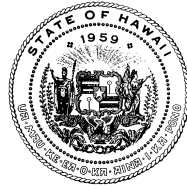


HB 1453 HD 1

Measure Title:	RELATING TO EMERGENCY MEDICAL SERVICES.
Report Title:	Emergency Ambulance Services; Emergency Medical Services; Fees
Description:	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. Authorizes transportation by ambulance to medical facilities other than hospital emergency departments. (HB1453 HD1)
Companion:	
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	BELATTI, BROWER, CABANILLA ARAKAWA, CACHOLA, CULLEN, DECOITE, HASHIMOTO, HOLT, JOHANSON, KITAGAWA, B. KOBAYASHI, C. LEE, LOWEN, LUKE, MATAYOSHI, MCKELVEY, MIZUNO, MORIKAWA, NAKASHIMA, OHNO, ONISHI, PERRUSO, QUINLAN, SAIKI, TAKAYAMA, TARNAS, TODD, WILDBERGER, WOODSON, YAMASHITA, San Buenaventura



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in SUPPORT of H.B. 1453 H.D. 1
RELATING TO EMERGENCY MEDICAL SERVICES

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: March 15, 2019 Room Number: 229

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

3 **Department Testimony:** H.B. 1453 H.D.1 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. 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 H.D.1 provides for an important component for an innovative
18 model for breaking the cycle of dependence on the emergency care system – Community

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

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

March 13, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice-Chair
Senate Committee on Commerce, Consumer Protection and Health
State Senate
State Capitol, Conference Room 229
415 South Beretania Street
Honolulu, Hawaii 96813

Re: H.B. No. 1453 HD1 Relating to Emergency Medical Services

Dear Chair Baker, Vice-Chair Chang and Members:

The Honolulu Emergency Services Department is in support of H.B. No. 1453 HD1 and appreciates the opportunity to provide comments regarding this proposed legislation.

The Department, via its EMS Division, is the state contracted provider for EMS services for Oahu. Demand for EMS services continues to increase annually and is projected to continue to increase annually for the next decade due to Oahu's population demographics.

If the intent of H.B. No. 1453 HD1 is to provide the financial foundation to establish alternate methods of providing EMS services; i.e. the right care delivered to the right patient by the right provider at the right time and right location, thus reducing the demand on the current advanced life support EMS system, this measure would be of significant benefit to the citizens of and visitors to Oahu.

Projected 2018 statewide data (through September 30, 2018) reveals the substantial commitment of EMS resources utilized in the delivery of medical services to individuals that refuse transport to a hospital for additional medical services via EMS. Statewide, this was a total of 21,652 patients which represents 13.6% of all predicted calls in 2018. There has been a consistent increase in the proportion of patients treated since 2015.

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice-Chair
March 13, 2019
Page 2

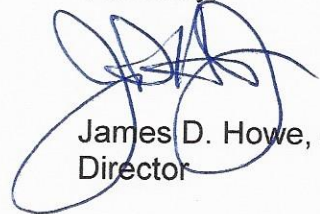
There are two impacts to the EMS system due to this situation.

The first impact, which H.B. No. 1453 HD1 addresses, is the loss of revenue to the EMS system for calls in which individuals receive medical treatment but refuse transport to an emergency facility. These calls and subsequent provisions of medical care are essentially free to callers. The delivery of free medical care, on demand, by EMS providers has contributed to the financial challenges of providing additional EMS units to meet the growing demand for these services which is experienced year after year.

The second impact this situation has on the EMS system is the strain which it places on EMS capacity. H.B. No. 1453 HD1 is a significant step toward addressing the need for additional EMS capacity in the City and County of Honolulu. Furthermore, if the additional revenue generated from treated non-transported cases is designated back to the Department of Health's Statewide EMS program, this additional funding will assist in the system's ability to meet the projected increase in capacity requirements over the next 10 years.

Thank you for the opportunity to testify on this important measure and your continued support for the pre-hospital medical needs of our community.

Sincerely,

A handwritten signature in blue ink, consisting of several overlapping loops and lines, positioned above the printed name and title.

James D. Howe, Jr.
Director



March 14, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 1453, HD1 – Relating to Emergency Medical Services

Dear Chair Baker, Vice Chair Chang, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1453, HD1 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. Authorizes transportation by ambulance to medical facilities other than hospital emergency departments.

HMSA supports what we believe to be the intent of this bill, which is to better meet the needs of our underserved populations and address high cost utilizers by introducing a community paramedicine program into our State's healthcare system. To ensure that this intent is reflected in this bill, we respectfully ask the committee to consider the following amendment, to include a reference to community paramedicine:

"§321- Emergency medical services; fees. (a) The department may 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 as part of a community paramedicine program, including evaluations and treatment, but are not subsequently transported to a medical facility.



We understand that this is a work in progress, and we will continue to work with the Hawaii State Department of Health and the Med-Quest Division on this bill. Thank you for allowing us to provide these comments on HB 1453, HD1.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pono Chong', with a stylized, flowing script.

