S 5588 HANNON Same as A 2733-A Gottfried (MS)
ON FILE: 04/19/17 Public Health Law
TITLE....Authorizes collaborative programs for community paramedicine services
04/18/17 REFERRED TO HEALTH

A2733-A Gottfried (MS) Same as S 5588 HANNON
Public Health Law
TITLE....Authorizes collaborative programs for community paramedicine services
01/23/17 referred to health
04/12/17 amend (t) and recommit to health
04/12/17 print number 2733a

HANNON, LITTLE, VALESKY
Amd §2805-x, add §3001-a, Pub Health L
Authorizes collaborative programs for community paramedicine services as part of the hospital-home care-physician collaboration program.

STATE OF NEW YORK

5588

2017-2018 Regular Sessions

IN SENATE

April 18, 2017

Introduced by Sens. HANNON, LITTLE, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 2805-x of the public health law, as added by section 48 of part B of chapter 57 of the laws of 2015, is amended to read as follows:

§ 2805-x. Hospital-home care-physician collaboration program. 1. The purpose of this section shall be to facilitate innovation in hospital, home care agency and physician collaboration in meeting the community's health care needs. It shall provide a framework to support voluntary initiatives in collaboration to improve patient care access and management, patient health outcomes, cost-effectiveness in the use of health care services and community population health. Such collaborative **hospital-home care-physician** initiatives may also include payors, skilled nursing facilities**, emergency medical services** and other interdisciplinary providers, practitioners and service entities **as part of such hospital-home care-physician collaborative provided, however, that in the case of collaborative community paramedicine as set forth in this section and article thirty of this chapter, the collaborative shall minimally comprise hospital, home care, physician, and emergency medical services partners**.

2. For purposes of this section:

(a) "Hospital" shall include a general hospital as defined in this article or other inpatient facility for rehabilitation or specialty care within the definition of hospital in this article.

(b) "Home care agency" shall mean a certified home health agency, long term home health care program or licensed home care services agency as defined in article thirty-six of this chapter.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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(c) "Payor" shall mean a health plan approved pursuant to article forty-four of this chapter, or article thirty-two or forty-three of the insurance law.

(d) "Practitioner" shall mean any of the health, mental health or health related professions licensed pursuant to title eight of the education law.

(e) "Emergency medical services" (EMS) shall mean the services of an ambulance service or an advanced life support first response service certified under article thirty of this chapter staffed by emergency medical technicians or advanced emergency medical technicians to provide basic or advanced life support and, for the purposes of the community paramedicine collaboration model set forth in subdivision four of this section, also to provide such services pursuant to such models in circumstances other than the initial emergency medical care and transportation of sick and injured persons.

3. The commissioner is authorized to provide financing including, but not limited to, grants or positive adjustments in medical assistance rates or premium payments, to the extent of funds available and allocated or appropriated therefor, including funds provided to the state through federal waivers, funds made available through state appropriations and/or funding through section twenty-eight hundred seven-v of this article, as well as waivers of regulations under title ten of the New York codes, rules and regulations, to support the voluntary initiatives and objectives of this section. **Nothing in this section shall be construed to limit, or to imply the need for state approval of, collaborative initiatives enumerated in this section which are otherwise permissible under law or regulation, provided however that the approval of the commissioner shall be required for either state funding or regulatory waivers as provided for under this section.**

4. Hospital-home care-physician collaborative initiatives under this section may include, but shall not be limited to:

(a) Hospital-home care-physician integration initiatives, including but not limited to:

(i) transitions in care initiatives to help effectively transition patients to post-acute care at home, coordinate follow-up care and address issues critical to care plan success and readmission avoidance;

(ii) clinical pathways for specified conditions, guiding patients' progress and outcome goals, as well as effective health services use;

(iii) application of telehealth/telemedicine services in monitoring and managing patient conditions, and promoting self-care/management, improved outcomes and effective services use;

(iv) facilitation of physician house calls to homebound patients and/or to patients for whom such home visits are determined necessary and effective for patient care management;

(v) additional models for prevention of avoidable hospital readmissions and emergency room visits;

(vi) health home development;

(vii) development and demonstration of new models of integrated or collaborative care and care management not otherwise achievable through existing models; [~~and~~]

(viii) bundled payment demonstrations for hospital-to-post-acute-care for specified conditions or categories of conditions, in particular, conditions predisposed to high prevalence of readmission, including those currently subject to federal/state penalty, and other discharges with extensive post-acute needs; **and**

