



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

### **Request**

Please support H.R. 8042, the Community Paramedicine Act of 2024, introduced by Representatives Emanuel Cleaver (D-MO) and Kelly Armstrong (R-ND). This bill would create a grant program under the Secretary of Health and Human Services (HHS) that would authorize \$25 million per year for five years to support community paramedicine services; award qualified entities up to \$750,000 for individual applications and \$1.5 million for joint applications; and establish an advisory board comprised of national community paramedicine, emergency medical service, and fire service organizations to advise, assist, and peer review grant applications in rural and underserved areas.

### **Background**

Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) is an innovative way for healthcare professionals to use patient-centered mobile resources outside the hospital environment. Innovative EMS agencies of all sizes and types 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. These programs have been shown to improve patient outcomes and lower healthcare costs, but they are extremely limited by the lack of funding.

In recent years, a handful of visionary EMS agencies have offered MIH-CP healthcare services to their patients. Examples of these services include in-home check-ups, health education, and preventative care. These services 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 achieving the care coordination and integrated delivery systems necessary to slow healthcare cost increases and stem declines in population health. As Medicare and Medicaid transition away from fee-for-service payment models to programs that link payment to the amount of care provided, MIH-CP is driving measurable improvement in patient outcomes.

Studies have shown that MIH-CP programs can save thousands of dollars per year per patient 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. A study in eastern Massachusetts showed that their community paramedicine model saved over \$1,900 per case and nearly \$6 million in a year.<sup>1</sup>

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<sup>1</sup> Lamos Ramos Hegwer, "Community Paramedicine Saves Organization \$6m in 1 Year", Healthcare Financial Management Association, Feb. 15, 2019

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 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. MIH-CP can also prevent emergency service misuse by intercepting nonurgent medical needs before patients resort to calling 911 and 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.

EMS practitioners – including EMTs, Paramedics, and Community 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. 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. The Community Paramedicine Act of 2024 will help EMS providers and their healthcare partners to start and sustain programs that lower costs, deliver patient-centered services, and improve outcomes.

To learn more about H.R. 8042, Community Paramedicine Act, or to cosponsor, please contact Brock Boze in Representative Cleaver's office at [brock.boze@mail.house.gov](mailto:brock.boze@mail.house.gov) or Joseph Ballard in Representative Kelly Armstrong's office at [joseph.ballard@mail.house.gov](mailto:joseph.ballard@mail.house.gov).