

Date: March 18, 2016	POLICY BRIEF PREPARED FOR THE BOARD OF DIRECTORS	 OF NORTHERN LARIMER COUNTY
Staff: Dan Sapienza		

SB16-069 - COMMUNITY PARAMEDICINE REGULATION:

Concerning Measures To Provide Community-Based Out-Of-Hospital Medical Services

Details

Bill Sponsors:	House – Pabon (D) + 6 others Senate – Garcia (D) + 8 others, including Lundberg (R)
Committee:	Senate Health and Human Services Senate Appropriations
Bill History:	02/04/2016 Senate Committee on Finance Refer Unamended to Appropriations
Next Action:	Senate Appropriations, Not yet on schedule

Bill Summary

This bill defines the role of community paramedicine, also known as mobile integrated healthcare, or community integrated health care services (CIHCS).¹ CIHCS is a model of health delivery by community paramedics, who are certified emergency medical service providers that provide community-based, out of hospital medical services. These services have developed over the past few decades internationally and across the United States. In Colorado, these services face specific regulatory and licensing barriers that SB16-069 is intended to remove.

Issue Summary and Local Impact

A UC Davis Institute for Population Health Improvement report on Community Paramedicine defines community Paramedicine as: “a locally designed, community-based, collaborative model of care that leverages the skills of paramedics and EMS systems to address care gaps identified through a community-specific health care needs assessment.”² These services are generally provided by a Community Paramedic, “a paramedic with additional standardized training who works within a designated community paramedicine program under local medical control as part of a community-based team of health and social services providers.”

While there is not a great deal of research on efficacy or cost-effectiveness of community paramedicine, a systematic review in 2013 found that community paramedics in the UK, Australia, and Canada were able to safely practice with an expanded scope of practice and improve patient outcomes.³ This review particularly highlighted the great need for more research on the impact of these programs on patients, communities, and health systems. Overall, the review thought the scarce existing research was positive.

In Colorado, some communities, particularly rural communities, have looked into expanding paramedic services to include CIHCS. A primary obstacle is licensure, as in-home visits require a Home Health Care License, a license that does not match well with paramedicine entities. Agencies across the state, eager to improve community services, have begun operation by either getting this license or being creative with their programs.

¹ The bill originally referred to “Community Paramedicine” but was amended to refer instead to “Community Integrated Health Care Services.” PVH and UCHealth prefer the term “Mobile Integrated Healthcare.” This brief uses all of the above interchangeably.

² Kenneth W. Kizer, Karen Shore, and Aimee Moulin, “Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care” (UC Davis Institute for Population Health Improvement, July 2013), <http://escholarship.org/uc/item/8jq9c187.pdf>.

³ Blair L. Bigham et al., “Expanding Paramedic Scope of Practice in the Community: A Systematic Review of the Literature,” *Prehospital Emergency Care* 17, no. 3 (July 2013): 361–72, doi:10.3109/10903127.2013.792890.

Eagle County's program operated by Western Eagle County Ambulance District is probably the most well-recognized community paramedicine entity in Colorado. This program largely evolved over the gaps in health services in the rural community; specifically, the program is intended to ease the burdens on people living in underserved or remote parts of the county. To finance the operation of the program, the Ambulance District contracts with an area hospital to recoup a portion of the savings that result from preventing readmissions.⁴ This program operates under the Home Health Care License mentioned previously.

More urban areas also see benefits to operating CIHCS. Many at first see this as an opportunity to utilize trained paramedics' time when not on emergency calls. In the case of UCHHealth in Fort Collins, they quickly realized the benefits are primarily realized in patient outcomes and community health, not in utilizing ambulance time during lulls. In addition, effective CIHCS require staff to perform the services separately from emergency on-call time, which often leads to interruptions in care during scheduled visits.⁵ Because of UCHHealth's operation of ambulance services and hospitals, the organization sees great potential in cost savings from reducing readmissions and finding other ways to ensure patients' safety and health. For the emergency services team, there are also the added benefits of fewer instances of misusing emergency vehicles and teams for non-emergency visits, which equates to better management of their resources. In addition, the program offers opportunities for emergency personnel to gain more patient-care experience and desired opportunities for career development that help reduce turnover, which is very common in EMS programs.

UCHHealth does not operate a full CIHCS program in Fort Collins, but have trained community paramedics on staff that work with PVH patients through the Aspen Club, a benefit program for seniors that provides health education, screenings, and more. Through that program, enrollees can request in-home services provided by the UCHHealth EMS team, which does not require a special license. Services including flu shots, health and risk screenings, post-surgery assistance, and many other services the patients need assistance with. However, the benefit is limited solely to Aspen Club members. The EMS program would like to greatly expand the program, but is limited by the licensure requirement. In Fort Collins, there is a great deal of interest in how CIHCS could be utilized to reduce 911 call loads, reduce hospital readmissions, improve the health and wellbeing of frequent utilizers of services, and provide a great deal of health education in homes.

Some examples of services provided by community paramedics are:⁶

- Transporting patients not needing emergency care to alternate, non-emergency department care providers.
- Addressing the needs of frequent utilizers of emergency services by visiting them in-home to help with medication compliance, as well as helping them access primary care and other social services.
- Providing follow-up care to patients recently discharged from the hospital that are at higher risk of readmissions.
- Providing in-home support for patients with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
- Providing care and preventive services in underserved or remotes areas in partnership with community health workers, social workers, and primary care providers.