(ix) models of community paramedicine, under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies, in joint partnership, may develop and implement a plan for the collaborative provision of services in community settings. In addition to emergency services provided under article thirty of this chapter, models of community paramedicine may include collaborative services to at-risk individuals living in the community to prevent emergencies, avoidable emergency room need, avoidable transport and potentially avoidable hospital admissions and readmissions; community paramedicine services to individuals with behavioral health conditions, or developmental or intellectual disabilities, shall further include the collaboration of appropriate providers of behavioral health services licensed or certified under the mental hygiene law;

(b) Recruitment, training and retention of hospital/home care direct care staff and physicians, in geographic or clinical areas of demonstrated need. Such initiatives may include, but are not limited to, the following activities:

(i) outreach and public education about the need and value of service in health occupations;

(ii) training/continuing education and regulatory facilitation for cross-training to maximize flexibility in the utilization of staff, including:

(A) training of hospital nurses in home care;

(B) dual certified nurse aide/home health aide certification; [~~and~~]

(C) dual personal care aide/HHA certification; and

(D) orientation and/or collaborative training of EMS, hospital, home care, physician and, as necessary, other participating provider staff in community paramedicine;

(iii) salary/benefit enhancement;

(iv) career ladder development; and

(v) other incentives to practice in shortage areas; and

(c) Hospital - home care - physician collaboratives for the care and management of special needs, high-risk and high-cost patients, including but not limited to best practices, and training and education of direct care practitioners and service employees.

5. Hospitals and home care agencies which are provided financing or waivers pursuant to this section shall report to the commissioner on the patient, service and cost experiences pursuant to this section, including the extent to which the project goals are achieved. The commissioner shall compile and make such reports available on the department's website.

§ 2. The public health law is amended by adding a new section 3001-a to read as follows:

§ 3001-a. Community paramedicine services. Notwithstanding any inconsistent provision of this article, an emergency medical technician or advanced emergency medical technician in course of his or her work as an employee or volunteer of an ambulance service or an advanced life support first response service certified under this article to provide emergency medical services may also participate in models of community paramedicine pursuant to section twenty-eight hundred five-x of this chapter.

§ 3. This act shall take effect immediately.

NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1

BILL NUMBER: S5588

SPONSOR: HANNON

TITLE OF BILL: An act to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services

PURPOSE:

To allow hospitals, emergency medical services, physicians and home care agencies, in joint partnership, to develop and implement a collaborative program whereby at-risk individuals living in the community can be served by EMS for care other than the initial emergency medical care and transportation to the hospital.

SUMMARY OF PROVISIONS:

Section 1 of the bill amends Section 2805-x of the public health law to include collaborative community paramedicine within the existing authorization for hospital-home care-physician collaboration program.

Section 2 of the bill adds a new section 3001-a to the public health law to allow emergency medical technicians and advanced emergency medical technicians who are employed by an ambulance service or an advanced life support first response service to provide community paramedicine services pursuant to such models in circumstances other than the initial emergency medical care and transportation of sick and injured persons.

Section 3 provides for an immediate effective date

JUSTIFICATION:

Community paramedicine is the provision of health care by an emergency medical technician (EMT) or advanced EMT in circumstances other than the initial emergency medical care and transport of sick patients. This may include, but is not limited to, coordinating patient care and transportation decisions with other providers; helping refer frequent EMS users to appropriate services to break the cycle of relying on EMS calls; using EMS care assessment skills to evaluate patients and activate follow-up care; or improving health and safety conditions for vulnerable patients by evaluating potential hazards in the patient's home.

This bill authorizes EMTs or advanced EMTs, acting as part of a collaborative program with other health care providers, to offer community paramedicine services within their existing scope of practice. These activities will improve continuity of care between emergency response and other healthcare providers, helping to avoid preventable hospitalizations and reduce some patients' over reliance on emergency calls as their first and only point of contact with the health care system.

A report by the NYS Emergency Medical Services Council (SEMSCO) and Emergency Medical Advisory Committee (SEMAC) laid out parameters for

authorization of community paramedicine. ("Achieving Mobile Integrated Health Care Though the Use of Community Paramedicine," Community Paramedicine Technical Advisory Group, August 2014.) The 2014 Department of Health North Country Health Systems Redesign Commission also recommended implementation of community paramedicine for home visits and preventive care.

LEGISLATIVE HISTORY:
New Bill

FISCAL IMPLICATIONS:

Savings as emergency room, ambulance transport and other health care services are avoided through the use of community paramedicine.

EFFECTIVE DATE:
Immediately