of continuing education in clinical topics approved by the medical director for the Advanced EMT level;
3. 12 hours of continuing education in clinical topics approved by the medical director for the Paramedic level.

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement: All agencies authorized to conduct CP services must have a medical director, and a letter of support from the medical director is required as part of the CP application process.

Patient Care Record Requirement: A patient care report is required.

EMS Agencies Providing CP: REMSA
Humboldt General Hospital EMS
East Fork Fire Protection District

Documents Available:

State EMS Office CP Contact: Melanie Spencer
(775) 687-7593
mspencer@health.nv.gov

New Hampshire



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| Activity Reported: | Implementing a statewide pilot project based on Maine's model. We are exempting EMS from our homecare rules for a period of three years to study the delivery models. |
| Enabling Legislation: | Done under NH Saf-C 5922.01 . |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | NH DHHS He-P 809 |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | NH DHHS, Home Health Association |
| State Benchmarking Activity: | In process |
| Education/Training Requirement: | Describe what training will be provided to enable the providers to deliver the services described above. List the objectives and outcomes of the training plan. Document who is responsible for training oversight and coordination and their qualifications. There must be a continuing education and credentialing process in place, with documentation of each EMS Provider's participation in it. Such a process shall be approved by the EMS Unit's Medical Director(s). |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | The EMS Unit, hospital, and any other partners must provide a needs assessment, using the NH Needs Assessment Tool, that demonstrates the gap in healthcare coverage that the MIH program intends to fill. |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | Must establish a collaborative working relationship between the EMS Physician Medical Director or designee, who will be responsible for operations and continuous quality improvement, and a primary care provider providing medical direction for MIH services. |
| Patient Care Record Requirement: | Electronic patient care reports of all community healthcare patient encounters must be submitted to the requesting medical practice according to policies developed in coordination between the EMS Unit, MRH, collaborating |

home health agency and medical practice. Copies of these records shall be maintained by the EMS Unit, and be available for review by the NHBEMS.

EMS Agencies Providing CP: American Ambulance
AMR
Auburn FD
Concord FD
Frisbie Memorial Hospital
Hooksett FD
Manchester FD
Upper Valley Ambulance

Documents Available: State of New Hampshire, Department of Safety Division of Fire Standards and Training & Emergency Medical Services – [Mobile Integrated Healthcare Prerequisite Protocol](#).

State EMS Office CP Contact: Vicki Blanchard, Clinical Systems Coordinator
603-223-4200
Vicki.Blanchard@dos.nh.gov

New Jersey



Activity Reported: Statute does not allow for CP activity.

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

New Mexico



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| Activity Reported: | Community EMS Coalition - Monthly meeting of stakeholders, including EMS agencies, educational entities, legislator, and NM Department of Health (DOH) EMS Bureau. Internal planning and concept discussions at NM DOH. |
| Enabling Legislation: | Supplemental Provisions (Scope of Practice) 7.27.11 . |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | City of Santa Fe Fire Department, Albuquerque Fire Department, Albuquerque Ambulance Service, Rio Rancho Fire Department. |
| Documents Available: | |
| State EMS Office CP Contact: | |

New York



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| Activity Reported: | The activities range from attempts toward statutory change, demonstration programs, and training curricula. |
| Enabling Legislation: | NOT PASSED: Senate Bill 5588 . |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | There is language in the draft for education and training. |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Presently there are several programs in operation. |
| Documents Available: | |
| State EMS Office CP Contact: | |

