



Professional Distinction

Personal Dignity

Patient Advocacy

Date: December 15, 2011

To: Senator Hann, Chair of Senate Health and Human Services Budget and Policy Committee
Representative Abeler, Chair of Health and Human Services Finance Committee

From: Minnesota Nurses Association

RE: Community Paramedic

First and foremost, the Minnesota Nurses Association firmly believes in guaranteed Health Care for all, including coverage and access. Nurses are professionally and legally bound and ethically responsible to advocate and make every effort to protect the safety, health and rights of the patients.

The MN Nurses Association is appreciative for the opportunity to participate in the workgroup however we remain opposed to this role, the Community Paramedic. We are concerned about continuity of care, ambiguity in services provided and consumer safety in this care model.

Many inconsistencies remain in the execution of this role/provider, which is why we oppose the Community Paramedic, (CP).

- 1) The list of services which may be considered for reimbursement for MA is very broad. The conclusion is far reaching and expansive because it is unclear what problem this role is attempting to solve/fill. The original questions remain. Will the CP be a provider to get those in need of health care, access to care? Will it be for communities to better serve their area with experienced health care providers who have "down time"? Will it be to assist in Nursing Homes across the state to avoid unnecessary emergency room visits? Will it decrease all ED visits? It is for this lack of clarity, that the MN Nurses Association cannot support it.
- 2) As stated in the DHS report, all persons on MA already have access to all providers who cover the list of services that could be provided by a community paramedic. This begs the question, "Do we need another new public health care provider, or do we need more of the ones we already have who are trained and in the MN Health Care System?"
- 3) The MN Nurses concerns reach beyond the list of services and the work of this workgroup which were expressed in the 2011 legislative session. As you continue to discuss and debate the community paramedic role in 2012 the nurses ask that you keep these issues in the forefront.

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- a. Medical Licenses and nursing licenses are not interchangeable. A medical director shall not supervise, delegate or evaluate nursing care. By allowing the medical director to direct a CP to do many of these services outside of an emergent situation, is allowing a medical director to practice nursing without a nursing license. According to the Nurse Practice Act, only a professional registered nurse may delegate nursing care and supervise nursing care.
 - b. The law amends MN statute section 256B.0625 as it allows a CP "to perform initial assessments within their scope of practice". According to MN Statute, in order to have a scope of practice one must have a license. This law cannot create licensure for paramedics. So to refer to a scope of practice is inconsistent with current law.
- 4) Finally, without any coordination or planning it appears to be creating a parallel Public Health System without synchronization into the Health Care Home.

Sincerely,

Linda Hamilton RN, BSN

Linda Hamilton, RN
President, Minnesota Nurses Association

Cc: Commissioner of Human Services, Lucinda Jesson
Commissioner of Health, Ed Ellinger