

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 1453
RELATING TO EMERGENCY MEDICAL SERVICES

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 14, 2019 Room Number: 329

1 **Fiscal Implications:** Allows the DOH to charge reasonable fees for patients treated, not
2 transported. Fees collected would be deposited into the states's general fund.

3 **Department Testimony:** H.B. 1453 allows the Department of Health (DOH) to establish
4 reasonable fees to be collected from individuals who are: 1) transported to any medical facility
5 and 2) patients who are treated by emergency personnel but not transported to a medical facility.

6 Currently, 911 emergency patients statewide are only transported to facilities designated
7 as hospitals with one exception, Oahu's Waianae Coast Comprehensive Health Center
8 (WCCHC) designated as a free-standing emergency department. This has been the prevailing
9 practice for years. Patients do not always need to go to the hospital. Our responsibility is to
10 identify the right care by the right provider at the right time in the right place.

11 In 2018, EMS providers treated and transported 89,770 patients. EMS also responded to
12 21,473 calls representing 14.4% of all EMS responses where the patient was treated but not
13 transported. 10 This is an increase from 12.7% in 2015.

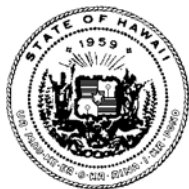
14 DOH recognizes the significant challenges to providing quality health care and
15 emergency medical services to the State's expanding population of residents and visitors. As the
16 cost of quality health care continues to increase, alternatives to the traditional provision of health
17 care are required. H.B. 1453 provides for an important component for an innovative model for
18 breaking the cycle of dependence on the emergency care system – Community Paramedicine

1 (CPM). The goal of the CPM program is to meet the Institute of Healthcare Improvement's
2 triple aim: 1) Improve patient outcomes, including their experience of care, 2) Improve health of
3 the population, and 3) Reduce costs. Paramedics possess the requisite skills and community
4 standing as a trusted medical partner to reinvent our current pre-hospital medical care system to
5 meet the triple aim. CPM provides the opportunity to provide the right care by the right
6 provider, at the right time, in the right place.

7 **Offered Amendments:** The department recommends that the fees collected go the EMS special
8 fund to allow the DOH the ability to develop a sustainable Community Paramedicine program.

9 Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
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February 13, 2019

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1453 – RELATING TO EMERGENCY MEDICAL SERVICES**

Hearing: Thursday, February 14, 2019 9:31 a.m.
Conference Room 329

DEPARTMENT'S POSITION: The Department of Human Services (DHS) defers to the Department of Health and offers comments as it relates to Medicaid. DHS proposes an amendment.

PURPOSE: The purpose of this bill is to allow the Department of Health (DOH) to establish fees for transportation to medical facilities and for provision of emergency medical services that do not include transport. The bill also authorizes transportation by ambulance to medical facilities other than hospital emergency departments.

The bill gives DOH the ability to establish reasonable fees to be collected from individuals who are:

1. Transported by emergency ambulance services to any medical facility; or
2. Provided emergency medical services by emergency medical services personnel, including evaluations and treatment, but are not subsequently transported to a medical facility.

First, DHS notes that it provides coverage for emergency and non-emergency medical transportation for Med-QUEST beneficiaries. Therefore, DHS would be paying the emergency

medical system fees for Med-QUEST beneficiaries through the Med-QUEST Division (MQD) QUEST Integration (QI) program, rather than the Med-QUEST beneficiaries paying directly.

Second, DHS is committed to covering the delivery of services that result in better health, better care, and sustainable costs. For this reason, DHS is supportive of reimbursement for services similar to the second provision described above that references fees for situations where a person is treated, but not transported by emergency medical services personnel to a medical facility.

However, DHS supports this concept when it is within the larger concept of the Community Paramedicine (CP) model. CP is an emerging model of care that uses Emergency Medical Technicians (EMTs) and Paramedics to provide care to underserved populations. CP is an effective approach to serve patients with complex medical and social conditions, and it has the potential to decrease emergency department use and decrease hospitalizations.

DHS is preparing a request to the federal government to seek approval for a federal match for CP services. Our analysis indicates that the federal government may cover some treated, but not transported services. DHS is already actively working to expand coverage for these services.

We are supportive of the concept of paying for treatment but not transporting if this is part of the larger CP model. If treatment but not transport services were provided not in accordance with the CP model, then DHS may not be able to cover the costs of providing the services to Med-QUEST beneficiaries using federal matching funds. This could result in a significant amount of fees either not being collected or paid for using state general funds only.

For this reason, DHS suggests amending the language in the bill that begins on Section 1, Line 10 to clarify that fees can be established for CP services rather than limited to the “[provision of] emergency medical services by emergency medical services personnel, including evaluations and treatment, but are not subsequently transported to a medical facility.”

DHS strongly supports the provision granting DOH the ability to conduct rulemaking on the transportation of individuals to medical facilities including but not limited to hospital emergency departments, trauma centers, urgent care clinics, freestanding surgical centers, and other medical facilities licensed by DOH. Not all individuals who need immediate treatment need to be treated in an emergency department or trauma center. Individuals who can be

treated in urgent care clinics and other facilities with a lower level of care should be treated in that setting, rather than a hospital. DOH rulemaking in this area will help advance more appropriate use of emergency medicine for Med-QUEST beneficiaries.

Thank you for the opportunity to testify on this bill.



February 14, 2019

The Honorable John Mizuno, Chair
House Committee on Health

Re: HB 1453 Relating to Emergency Medical Services

Dear Chair Mizuno,

American Medical Response (AMR) strongly supports HB 1453. AMR is the State contracted 911 provider for the counties of Maui & Kauai. HB 1453 is important legislation which will allow Hawaii's EMS System to develop innovative and sustainable programs statewide for our residents and visitors.

Under the State Comprehensive Emergency Medical Services System, the Department of Health shall establish reasonable fees for services rendered to the public provided that all such revenues shall be deposited into the state general fund. Historically, the State has billed for patients transported to hospitals. This legislation enables the State to bill for patients treated and transported/released to care alternatives other than a hospital.

This paradigm shift benefits the Hawaii EMS system in two very significant ways:

1. The generation of income to sustain the treatment and transport of patients to alternative "right sized" care sources like urgent care clinics and outpatient care facilities.
2. The ability to effectively triage patient care to efficiently utilize scarce EMS resources for high acuity patients.

HB 1453 enables the creation of sustainable "Community Paramedicine" model necessary to address the need for additional EMS capacity to meet Hawaii's pre-hospital care needs.

Thank you for your consideration of this measure and your continued support for the emergency medical needs of our communities.

Sincerely,

Speedy Bailey, Regional Director
American Medical Response



LATE

February 13, 2019

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: HB 1453 – Relating to Emergency Medical Services

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1453, which authorizes the Department of Health to establish fees for transportation to medical facilities and for provision of emergency medical services that do not include transport. It also authorizes transportation by ambulance to medical facilities other than hospital emergency departments.

HMSA appreciates the intent of this measure to better meet the needs of our underserved populations and to address high cost utilizers. We support that the bill provides for transport to all types of medical facilities.

Thank you for allowing us to provide comments on HB 1453.

Sincerely,

Pono Chong
Vice President, Government Relations

LATE

HB-1453

Submitted on: 2/14/2019 7:07:16 AM
Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments: