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DELAWARE STATE SENATE
152nd GENERAL ASSEMBLY

SENATE BILL NO. 223

AN ACT TO AMEND TITLE 16 AND TITLE 18 OF THE DELAWARE CODE RELATING TO PARAMEDIC SERVICES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend § 9801, Title 16 of the Delaware Code by making deletions as shown by strike through and
2 insertions as shown by underline as follows:

3 § 9801. Purpose.

4 (a) It is the purpose of this chapter to establish a statewide paramedic program under the direction of the Office of
5 Emergency Medical Services, Division of Public Health, Department of Health and Social Services.

6 (b) The paramedic program includes a coordinated advanced life support system, under qualified medical
7 supervision, which has the responsibility for providing a rapid response capability in the delivery of emergency medical
8 services to individuals who become unexpectedly ill or incapacitated or who are otherwise placed in a position where
9 highly skilled medical assistance must be rendered to sustain or maintain such individual prior to institutional health care.

10 (c) The paramedic services program shall be utilized for medical emergencies, either at the scene or while the
11 patient is in transit to a health facility.

12 (d) It is the further purpose of this chapter to provide a program which shall have a direct impact on the morbidity
13 and mortality rates of this State and which, over a period of time, will also reduce health-care costs to each emergency
14 patient.

15 (e) It is the further purpose of this chapter to establish a framework for the creation of an effective and efficient
16 means for the provision of advanced life support services to the citizens of ~~the~~ this State regardless of their economic status,
17 who require such services without prior inquiry as to the patient's ability to pay.

18 (f) This chapter is intended to promote the public health, ~~safety~~ safety, and welfare of the citizens of this State by
19 providing for the creation of a statewide advanced life support services system, in conjunction with the efforts of all
20 providers of emergency medical services in this State, with uniform standards for all such providers of advanced life
21 support services.

(g) It is the further purpose of this chapter to ~~insure~~ ensure that emergency patients requiring advanced life support services are transported from the scene of a medical emergency to the nearest emergency medical institution or the institution of their choice, within reason, that possesses the equipment and staff resources to immediately attend to the particular needs of the patient. This statement is tempered by the understanding that, in certain circumstances, it may be necessary to bypass the closest medical facility if specialized medical care is required. It shall also be understood that the use of paramedics to assist in the transfer of patients to facilities and programs which offer such follow-up care and rehabilitation as is necessary to effect the maximum recovery of the patient, shall be permitted when deemed medically necessary.

(h) It is the further purpose of this chapter to ensure that patients who are being seen under a written agreement and enrollment into a mobile-integrated healthcare or community paramedicine program are not considered emergencies, but rather follow up to a previous medical condition that required emergency transport to a hospital.

Section 2. Amend § 9802, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9802. Definitions [Effective until July 17, 2028].

~~The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:~~ For purposes of this chapter:

(6) “Community paramedicine” means a form of mobile-integrated healthcare that is a provider-led, patient-centered delivery care model using appropriately trained paramedics or other emergency medical services providers in an expanded role to render care, facilitate a more efficient delivery of care, and enhance access to community resources that address the social determinants of health.

(19) “Mobile-integrated healthcare” means an expanded role for a paramedic or other emergency medical services provider that is a coordinated, patient-centered, evidence-based holistic model of care designed to use collaborative, interdisciplinary teams to serve patient needs at the most appropriate level of care at a safe location convenient to the patient.

(20) “Mobile-integrated healthcare or community paramedicine medical director” means an individual who is employed to work in a mobile-integrated healthcare or community paramedicine program and who meets the requirements to be a medical control physician or be board certified or eligible in the individual’s medical specialty.

(21) “Mobile resources” means the ability of a paramedic or other emergency medical services provider to connect directly with members of the healthcare team via technology, such as telehealth, that allows for real time discussion of the patient’s healthcare needs and possible visual examination of a specific concern.

(21)(25)a. “Pre-hospital care” ~~shall mean~~ means any emergency medical service, including advanced life support, rendered by an emergency medical unit before and during transportation to a hospital or other facility, and upon arrival at the facility until such care is assumed by the facility’s ~~staff~~; staff.

b. “Pre-hospital care” does not include the care provided by a paramedic or other emergency medical services provider employed by a mobile-integrated healthcare or community paramedicine program.

(30) “Team-based, patient-centered delivery model” means a healthcare delivery model that includes multiple levels of providers to meet all of a patient’s needs and to promote wellness.

Section 3. Amend § 9802, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9802. Definitions [Effective July 17, 2028].

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning: For purposes of this chapter:

(6) “Community paramedicine” means a form of mobile-integrated healthcare that is a provider-led, patient-centered delivery care model using appropriately trained paramedics or other emergency medical services providers in an expanded role to render care, facilitate a more efficient delivery of care, and enhance access to community resources that address the social determinants of health.

(19) “Mobile-integrated healthcare” means an expanded role for a paramedic or other emergency medical services provider that is a coordinated, patient-centered, evidence-based holistic model of care designed to use collaborative, interdisciplinary teams to serve patient needs at the most appropriate level of care at a safe location convenient to the patient.

(20) “Mobile-integrated healthcare or community paramedicine medical director” means an individual who is employed to work in a mobile-integrated healthcare or community paramedicine program and who meets the requirements to be a medical control physician or be board certified or eligible in the individual’s medical specialty.

(21) “Mobile resources” means the ability of a paramedic or other emergency medical services provider to connect directly with members of the healthcare team via technology, such as telehealth, that allows for real time discussion of the patient’s healthcare needs and possible visual examination of a specific concern.

(21)(25)a. “Pre-hospital care” ~~shall mean~~ means any emergency medical service, including advanced life support, rendered by an emergency medical unit before and during transportation to a hospital or other facility, and upon arrival at the facility until such care is assumed by the facility’s ~~staff~~; staff.

b. “Pre-hospital care” does not include the care provided by a paramedic or other emergency medical services provider employed by a mobile-integrated healthcare or community paramedicine program.

(30) “Team-based, patient-centered delivery model” means a healthcare delivery model that includes multiple levels of providers to meet all of a patient’s needs and to promote wellness.

Section 4. Amend Chapter 98, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9817. Mobile-integrated healthcare and community paramedicine programs.

(a) An organization licensed as or actively seeking licensure as an emergency medical services provider agency may apply to the Office to establish a mobile-integrated healthcare or community paramedicine program.

(b) The Office shall review an application filed under subsection (a) of this section and make a recommendation on the application to the Director of the Division of Public Health.

(c) The Director of the Division of Public Health shall approve an application filed under subsection (a) of this section if the application meets the requirements of this section.

(d) The Office shall establish standards, approved by the Board of Medical Licensure and Discipline, for the establishment and operation of a mobile-integrated healthcare or community paramedicine program.

(e) On filing of an application under subsection (a) of this section, an organization must be licensed as or actively seeking licensure as an emergency medical services provider agency.

(f)(1) A mobile-integrated healthcare or community paramedicine program must have a mobile-integrated healthcare or community paramedicine medical director and a mobile-integrated healthcare or community paramedicine program coordinator.

(2) A mobile-integrated healthcare or community paramedicine medical director has the responsibilities of an EMS medical director under § 9806(b) of this title.

(g) An individual employed to work in a mobile-integrated healthcare or community paramedicine program shall meet the requirements for certification or licensure imposed by this State and the organization employing the individual.

(1) A mobile-integrated healthcare or community paramedicine program may include physicians, nurse practitioners, advanced practice registered nurse, registered nurses, licensed practical nurses, physician assistants, physical or occupational therapists, mental health providers, paramedics, or other emergency medical services providers.

(2) A paramedic or other emergency medical services provider providing care through a mobile-integrated healthcare or community paramedicine program is subject to discipline as provided under § 9811 of this title.

(3) An individual other than a paramedic or other emergency medical services provider providing care through a mobile-integrated healthcare or community paramedicine program is subject to discipline by the body certifying or licensing the individual.

(h)(1) A mobile-integrated healthcare or community paramedicine program must have a structured education program, approved by the Office, which includes didactic and clinical components.

(2) Performance, skills, and continuing education must be documented by an organization's mobile-integrated healthcare or community paramedicine program for each emergency medical services provider in the organization's mobile-integrated healthcare or community paramedicine program.

(i) An emergency medical services provider employed to work in a mobile-integrated healthcare or community paramedicine program shall complete the State's mandatory recertification education for the emergency medical services provider's specific level of training and any recertification education required by the mobile-integrated healthcare or community paramedicine program.