North Carolina



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| Activity Reported: | North Carolina has documented Community Paramedic programs going back to at least 2009. |
| Enabling Legislation: | 10A NCAC 13P .0506 |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | NC administrative code outlines the practice settings for all paramedics. It mentions the use of alternative practice settings, public or community health initiatives, and being part of the public health system. This has been in rule since 2002. |
| Medicaid Support Sought: | <p>Yes, NC has been working with the NC Division of Medical Assistance and the Department of Health and Human Services to pursue support from Medicaid. Last year NC submitted CP reimbursement as part of the CMS 1115B innovative waiver.</p> <p>A pilot reimbursement program was done in 2015-2016 by the Department of Mental Health, focusing on transportations to alternative destinations, mobile crisis solutions, and crisis intervention training.</p> <p>OEMS also conducted a study, which was published on March 1 2017 to examine potential cost savings, working the DMA and the NC General Assembly.</p> |
| 3rd Party Payer Support Sought: | Not yet. |
| Health Systems Supporting CP Activities: | There are a variety of CP programs in NC, all across the state, with a mix of governmental, hospital, and private based groups. |
| State Benchmarking Activity: | There are no state mandated data elements specifically noted for CP, as of yet. Each agency tracks their own data. A workgroup has been established and is in the process of working on a statewide data set regarding CP specifically. |
| Education/Training Requirement: | <p>Standard EMS education, to the level at which they function. The CP workgroup, EMS administrators, and EMS educators have been working on developing a statewide curriculum for CP education.</p> <p>NC feels that each CP program is different, and the bulk of the education should be fit to that specific program. Programs should have the flexibility in developing an educational program that fits their needs.</p> |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Yes. We have statewide meetings, and occasionally regional meetings for our CP programs. They often exchange ideas and best practices, along with help the state office with policy direction. We also try to involve a |

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| Lessons learned? | <p>variety of stakeholders, such as mental health, nursing, hospice, etc.</p> <p>Lessons learned: The involvement of partnering agencies is crucial to success. Sharing information between agencies is helpful, but be sure to tailor the program to fit your specific needs, not trying to copy someone else directly, as each program is different.</p> |
| Community Gap Analysis/Needs Assessment Requirement: | It is not required, but it is highly encouraged and recommended. Success of the program often hinges upon a thorough needs assessment and gap analysis. |
| Community Gap Analysis/Needs Assessment Resources: | None. |
| CP Medical Director Requirement: | Yes. |
| Patient Care Record Requirement: | Yes. |
| EMS Agencies Providing CP: | Macon County EMS, Transylvania County EMS, Mission Hospital System, McDowell County EMS, Cleveland County EMS, Lincoln County EMS, Carolinas Healthcare System, Cabarrus County EMS, Forsyth County EMS, Guilford County EMS, Rockingham County EMS, Wake County EMS, Nash County EMS, Johnston County EMS, Cape Fear Valley Health, Lumberton Fire and Rescue, New Hanover Regional EMS, Onslow County EMS, Lenoir County EMS |
| Documents Available: | 2017 NC Community Paramedic Report |
| State EMS Office CP Contact: | <p>David Ezzell (919) 855-3960 David.Ezzell@dhhs.nc.gov</p> |

North Dakota



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|---|---|
| Activity Reported: | Extensive legislative activity with success in past year. Pilot projects underway. In 2013, the North Dakota Legislature passed legislation authorizing the Department of Health to conduct a pilot Community Paramedic program. A subcommittee of the ND EMS Advisory Board was formed to begin initial planning. A half time coordinator was hired in late 2013 to oversee the program. There are four EMS agencies who have submitted proposals and are currently training staff. Two additional agencies have proposals that are pending approval. We have begun administrative rulemaking to create a licensure level for Community Paramedics. |
| Enabling Legislation: | |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | F-M Ambulance Service - Fargo, ND; Rugby EMS - Rugby, ND; Bowman Ambulance Service - Bowman, ND; Billings County EMS - Medora, ND. |
| Documents Available: | |
| State EMS Office CP Contact: | |

Northern Mariana Islands



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Ohio



Activity Reported: On June 30, 2015, the Ohio Revised Code was amended to allow EMTs, advanced EMTs, and Paramedics to perform services that are authorized by law in non-emergency situations. Qualified medical direction is required; however, the State Board of Emergency Medical, Fire, and Transportation Services was not granted the additional authority to determine the determine the training and continuing education requirements or any additional EMS provider or medical director qualifications associated with mobile integrated healthcare.

Enabling Legislation:

Enabling/Facilitating/Regulating Language of Rules/Regulations: An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic may perform medical services that the technician is authorized by law to perform in nonemergency situations if the services are performed under the direction of the technician's medical director or cooperating physician advisory board. In nonemergency situations, no medical director or cooperating physician advisory board shall delegate, instruct, or otherwise authorize a technician to perform any medical service that the technician is not authorized by law to perform.

