



Good Afternoon, Senator Lee and members of the Health Services committee, my name is Megan Houn and I am the government relations director for Blue Cross Blue Shield of North Dakota. I was asked to appear today to present information on the feasibility and desirability of community paramedics providing additional clinical and public health services and actions required to allow for third- party reimbursement for community paramedic services.

As presented, it appears that the purported intent of the Community Paramedic Pilot Program align with the mission of Blue Cross Blue Shield of North Dakota. BCBSND supports the overall goals and objectives represented by the Community Paramedic Pilot Programs as we understand them, which are the reduction of hospital readmissions, diversion of non-emergent ambulance trips and emergency room visits, outreach to post-surgical patients, improving access to behavioral health interventions, and support for local public health units. These are issues of significance that impact the total cost of care in North Dakota. However, these goals need to track and be balance against the costs involved and in ensuring services and benefits are extended to BCBSND members by trained and qualified health care providers for services covered under BCBSND health plans. We are very interested in collaborating with the Community Paramedic program going forward to identify how our organization can best provide support to their efforts.

Blue Cross Blue Shield of North Dakota is always focused on seeking solutions that provide the right care, at the right time, at the right place and at the right cost for our members. In addition, it is critical that we be good stewards of member dollars. Medicare does not allow fee for service billing from Community Paramedics, but supports them via accountable care organizations. Many hospitals have partnered with ambulance services for community paramedic programs to reduce ER admissions among the uninsured and chronically ill. These partnerships have also formed to address hospital readmissions and avoid Medicare penalties.

Laying down some of the critical infrastructure for Community Paramedics in North Dakota is a key component for reimbursement. At the point at which there is a globally accepted scope of practice, national accreditation and curriculum standards, Medicaid reimbursement is established, roles are defined so that CPs are complementary to and in concert with local public health, outcomes data is available for some of the pilot projects and we are able to internally establish a defined set of reimbursable services and there is a demonstrated need by our members, then Blue Cross Blue Shield can enter into the reimbursement conversation.

Community Paramedic programs are without a doubt on the radar of other plans across the country. We encourage and are supportive of innovation in healthcare and community paramedic programs have great potential and could have significant impacts on the cost of care in North Dakota. It is our desire to work together with the Community Paramedic program, the Department of Health, the Department of Human Services, other payers and stakeholders to identify how our organization can best provide support to their efforts.

I would be happy to answer any questions you may have.