Pono Chong
Vice President, Government Relations



March 15, 2019

The Honorable Senator Roz Baker, Chair
The Honorable Senator Stanley Chang, Vice Chair
Committee On Commerce, Consumer Protection and Health

Re: HB 1453 Relating to Emergency Medical Services

Dear Chair Baker,

American Medical Response (AMR) strongly supports HB 1453 HD1. 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

HB-1453-HD-1

Submitted on: 3/12/2019 5:30:52 AM

Testimony for CPH on 3/15/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Support	No

Comments:

Please SUPPORT this bill. This may help improve the volume of patients in ERs who can be treated in other medical facilities. Also authorizes a NEW fee that is currently not being charged. Thank you.

HB-1453-HD-1

Submitted on: 3/12/2019 7:22:37 AM

Testimony for CPH on 3/15/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Soule	Individual	Support	No

Comments:

I strongly urge the passing this bill. As an EMT working for Maui County EMS for the past 23 years, I see an incese in calls for non-emergency related medical "issues", i.e. a cold, re-fill prescription request, and conditions that can be treated by a clinic. If we are allowed to divert to a clinic, we can respond to another call in our area sooner. Also charging for non-transports will help fund our services and thus potentially fund additional ambulance stations which are currently in desperate need. Maui County has grown, and we still have the same amount of ambulances we had ten years ago! We need more ambulances for Maui County.

HB-1453-HD-1

Submitted on: 3/12/2019 9:49:31 AM

Testimony for CPH on 3/15/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Kingdon	Individual	Support	No

Comments:

While I provide testimony only on my own behalf and do not intend to represent any agency or entity, it is relevant that I have been an EMS provider since 1992, and for the past five years I have supervised a *non*-transport paramedic unit in Maui County. //

Special response units such as Maui's are unique assets. We provide rapid response, triage, and advanced treatment. For complex or multiple casualties, we implement medical incident command systems (ICS). Our unit responds into austere and challenging environments, via partnerships with Maui Medevac, Coast Guard Station Maui, and the Maui Police Department's Special Response Team. //

For those seriously ill or injured, we provide critical care. Many patients, however, have minor or non-emergent conditions. In those cases, we can work with patients and community partners to develop and implement more customized care plans that are more appropriate both for the patient and for the EMS and health system. //

Nationally and in Hawaii, however, EMS services have only been reimbursable if the end product is transport to an emergency room. This completely fails to recognize the importance of specialized EMS units, and actually incentivizes inappropriate use of transport assets and emergency departments. //

With initiatives such as HB1453, Hawaii has an opportunity not only to develop a more intelligent system, but also could lead the nation. Just this year, the federal Office of EMS released a historic report, *EMS 2050: A People-Centered Vision for the Future of Emergency Medical Services* (<https://www.ems.gov/projects/ems-agenda-2050.html>). In it, the expert panel encourages "*EMS and its partners [to] coordinate to provide the most appropriate care to the patient, with transport to a healthcare facility being just one option.*" In passing HB1453, Hawaii could be on the forefront of now *implementing* this nationally recognized priority. //

Thank you for your consideration. --David Kingdon, MPH, Paramedic

HB-1453-HD-1

Submitted on: 3/12/2019 11:46:11 AM

Testimony for CPH on 3/15/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ikaika	Individual	Support	Yes

Comments:

HB-1453-HD-1

Submitted on: 3/13/2019 10:29:18 AM

Testimony for CPH on 3/15/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maren Anka	Individual	Support	No

Comments:

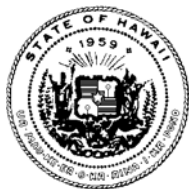
As a a paramedic working in Maui county, I would love be able have more options and serve my community in the best way possible. If we were able to cut down on abuse of the 911 system and not be seen as a free taxi to anyone that doesn't have a ride, I feel like we may be more available to provide emergency life support for those who are truly in need.

Also, being tied to only transport to the 1 emergency department on Maui is very limiting and doesn't always serve our community. Other medical facilities accepted patients may alleviate some of the strain on long transports for patients that do not need hospital services.

Thank you for your time and consideration.

Maren Anka, EMT-P

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 15, 2019

LATE

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1453 HD 1– RELATING TO EMERGENCY MEDICAL SERVICES**

Hearing: Friday, March 15, 2019 9:00 a.m.
Conference Room 229

DEPARTMENT’S POSITION: The Department of Human Services (DHS) supports the bill 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.

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 supportive of reimbursement for services for situations where a person is treated, but not transported by emergency medical services personnel to a medical facility. DHS supports this concept within the framework 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 treated, but not transported services if they are provided through the CP model. DHS is already actively working to expand coverage for these services. Making CP model services a covered benefit with a federal match will help make CP model services financially sustainable.

For this reason, DHS suggests amending the language in the bill that begins in Section 1, Line 9 to clarify that fees can be established for services like the CP model. DHS suggests amending the language beginning in Section 1, Line 9 to read:

“Provided services rendered by emergency medical services personnel, but are not subsequently transported to a medical facility, including, but not limited to, evaluation and treatment services rendered by emergency medical technicians or paramedics in accordance with the community paramedicine model.”

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.