



SB 186 – Reimbursement to eligible providers for Medicaid ground emergency medical transportation services.

Senate Committee on Ways and Means
Neutral Testimony

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Madame Chair McGinn and members of the committee, thank you for the opportunity to provide some points for consideration in your review of SB 186. The Emergency Medical Services Board is currently neutral upon the content and disposition of SB 186 as the bill primarily pertains to reimbursement, not protection of the public's health and welfare.

We do want to draw attention to some areas within SB 186 that may need to be further addressed or an intent clearly identified to prevent confusion or unintentionally causing statutory conflict.

It is important to note that Medicaid reimbursement for ambulance transport is currently inadequate to cover the cost to provide the service and therefore, entities are trying to find state government budget neutral methods to increase reimbursement. SB 186 is one of these attempts.

SB 186 appears to have two main goals:

- 1) Create a method for providers to receive supplemental Medicaid reimbursement at an amount equal to the cost to provide; and
- 2) Create a method for providers to receive increased Medicaid reimbursement to assist in covering costs for pre-stabilization and preparation for transport.

Since the Centers for Medicare and Medicaid Services (CMS) ultimately holds the decision on whether or not to approve a reimbursement plan, it appears that this bill simply directs KDHE to pursue creating a plan with these goals at its primary focus and allows for KDHE to provide for the "state" portion of Medicaid reimbursement through an intergovernmental transfer.

- Kansas specific items – For Kansas EMS, we license vehicles, permit services, and certify individuals. Using these terms, there may be the need for changes to reflect the appropriately addressed entity throughout this bill.
- Kansas specific items – Page 3 – Lines 19-21 – the Department of Health and Environment does not license EMS providers in Kansas – this reference may need to reference the Emergency Medical Services Board.
- Page 1 – Line 16-19 – this appears that the provider of service must either be owned or operated by the state or local government (city or county). This would not allow a city or county that contracts with a 3rd party provider to receive supplemental reimbursement

unless that city or county contracts with the actual EMS personnel being utilized by that 3rd party provider.

- 120 of the 178 ambulance services in Kansas are owned or operated directly by local government (32 of these are fire based or law-enforcement based ambulance services).
 - 32 of the 178 are private entities that provide ambulance service either via contract to a city or county or through an agreement to transfer patients between hospitals. Some of the counties and cities that contract with a 3rd party provider include: Brown, Chautauqua, Cherokee, Gove, Jackson, Linn, Nemaha, Osage, Shawnee, Wabaunsee, City of Marysville, and City of Mount Hope.
 - The remaining 26 services are hospital owned or operated (some are funded through city/county government and some are private entities; we are unable to easily differentiate).
- Page 2 – Lines 9-10 – “...reimbursing the department for the costs of administering this section.”
 - Section 2 addresses a limit to this reimbursement. This may be beneficial in Section 1 as well.
- Page 3 – Lines 6-9 – “...and those services provided by emergency medical services personnel at...” This section may reference individual EMS providers as acting independently which would be in conflict with current statute. Current statute requires an EMS provider to function as a portion of an ambulance service or an entity that has approved medical protocols (implying medical direction/oversight of care being provided). Through a gap in current statute, non-transporting agencies that assist with medical care are not currently regulated by any state oversight body.
 - Section 2 appears to allow non-transporting response agencies to receive compensation for pre-stabilization and preparation for transport. However, eligibility requirements in this section require the provider to 1) provide ground emergency medical transport services, and 2) to be owned or operated by the state, or local government... Because of the “and”, this would mean the non-transporting response agency would not qualify unless they were a permitted ambulance service. Current Kansas law requires an entity be permitted by the Emergency Medical Services Board to provide emergency medical transportation services.
 - The EMS Board would support the addition of permitting non-transporting response agencies to its regulatory oversight and in the promulgation of rules and regulations that focus upon appropriate medical care being provided by these types of agencies (since most perform primary functions that are not medical care) as well as the coordination with transporting agencies.

We appreciate your time and consideration of these items. I am happy to answer any questions that you may have at the appropriate time.