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State of Minnesota

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**HOUSE OF REPRESENTATIVES**

NINETIETH SESSION

**H. F. No. 106**

- 01/09/2017 Authored by Zerwas and Dean, M.,  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 01/30/2017 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance
- 03/01/2017 Adoption of Report: Placed on the General Register  
Read for the Second Time
- 05/04/2017 Calendar for the Day  
Read for the Third Time  
Passed by the House and transmitted to the Senate
- 05/11/2017 Passed by the Senate and returned to the House  
Presented to Governor
- 05/12/2017 Governor Approval

1.1 A bill for an act  
1.2 relating to human services; modifying criteria for community medical response  
1.3 emergency medical technician services; amending Minnesota Statutes 2016, section  
1.4 256B.0625, subdivision 60a.

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

1.6 Section 1. Minnesota Statutes 2016, section 256B.0625, subdivision 60a, is amended to  
1.7 read:

1.8 Subd. 60a. **Community medical response emergency medical technician services.**

1.9 (a) Medical assistance covers services provided by a community medical response emergency  
1.10 medical technician (CEMT) who is certified under section 144E.275, subdivision 7, when  
1.11 the services are provided in accordance with this subdivision.

1.12 (b) A CEMT may provide a ~~posthospital discharge~~ postdischarge visit, after discharge  
1.13 from a hospital or skilled nursing facility, when ordered by a treating physician. The  
1.14 ~~posthospital discharge~~ postdischarge visit includes:

- 1.15 (1) verbal or visual reminders of discharge orders;
- 1.16 (2) recording and reporting of vital signs to the patient's primary care provider;
- 1.17 (3) medication access confirmation;
- 1.18 (4) food access confirmation; and
- 1.19 (5) identification of home hazards.

1.20 (c) An individual who has repeat ambulance calls due to falls, ~~has been discharged from~~  
1.21 ~~a nursing home~~, or has been identified by the individual's primary care provider as at risk  
1.22 for nursing home placement, may receive a safety evaluation visit from a CEMT when

- 2.1 ordered by a primary care provider in accordance with the individual's care plan. A safety  
2.2 evaluation visit includes:
- 2.3 (1) medication access confirmation;
  - 2.4 (2) food access confirmation; and
  - 2.5 (3) identification of home hazards.
- 2.6 (d) A CEMT shall be paid at \$9.75 per 15-minute increment. A safety evaluation visit  
2.7 may not be billed for the same day as a ~~posthospital discharge~~ postdischarge visit for the  
2.8 same individual.