⁴ Karen B. Pearson, John A. Gale, and George Shaler, "Community Paramedicine in Rural Areas: State and Local Findings and the Role of the State Flex Program" (Flex Monitoring Team, February 2014), http://digitalcommons.usm.maine.edu/rural_hospitals/11/.

⁵ Interview with Ted Beckman, UCHHealth. February 23, 2016.

⁶ Kenneth W. Kizer, Karen Shore, and Aimee Moulin, "Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care" (UC Davis Institute for Population Health Improvement, July 2013), <http://escholarship.org/uc/item/8jq9c187.pdf>.

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Bill Details

(Based on amendments in the Senate Health and Human Services Committee. Drafted by Colorado Legislative Council Staff – Research Note, 2/1/2016)⁷

The bill requires the Colorado Department of Public Health and Environment (CDPHE) to establish rules governing the scope of practice of community integrated health care service, including the issuance of an endorsement in community integrated health care service to emergency medical service providers. In addition, agencies managing and offering community integrated health care services must be licensed by CDPHE.

The bill sets minimum standards for community integrated health care service agencies that must be incorporated in rules promulgated by the State Board of Health. These rules must be based on the report issued by the Community Paramedicine/Mobile Integrated Healthcare Task Force and address areas such as staffing, educational, and training requirements. The bill creates the Community Integrated Health Care Service Cash Fund to receive fee payments from licensed agencies. A person operating a community integrated health care service agency without a license commits a misdemeanor offense and is also subject to civil penalties.

The bill also creates the Community Assistance Referral and Education Services (CARES) Program in the CDPHE. Under the CARES Program, licensed ambulance services, local fire departments, fire protection districts, fire protection authorities, special district authorities, health care business entities, and community integrated health care service agencies may establish a program that provides community outreach on health issues and services, and health education to local residents. In addition, these agencies may provide referrals for low-cost medication programs and alternative resources to the 911 system. They may partner with hospitals, licensed home care agencies, other medical care facilities including licensed community integrated health care service agencies, primary care providers, other health care professionals, or social services agencies to provide program services and ensure non-duplication of services.

The community integrated health care service agencies licensure program repeals September 1, 2021, and is subject to a sunset review conducted by the Colorado Department of Regulatory Agencies.

Background

Proponents

- EMS Association of Colorado
- County Sheriffs of Colorado
- Colorado State Fire Chiefs
- Colorado Professional Fire Fighters Association
- Colorado Community Health Network
- Colorado Coalition for the Medically Underserved
- Colorado Nurses Association
- AARP
- Home Care Association of Colorado
- Colorado Consumer Health Initiative
- Children’s Hospital Colorado

⁷ Colorado Legislative Council Staff, Research Note SB16-069, February 1, 2016. Available at:

http://www.leg.state.co.us/clics/clics2016a/csl.nsf/fsbillcont3/A4908EBE3429034E87257F2400643566?open&file=LLS0391_rn1.pdf

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- Pediatric Homecare Coalition
- Colorado Access
- Colorado Medical Society

Opponents

- City of Longmont – Longmont operates a program in of mobile integrated healthcare that uses paramedics, a psychologist, a care coordinator, and a pharmacist to provide in-home services. The city is concerned that the regulations in this bill will increase state regulation of this existing program.⁸

Discussion

Arguments in support

- Community Integrated Health Care is a new and emerging field that has shown great promise across the state, the nation, and internationally. Communities and health systems are seeing results in access to care in remote areas or by non-mobile patients, reduction of readmissions to hospitals, better patient outcomes, and better informed patients. While there is little evidence in literature, the small amount that does exist is very positive toward the service. This bill would remove a regulatory burden to starting new programs and the state could see if the promise of these programs can be realized.
- In Fort Collins, UCHHealth's Emergency Medical Services is eager to expand the services provided in its small Mobile Integrated Healthcare program beyond patients enrolled in Aspen Club.

Arguments in Opposition

- One of the largest concerns with Community Integrated Health Care Services is how these services might be reimbursed. As noted previously, Eagle County's services operated by contract with local hospitals to recoup some of the savings from reducing hospital reimbursements (in addition to grants from the state, county, and some municipalities). SB16-069 does not address the issue of reimbursement.
- Another concern, raised by the City of Longmont, is a concern about over regulating a new and emerging field. Longmont operates a novel integrated health system that has found ways to succeed, perhaps in spite of the existing regulatory frameworks. The proponents of this bill argue that the current system of regulation creates an environment that is impossible for most EMS systems to operate within. They seek clarity and a familiar licensing and regulatory scheme that is more aligned with the roles and training of EMS services. In addition, the legislation is relatively broad in the regulatory decision-making authority it grants to CDPHE, where there will be more opportunities for community input to ensure fears of over regulations go unrealized.

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

⁸ City of Longmont, City Council Communication, February 23, 2016. Accessed March 18, 2016 at: <http://webapp.ci.longmont.co.us/cache/2/jxkouak3iqn34ejnldokfyc/287211203162016030816108.PDF>