



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony COMMENTING on S.B. 417 S.D. 2 H.D. 1  
RELATING TO HEALTH**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 3, 2019

Room Number: 308

1 **Fiscal Implications:** Allows the DOH to charge reasonable fees for patients treated, not  
2 transported.

3 **Department Testimony:** S.B. 417 S.D. 2 H.D. 1 allows the Department of Health (DOH) to  
4 establish reasonable fees to be collected from individuals who are: 1) transported to any medical  
5 facility and 2) patients who are treated by emergency personnel but not transported to a medical  
6 facility.

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

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

15 DOH recognizes the significant challenges to providing quality health care and emergency  
16 medical services to the State's expanding population of residents and visitors. As the cost of  
17 quality health care continues to increase, alternatives to the traditional provision of health care  
18 are required. S.B. 417 S.D. 2 was amended, and S.B. 417 S.D. 2 H.D. 1 now contains the  
19 language of H.B. 1453 H.D. 1 which provides for an important component for an innovative

1 model for breaking the cycle of dependence on the emergency care system – Community  
2 Paramedicine (CPM). Paramedics possess the requisite skills and community standing as a  
3 trusted medical partner. CPM provides the opportunity to provide the right care by the right  
4 provider, at the right time, in the right place.

5 **Offered Amendments:** The department recommends that the fees collected go the EMS special  
6 fund to allow the DOH the ability to develop innovative and sustainable programs such as a  
7 Community Paramedicine program.

8 Thank you for the opportunity to testify.

DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

CATHY BETTS  
DEPUTY DIRECTOR

STATE OF HAWAII  
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April 1, 2019

TO: The Honorable Representative Sylvia Luke, Chair  
House Committee on Finance

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 417 SD 2 HD 1 – RELATING TO HEALTH**

Hearing: Wednesday, April 3, 2019 2:00 p.m.  
Conference Room 308

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the bill and offers comments as it relates to Medicaid. DHS proposes an amendment clarifying the fee setting for ambulance services.

**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 at Section 1, Line 9 to read:

“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.”

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.



April 2, 2019

The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair  
House Committee on Finance

Re: SB 417, SD2, HD1 – Relating to Health

Dear Chair Luke, Vice Chair Cullen, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 417, SD2, 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. This bill also 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 *amendments*, which include a reference to community paramedicine and clarifying that this pertains to ground ambulance services:

"§321- Emergency medical services; fees. (a) The department may establish reasonable fees to be collected from individuals who are:

- (1) Transported by emergency *ground* 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."



Thank you for allowing us to provide these comments in support of SB 417, SD2, HD1.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pono Chong', with a long, sweeping flourish extending to the right.

Pono Chong  
Vice President, Government Relations

**LATE**

**SB-417-HD-1**

Submitted on: 4/3/2019 2:21:15 PM

Testimony for FIN on 4/3/2019 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Speedy Bailey	American medical Response	Support	Yes

Comments: