



Community Paramedicine

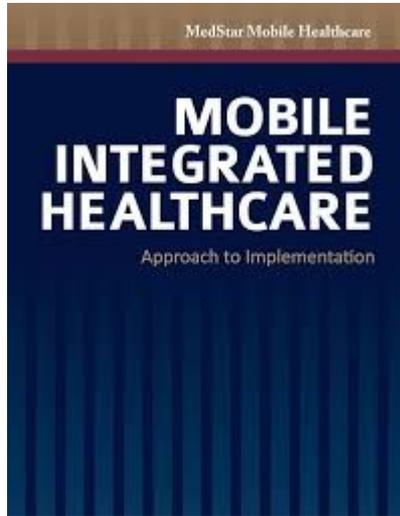
& its impact on Rural Health Care

Brought to you, in living color, by... **Aidan O'Connor, Jr. & Mark Spiezio**
February 19, 2026

TODAY'S JOURNEY

- **Understand how Community Paramedicine improves healthcare access in rural communities.**
- **Learn how in-home paramedic visits reduce unnecessary hospital and emergency department use.**
- **Identify key funding sources, partnerships, and policies that support Community Paramedicine programs.**

Some Basics to Start Things Off



VS



A New York State Timeline
2015-2020 / 2020-2023 / 2023-Present

It's all about the...



Improving Rural Healthcare Access

- ★ Need > Resources
- ★ EMS is already **THERE!**
 - Expanded Role vs Scope of Practice
 - Flexible / Trusted
- ★ Can work with multiple referring agencies



How does it work?

- ★ Spend time with the patients
- ★ Listen, educate, follow up
- ★ “Catch it” before it becomes a thing
- ★ Wide range of services
- ★ Connect with PCP or specialists
- ★ Referral hub for resources

“Community paramedicine fills gaps in primary and preventive care services by coordinating care and addressing SDOH.⁵ Community paramedics — including emergency medical technicians (EMTs) and other emergency medical services (EMS) providers—provide nonurgent home visits, help patients with chronic disease management, and assess patients to connect them with more appropriate destinations than the ED.” -

<https://www.cdc.gov/ems-community-paramedicine/php/data-research/community-paramedicine/index.html>

Is this really a thing?

NRHA Policy Brief



**National Rural
Health Association**

**“Bridging the gap: A policy framework for sustainable community
paramedicine in rural America.”**

December 2024

<https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/policy%20brief/nrha-policy-brief-community-paramedicine-final.pdf>

How does it work?

- ★ **Integrates** core health system partners & practitioners... for the support of the community,
- ★ Serves as a **bridge** in care transitions,
- ★ Improves **communication, access, & continuity** of care,
- ★ Meets **healthcare needs** of the community + **prevents** avoidable hospitalizations
- ★ Decreases 911 utilization & EMS transports for conditions that can be handle by **preventative in-home support,**
- ★ **SDoH & patient education,**
- ★ Holistic approach

What are some of the things we do?

- ★ Chronic disease monitoring, education & management
- ★ Assessments; medical, environmental & social
- ★ Medications; assessment, management, reconciliation
- ★ Post-discharge follow up
- ★ Fall prevention education
- ★ Telehealth assist
- ★ Lab testing
- ★ Wound care
- ★ Ostomy changes
- ★ Catheter maintenance



Does it work?

Here's some data from a 7-regional project

Decreases emergency department visits by

~~61%~~

Decreases hospital admissions by

~~78%~~

Source: Data collected by year 1 pilot sites representatives.

69%

&

76%

Update Years 1-3



Case Study - if you were ever in doubt!

42 year old female, stays with her partner. Hx of **asthma & SUD**, has not seen a doctor in a “long” time. High system utilizer - asthma exacerbations / neb treatments; 50% refuses transport.

Enrolled in CP - 1st interaction coached on CDM, reviewed discharge instructions, and emphasized medication compliance.

Numerous follow up CP visits; new neb equipment, set up self-management.

Personal - gaining trust, patient had TBI @ 16; **ACE = 5, SDoH = 3 (all risks)**

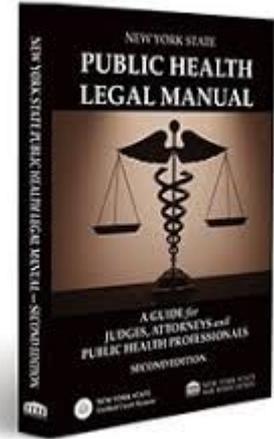
2 years prior to CP 911 activation = **4.5 / week.**

60 weeks since CP 911 activation = **1**

Where do things stand today?

- ★ Legislative
- ★ NYS PHL 3018 - Permissive Legislation
 - 50? “demonstration” programs
 - Regulations - ready for the public comment / est
- ★ New proposals...

ADVOCATE, PLEASE!!!



Where do things stand today?

★ Funding

- Still mainly grant / foundation sources (especially rural)
- Several initiatives in progress to gain support of payers

★ Federally / Nationally

- Legislation for CMS to pay
- Some payers are paying

★ NYS

- Fragmented work

[Putnam County\(wide\) Program](#)

< 10 of 55 approved are doing it!

Where are things heading?

- 1) Regulations - **KEY**
- 2) Sustainable Funding
- 3) Build relationships / partnerships



ADVOCATE, PLEASE!!!

Help Us Take Action- NYS

- **NYS Legislation:** Strengthen Community Paramedicine S.5333 / A.1309 (NYSARH/NYSVARA) & Authorize Paramedic administration of Buprenorphine for substance abuse disorder. S.3883/A5432 (NYSVARA)
- **Executive Budget Wording & Senate Bill Progress**
- **Legislative Commission on Rural Resources**
- **Treat in Place (TIP)-** future framework to CP sustainable funding models
- **Public Comment:** monitor [health.ny.gov](https://www.health.ny.gov) (positive comments from individuals and/or groups)

Help Us Take Action- Federal

- **Federal Legislation: Community Paramedicine Act, HR 4011 (NAEMT) & the Comprehensive Alternative Response for Emergencies (CARE) Act S. 3145 / H.R. 2538**
- **NAEMT EMS on the Hill Day**
March 25th and 26th to help advocate for MIH/CP Programs

Support Mobile Integrated Healthcare (MIH) Community Paramedicine (CP) Programs



Please request U.S. House of Representatives members to support the **Community Paramedicine Act (HR 4011)**, introduced by Rep. Emanuel Cleaver (D-MO) and others. This bill would create a grant program under the Secretary of Health and Human Services (HHS) to support Mobile Integrated Healthcare (MIH) Community Paramedicine (CP) programs. Eligible applicants in rural and underserved communities could receive grants to:

- Hire community paramedicine personnel;
- Purchase necessary equipment, including personal protective equipment, uniforms, medical supplies, and vehicles;
- Pay for certification courses; and
- Conduct public outreach and education on the patient-centered outcomes that can be achieved through community paramedicine.

TAKE ACTION

564 SUPPORTERS [LEARN MORE](#)

Helpful Resource

- **NYS Report on Rural Ambulance Services prepared by the New York State Rural Ambulance Services Task Force**
- Mark & Aidan were both members
- Highlights CP/MIH for EMS in NYS
- Happy to email you the documents



REPORT ON

RURAL AMBULANCE SERVICES

Prepared by:

The New York State Rural
Ambulance Services Task Force 

The logo for the New York State Rural Ambulance Services Task Force, featuring a stylized blue and red ECG line that ends in a small ambulance icon.



**What do
you think?**