(j) An organization shall develop protocols for the organization's mobile-integrated healthcare or community paramedicine program specific to the program's community healthcare needs.

(k)(1) An organization's mobile-integrated healthcare or community paramedicine program may not exceed the scope of practice of an emergency medical services provider without the approval of the Office and Director of the Division of Public Health.

(2) A request to expand the scope of practice of an emergency medical services provider must be approved by the Office and the Director of the Division of Public Health, with input from the Board of Medical Licensure and Discipline.

(l)(1) Section 9813 of this title does not apply to a paramedic's provision of care through a mobile-integrated healthcare or community paramedicine program.

(2) An organization shall ensure the appropriate liability protection for a paramedic providing care through a mobile-integrated healthcare or community paramedicine program.

(m) The Office may adopt regulations to administer, enforce, and implement this section.

Section 5. Amend § 6701B of Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 6701B. Definitions.

As used in this chapter, the following words and terms have the following meanings:

(14) “Paramedic” means a person who is employed by a county paramedic service as defined in § 9802(7) of Title 16, has been approved by the National Registry of Emergency Medical Technicians or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), maintains Delaware certification, and is faithfully and actually performing service in the State.

Section 6. This Act is effective immediately and is implemented on the date of publication in the Register of Regulations of a notice by the Director of the Office of Emergency Medical Services that the Office is prepared to implement this Act.

SYNOPSIS

This Act is the product of the work of stakeholders who, with the encouragement of Senate Concurrent Resolution No. 50 (152nd General Assembly), met to examine how to integrate mobile-integrated healthcare and community paramedicine into existing regulatory structures in this State.

Mobile-integrated healthcare and community paramedicine are innovative patient-centered models for the delivery of health care services that utilize mobile resources to deliver care and services to patients in an out-of-hospital environment in coordination with healthcare facilities or other healthcare providers.

As part of mobile-integrated healthcare and community paramedicine programs, emergency medical services provider agencies across the country of all sizes and types are partnering with hospitals, primary care physicians, nurses, and mental health and social services providers on innovative programs that both navigate patients to the right level of care as well as achieve goals of improved care and lower costs.

Clinical research studies comparing patients in traditional hospitals with patients who received hospital-level care at home through mobile-integrated healthcare and community paramedicine programs have found that those who received in-home care experienced fewer readmissions, lower mortality rates, reduced falls, and higher patient satisfaction rates.

Based on temporary federal law enacted to relieve strain on healthcare systems caused by the COVID-19 pandemic, hospitals in this State developed relationships with emergency medical services provider agencies to implement mobile-integrated healthcare and community paramedicine programs. However, this temporary federal authorization will end on December 31, 2024. Many states have acted ahead of the expiration of this federal authorization to incorporate mobile-integrated healthcare and community paramedicine programs into existing regulatory structures.

This Act integrates mobile-integrated healthcare and community paramedicine programs into existing regulatory structures in this State by authorizing the establishment of mobile-integrated healthcare and community paramedicine programs in this State through the Office of Emergency Medical Services (“Office”) in the Department of Health and Social Service’s Division of Public Health (“Division”). Specifically, this Act does the following:

(1) Authorizes an organization licensed as or actively seeking licensure as an emergency medical services provider agency to apply to the Office to establish a mobile-integrated healthcare or community paramedicine program.

(2) Requires the Office to review applications to establish mobile-integrated healthcare or community paramedicine programs and make recommendations to the Director of the Division, who is required to approve applications that meet the requirements established by this Act and regulations adopted by the Office.

(3) The Office is required to establish standards, approved by the Board of Medical Licensure and Discipline, for the establishment and operation of mobile-integrated healthcare or community paramedicine programs

This Act takes effect immediately for purposes of the Office of Emergency Medical Services preparing to implement this Act, but is not implemented until the date of publication in the Register of Regulations of a notice by the Director of the Office of Emergency Medical Services that the Office is prepared to implement this Act.

The changes to the definition section, § 9802 of Title 16 of the Delaware Code, in Sections 2 and 3 of this Act are identical. These changes had to be made twice as § 9802 of Title 16 currently has 2 versions, one effective until July 17, 2028, and one effect as of July 17, 2028.

This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual and, in Section 5 of this Act, to correct an internal reference in § 6701B of Title 18 of the Delaware Code affected by changes in Sections 2 and 3 of this Act.

Author: Senator Walsh