

## *Transforming Rural Health Care Through Medicaid Innovation:* **Leveraging Community Paramedicine to Address Rural Health Needs**

**What's the issue?** Residents in rural areas often need to travel long distances to reach health care facilities, making it difficult to access preventive care and other crucial services. [Community paramedicine programs](#), also known as mobile-integrated health care, have been launched in [over 40 states](#). These programs leverage paramedics and emergency medical services (EMS) providers to deliver non-urgent services in the home and community — such as hospital follow-up care, preventive care, and chronic disease management. Community paramedics may also be used to visit select 9-1-1 callers to assess whether a person should be transported to an emergency department (ED) or diverted to an alternate setting. A [systematic review](#) found that over one-third of ED visits could be more appropriately addressed in a non-urgent setting.

Community paramedicine programs can help address workforce shortages, improve access to care, and enable both paramedics and their clinical team partners to practice at the top of their training and licensure.

### **TRANSFORMING RURAL HEALTH CARE THROUGH MEDICAID INNOVATION SERIES**

This resource is part of a series exploring how states can leverage innovative Medicaid approaches to improve rural health care delivery and strengthen access, workforce capacity, and sustainability in rural communities. [LEARN MORE](#)

**The Medicaid connection.** An [increasing number of states](#) are defining community paramedicine in their state statutes and covering community paramedicine services through Medicaid, though the scope of these programs and their payment rates vary across states. Other funding sources for these programs include commercial health plans, federal and state grants, and health system pilots.

### **How can community paramedicine support priorities of the Rural Health**

**Transformation (RHT) Program?** States can invest in community paramedicine to support the RHT Program's workforce development and ensuring sustainable access to care priorities. Investments in this workforce align with several RHT Program categories, including provider payments, workforce, and appropriate care availability. Notably, EMS is a scoring factor in the RHT Program application.

**Opportunities and examples.** States and providers have developed innovative community paramedicine programs that offer lessons for building and sustaining these models, including:

- **Defining services in statute and establishing Medicaid coverage.** States can support community paramedicine programs by addressing statutory barriers through legislation and regulatory changes, as well as by establishing community paramedic licensure and scope of practice. For example, [North Dakota](#) defined services eligible for Medicaid reimbursement to include health assessments,

chronic disease management, follow-up care, and medication management among others.

**Minnesota** — the first state to reimburse community paramedicine through Medicaid — covers additional services, such as lab specimen collection and minor medical procedures, as approved by the state’s Ambulance Medical Director.

- **Aligning program design with rural population needs and goals.** Community paramedicine programs can focus on specific populations. State examples include new mothers in **Indiana**, chronically ill individuals without primary care access in **Missouri**, and people at high risk for frequent ED use in **Maryland**. Program structures vary and [may focus on](#) care coordination, telemedicine-supported ED diversion, admission/re-admission prevention, and overdose response mitigation.
- **Using technology to inform clinical decision-making.** Community paramedicine programs can use diagnostic tools and other digital devices to inform treatment decisions and determine whether hospitalization is needed. For example, [two case studies](#) from programs in **New England** and **North Carolina** describe the use of point-of-care blood analyzer, cardiac monitor, defibrillator, EKG, ultrasound, and IV therapies, among other tools. Community paramedicine programs might also use telemedicine visits in collaboration with a primary care provider to support patient engagement.
- **Supporting training infrastructure for workforce development.** Community paramedics benefit from enhanced training to support in-home assessment and treatment. **Arkansas** and **California** established community paramedicine training requirements that include classroom and field-based clinical components, such as providing case management for people who frequently call 9-1-1. Other training topics states could consider include documentation, advanced physical exams, and use of specialty equipment, among other topics.

**Key considerations for implementation.** Community paramedicine programs [are most effective](#) when they are designed to meet the needs of the communities served. [Barriers to effective implementation](#) include lack of sustainable funding, restricted scope of practice, limited data reporting and quality metrics, and lack of training infrastructure.

**Potential impact.** There is [promising evidence](#) on the effectiveness of community paramedicine programs to improve patient outcomes. Positive [outcomes include](#): reduced hospital readmissions and unnecessary ED visits, reduced blood pressure and blood glucose levels, and improved patient-provider communication. A 2020 study of a rural community paramedicine program serving patients with frequent ED use reported [nearly 60% fewer ED visits](#), and another study reported [average savings of nearly \\$15,000 per patient](#).

**What’s next?** States can include support for community paramedicine in their RHT Program applications, for example by conducting a community paramedicine needs assessment, partnering with rural health care providers to develop pilots or expand effective programs, offering training for community paramedics and clinical teams, and investing in technology and infrastructure to support these programs.

## Additional resources for more information:

- [\*\*The Value of Community Paramedicine\*\*](#) – Describes community paramedic roles, examples of state approaches, and evidence for program effectiveness. (*Centers for Disease Control and Prevention, October 2024*)
- [\*\*State Definitions and Coverage of Community Paramedicine\*\*](#) – Details state approaches for defining and financing community paramedicine. (*National Conference of State Legislatures, September 2024*)
- [\*\*Rural Community Paramedicine Toolkit\*\*](#) – Offers practical resources for rural communities interested in building or refining community paramedicine programs. (*Rural Health Information Hub*)
- [\*\*Making a Case for Community Paramedicine\*\*](#) – Summarizes evidence and implementation resources on community paramedicine programs. (*Center for Health Care Strategies, March 2024*)
- [\*\*Implementing and Sustaining Rural Community Paramedicine\*\*](#) – Details perspectives from community paramedicine leaders on models and strategies for community paramedicine implementation in rural environments. (*National Rural Health Resource Center, June 2021*)
- [\*\*MIH-CP Program Toolkit\*\*](#) – Provides examples of resources used by EMS agencies, including related to operations, outcomes measures, and financial tools. (*National Association of Emergency Medical Technicians*)

---

By Logan Kelly, Center for Health Care Strategies

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).