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

There are Ohio EMS agencies that have launched mobile integrated healthcare programs; however, the reporting of these services to the state EMS office is not required within legislation or regulation.

Documents Available:

The resources that have been provided to Ohio EMS are posted [here](#) (Mobile Integrated Healthcare section).

State EMS Office CP Contact:

Oklahoma



Activity Reported: **Discussions.**

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Oregon



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Tualatin Valley Fire and Rescue

Documents Available:

State EMS Office CP Contact:

Pennsylvania



Activity Reported: Several programs are at work in the state. Our office gets at least monthly inquiries. Our statewide advisory council has a standing committee, tasked with information flow and recommendations regarding these programs.

Enabling Legislation: Passed: [House Bill No. 1013 Session of 2017](#).
An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," further providing for emergency services.

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: LifeTeam of Harrisburg, Suburban EMS (from Pocono area), Center for Emergency Medicine (in Pittsburgh area).

Documents Available:

State EMS Office CP Contact:

Puerto Rico



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Rhode Island



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|---|---|
| Activity Reported: | We have convened a work group with agencies interested in CP-MIH and are developing draft regulations to address potential regulatory issues. |
| Enabling Legislation: | |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Cumberland EMS (interested), Providence Fire Department (interested), Coastline EMS (interested). |
| Documents Available: | |
| State EMS Office CP Contact: | |

South Carolina



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|---|---|
| Activity Reported: | Active pilot projects have been expanded. |
| Enabling Legislation: | |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Abbeville County EMS is currently online. Many services (over 20) are interested but have not formerly applied yet. |
| Documents Available: | |
| State EMS Office CP Contact: | |

South Dakota



Activity Reported: Some, however medical board states this is illegal & are against it. Until views are changed & legislation passed, this will not happen in SD.

Enabling Legislation: Statute is currently not interpreted as enabling CP.

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Tennessee



Activity Reported: We have a multi-disciplinary committee which is meeting monthly. The committee is developing and completing surveys. The committee is developing educational competencies to be adopted statewide. They are also recommending criteria for state rules for endorsement on Paramedic license for Community Paramedic. The committee is also working on strategies to overcome reimbursement issues. Our committee members represent multiple disciplines.

Enabling Legislation: [SB1270](#) and [HB1807](#) signed by Governor.

Enabling/Facilitating/Regulating Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?

Lessons learned?

Community Gap Analysis/Needs Assessment Requirement:

Community Gap Analysis/Needs Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: None at this time. We plan on having pilot programs approved by the EMS Regulatory Board once all pieces are complete. Interest exists.

Documents Available:

State EMS Office CP Contact:

Texas



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: **We have about 12 that we are aware of, there is no law in Texas that requires the provider to inform the state office as long as their medical director approves.**

Documents Available:

State EMS Office CP Contact:

Utah



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|---|--|
| Activity Reported: | Yes. A pilot project with an urban fire department, and a medium sized hospital based program. |
| Enabling Legislation: | None |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | None |
| Medicaid Support Sought: | None |
| 3rd Party Payer Support Sought: | None |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | None |
| Education/Training Requirement: | None |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | None |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | None |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | None |
| Patient Care Record Requirement: | None |
| EMS Agencies Providing CP: | Salt Lake City Fire Department |
| Documents Available: | None |
| State EMS Office CP Contact: | Guy Dansie (801) 273-6671 |

Vermont



Activity Reported:

Injury prevention work funded by Federal Administration for Community Living/Administration on Aging (ACL/AOA).

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP: Various, approximately 25.

