



Please Support Mobile Integrated Healthcare (MIH) Community Paramedicine (CP) Programs

REQUEST

Please support [H.R. 4011](#), the Community Paramedicine Act, sponsored by Reps. Emanuel Cleaver (D-MO) and Diana Harshbarger (R-TN). This bill would create a grant program under the Secretary of Health and Human Services (HHS) to support Mobile Integrated Healthcare (MIH) Community Paramedicine (CP) programs. Eligible applicants in rural and underserved communities could receive grants to:

- hire community paramedicine personnel;
- purchase necessary equipment, including personal protective equipment, uniforms, medical supplies, and vehicles;
- pay for certification courses; and
- conduct public outreach and education on the patient-centered outcomes that can be achieved through community paramedicine.

BACKGROUND

MIH-CP is an innovative way for EMTs and Paramedics to provide patient-centered mobile care outside the hospital to lower health care costs and improve patient outcomes. EMS agencies across the nation are partnering with hospitals, primary care physicians, nurses, mental health and social services providers, and government agencies on programs that bring care to patients and help navigate patients to needed services. Examples of these services include in-home check-ups, post hospitalization follow-up care, health education, care coordination, medication reconciliation, and preventive care. These programs improve patient access to primary care, diagnostic testing, specialized service referrals, social services, and transportation to medical appointments.

These MIH-CP services are key to providing the coordinated approach needed to slow health care cost increases and stem declines in population health. EMTs and Paramedics want to use their skills and resources to help solve the problems plaguing healthcare systems and communities. Unfortunately, even though MIH-CP programs lead to successful patient outcomes and significant cost savings, many are forced to shrink their scope or close altogether due to lack of funds. As Medicare and Medicaid transition away from fee-for-service payment to models that are based on patient outcomes rather than the volume of services delivered, MIH-CP programs will play a key role in the future of health care.

The Community Paramedicine Act will help EMS providers and their health care partners start and sustain programs that lower costs, deliver patient-centered services, and improve outcomes. To become a cosponsor or to learn more about the Community Paramedicine Act, please contact Brock Boze in Rep. Cleaver's office at Brock.Boze@mail.house.gov or Peter Stein in Rep. Harshbarger's office at Peter.Stein@mail.house.gov.

ADDITIONAL INFORMATION

Lower Costs, Improved Outcomes

Studies have shown that MIH-CP programs can save thousands of dollars per patient per year by helping people lead healthier lives and decreasing healthcare emergencies. For example, community paramedicine visits can help a person living with heart failure, asthma, COPD, or diabetes avoid acute emergencies and reduce their utilization of EMS and hospital emergency rooms. A study in eastern Massachusetts showed that their community paramedicine model saved over \$1,900 per case and nearly \$6 million in a year.¹

MIH-CP programs are especially important for Medicare beneficiaries who are homebound, medically fragile, or live in rural areas where access to care is limited and EMS agencies have become the only easily accessible healthcare resource. Over 57 million Americans must travel a lengthy distance to reach their nearest physician. Rural Americans experience the most travel time, as only 11% of physicians work in rural settings. Many inner-city urban communities face similar challenges.

Intervention before patients need emergency care can save our healthcare system billions of dollars by keeping patients healthier and avoiding unnecessary disease exacerbations that lead to hospitalization.

Relieving Strain on 9-1-1 Systems and Emergency Departments

MIH-CP can also prevent emergency service misuse by intercepting nonurgent medical needs before patients resort to calling 9-1-1 or going to the emergency department. Some of the most successful CP programs target frequent 9-1-1 callers, and those efforts result in a measurable decrease in unnecessary 9-1-1 calls and emergency department visits. This is particularly important as communities contend with having too few ambulances and over-crowded emergency departments.

Amid unprecedented nursing and hospital staff shortages, long wait times, and overcrowded hospitals, it is imperative that we provide MIH-CP programs with the resources to help meet the healthcare needs of their communities outside of the hospital.

¹ Lamos Ramos Hegwer, "Community Paramedicine Saves Organization \$6m in 1 Year," Healthcare Financial Management Association, February 15, 2019, <https://www.hfma.org/operations-management/cost-reduction/63296/>