Community paramedicine programs — sometimes known as field emergency medical services (EMS) or mobile integrated health care — expand the role of certified paramedics and allow them to provide non-emergency, preventative health care services to patients in their communities.

The expanded functions of a community paramedic can include providing primary care, chronic disease management, mental health and dental care, according to the American Nurses Association. Customarily, the role of a paramedic is to respond in emergency situations only, but the push for an expanded role is gaining momentum — particularly in rural areas that have fewer traditional health care providers.

Some community paramedic programs operate on a small scale without specific statutory authority. However, a handful of state legislatures (Missouri, Nevada and Washington, for example) have passed laws in recent years to authorize these programs on a statewide level.

In 2011, Minnesota became the first state to pass legislation (SF 119) defining the role of community paramedics and creating a process of certification and reimbursement for their services. That same year, Minnesota also established the country’s first certification program for community paramedics (at Hennepin Technical College). Program enrollees must complete 96 hours of classroom training and 196 hours of clinical training in areas such as health screening, immunization practices and community outreach. A subsequent bill (SF 1543) was passed in 2012 to establish the array of community paramedic services that are eligible for reimbursement under Minnesota’s Medicaid program.

Other states, such as California, Idaho, Maine, Massachusetts, Michigan, Missouri and Montana, have developed pilot programs or task forces. In 2013, the North Dakota Legislative Assembly passed a resolution (SCR 4002) creating the Community Paramedic Pilot Project. Three years later, the state’s Department of Health is accepting applications from licensed EMS providers to participate in a pilot program.

Many states, however, do not have statutory language that expressly allows or prohibits community paramedics. In these cases, state health officials must make their own determinations on the permissible role of these health workers.

The Michigan Department of Health and Human Services, for example, recently determined that state laws did not prohibit the use of community paramedics; it then began allowing EMS agencies to perform those activities as part of a three-year pilot program.

The Ohio Department of Public Safety determined that state law would need to be changed before EMS providers could deliver care in non-emergency situations. As a result, Ohio lawmakers last year included language in the state’s budget bill to allow for community paramedicine. Under HB 64, local EMS and fire departments can work on patients in non-emergency situations. These services must be performed under the direction of the emergency technician’s medical director or a cooperating physician advisory board.