Documents Available:

State EMS Office CP Contact:



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|---|--|
| Activity Reported: | Met with the Office of the Attorney General and the Virginia Department of Health Office of Licensure and Certification and established that EMS agencies must hold a Home Care Organization license to offer this service. |
| Enabling Legislation: | |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Workgroup established by the State EMS Advisory Board with representatives from the Medical Community, Home Health, Hospice, Ambulance Association and Community to develop goals to be achieved. |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Chesterfield Fire/EMS, Portsmouth Fire/EMS, Galax/Grayson Fire/EMS, Carillion Clinic Patient Transport Services, Lynchburg Fire/EMS, Abingdon Ambulance Service, Alexandria Fire Department Richmond Ambulance Authority, Dickenson County Ambulance Service, Fairfax County Fire/EMS. |
| Documents Available: | |
| State EMS Office CP Contact: | Deborah T. Akers (804) 888-9120 Deborah.T.Akers@vdh.virginia.gov |

Virgin Islands



Activity Reported:

Enabling Legislation:

Enabling/Facilitating/Regulating
Language of Rules/Regulations:

Medicaid Support Sought:

3rd Party Payer Support Sought:

Health Systems Supporting CP
Activities:

State Benchmarking Activity:

Education/Training Requirement:

Regional/Statewide Stakeholder
Meetings Used to Introduce CP-
MIH?

Lessons learned?

Community Gap Analysis/Needs
Assessment Requirement:

Community Gap Analysis/Needs
Assessment Resources:

CP Medical Director Requirement:

Patient Care Record Requirement:

EMS Agencies Providing CP:

Documents Available:

State EMS Office CP Contact:

Washington



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| Activity Reported: | Have passed both enabling and reimbursement legislation. |
| Enabling Legislation: | Enabling (April 2015): House Bill SSB 5591 . Reimbursement (Effective July 2017): House Bill 1358 . |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | |
| Medicaid Support Sought: | A reimbursement bill was signed into law in May 2017: House Bill 1358 . |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | A lot of preventive, social services type of work is going on. Pioneer Hospital received an Innovation Grant from CMS. The program is a collaborative effort among the physicians, EMS, home health and hospital discharge planning. |
| Documents Available: | |
| State EMS Office CP Contact: | |

West Virginia



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|---|--|
| Activity Reported: | |
| Enabling Legislation: | WV 64CSR48 Chapter 12 (July 2016) |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | Established 6 pilot projects statewide |
| Medicaid Support Sought: | Yes (denied) |
| 3rd Party Payer Support Sought: | Yes (denied) |
| Health Systems Supporting CP Activities: | Charleston Area Medical Center |
| State Benchmarking Activity: | |
| Education/Training Requirement: | 3-Year experience at the Paramedic level. NREMT approved course. |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | Yes |
| Lessons learned? | Lessons Learned: So far only 4 out of 198 agencies participate. |
| Community Gap Analysis/Needs Assessment Requirement: | Pilot project to determine need. |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | State Medical Director |
| Patient Care Record Requirement: | Yes |
| EMS Agencies Providing CP: | 4 out of 198 |
| Documents Available: | Yes |
| State EMS Office CP Contact: | Terri O'Connor Terri.L.Oconner@wv.gov |

Wisconsin



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| Activity Reported: | There are some planning and development activities around well patient checks. A least one pilot program has produced data on impact. |
| Enabling Legislation: | Assembly Bill 151 (Nov 2017) |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | Allows paramedic and EMT responders to make non-emergency house calls. |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Green Bay Fire Department. |
| Documents Available: | |
| State EMS Office CP Contact: | |

Wyoming



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| Activity Reported: | Passed comprehensive CP regulations in 2016 |
| Enabling Legislation: | None required. Pursued through regulation adoption |
| Enabling/Facilitating/Regulating Language of Rules/Regulations: | Chapter 14. Community EMS Practitioners, Agencies and Education Programs. |
| Medicaid Support Sought: | |
| 3rd Party Payer Support Sought: | |
| Health Systems Supporting CP Activities: | |
| State Benchmarking Activity: | |
| Education/Training Requirement: | |
| Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH? | |
| Lessons learned? | |
| Community Gap Analysis/Needs Assessment Requirement: | |
| Community Gap Analysis/Needs Assessment Resources: | |
| CP Medical Director Requirement: | |
| Patient Care Record Requirement: | |
| EMS Agencies Providing CP: | Multiple agencies are considering implementing programs, but none are currently operational to our knowledge. |
| Documents Available: | |
| State EMS Office CP Contact: | |
