2020 EMS LEADERSHIP CONFERENCE

2020 LEGISLATIVE UPDATE

PRESENTED BY
KRAIG KINNEY
STATE DIRECTOR AND COUNSEL OF EMS

SERVICE
INTEGRITY
RESPECT

TELECOMMUNICATORS

IC 36-8-25-4"T-CPR"

Sec. 4. As used in this chapter, "T-CPR" means telephone cardiopulmonary resuscitation.

IC 36-8-25-5T-CPR training requirements

Sec. 5. (a) Except as provided in section 11 of this chapter, after June 30, 2020, a public safety telecommunicator must successfully complete, at least every two (2) years, a T-CPR training program that meets or exceeds evidence based nationally recognized emergency cardiovascular care guidelines adopted by the division. A T-CPR training program shall include:

(1) recognition protocols for out of hospital cardiac arrest; and

(2) compression only cardiopulmonary resuscitation instructions for telephone callers.

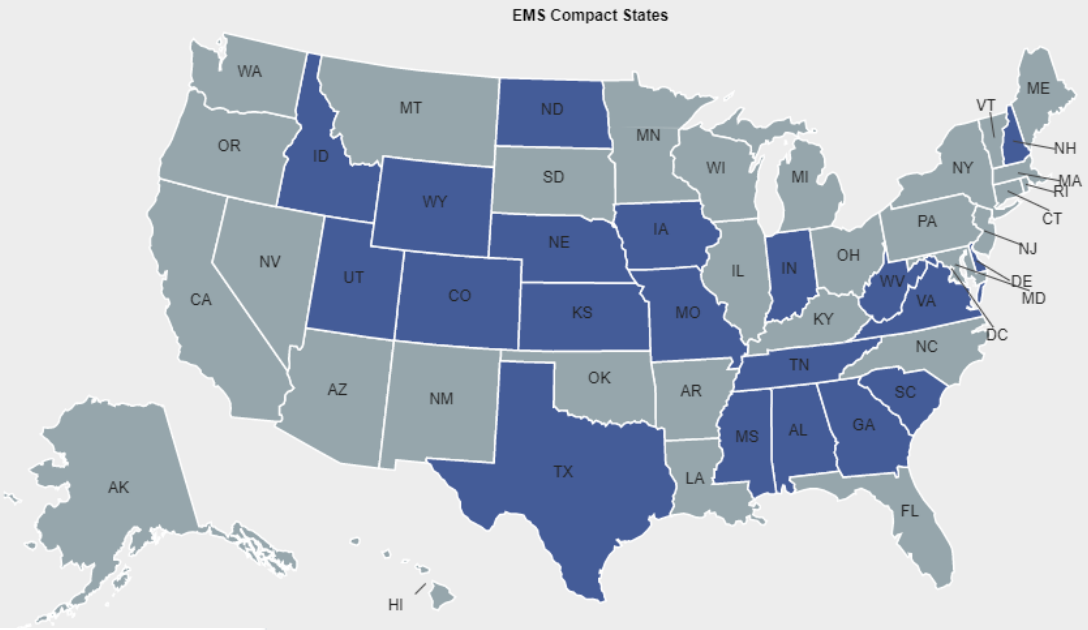
(b) The division shall establish T-CPR training continuing education requirements for public safety telecommunicators.

SEA 61

Interstate Commission for EMS Personnel Practice
The EMS Compact

IDHS

EMS Compact Member States & Commissioners



Multi-State Privilege To Practice

REPLICA extends a multi-state privilege to practice to qualified EMS personnel.

EMS COMPACT

- Senate Enrolled Act 61 adopts the EMS Compact for Indiana.
- RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT (“REPLICA”) is the nation's first and only multi-state compact for the Emergency Medical Services profession.
- The EMS Compact provides qualified EMS professionals licensed in a “home state" a legal “privilege to practice" in “remote states."
- Home states are simply a state where an EMT or Paramedic is licensed;
- Remote states are other states that have adopted the EMS Compact legislation

SEA 61

- To qualify
  - ✓ Currently use the NREMT for initial EMS certifications.
  - ✓ Has a complaint and investigation process.
  - ✓ Must notify the Interstate Commission of any adverse action or significant investigatory information for individuals.
  - ❑ Within five (5) years, Indiana must require a background check of all applicants for initial EMS certification and said check must include biometric or fingerprint check.
    - Note that new rules in the rule re-write would require this for new students.

SEA 61

- Will apply to EMTs, AEMTs and paramedics over the age of 18 that practice under the supervision of a medical director.
- Indiana's participation will enhance IDHS' ability to screen out of state applicants for certification or license sanctions so long as the applicant comes from a participating state. IDHS would also have access to sanctions against an Indiana certified or licensed individual from another state.

SEA 61

- Indiana is active in the EMS Compact as of July 1, 2020.
  - The Indiana EMS Compact Commissioner is State EMS Director Kraig Kinney.
  - There are currently 20 other Compact states (no adjoining but Iowa, Missouri, and West Virginia are the closest states).
- The EMS Compact went active due to COVID-19.
  - Currently, applications for EMS Compact processing are being done via manual paper process but an electronic verification system is developed and being tested.

HEA 1174

- Provides that: (1) the executive director of the department of homeland security with assistance from the state emergency medical services medical director; and (2) the state fire marshal; shall partner with state agencies, including the state department of health and state educational institutions, to develop public safety education and outreach programs. Provides that the fire prevention and public safety fund may be used to support: (1) fire safety and prevention programs; and (2) public safety education and outreach programs, including, but not limited to, youth helmet safety.
  - IDHS has begun development of helmet safety education.

HEA 1209

- House Enrolled Act 1209 Reimbursement of Emergency Medical Services.
- This law requires the state employee health plan, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts that provide coverage for emergency medical services to reimburse for emergency medical services that are:

  (1) rendered by an emergency medical services provider organization;

  (2) within the emergency medical services provider organization's scope of practice;

  (3) performed or provided as advanced life support services; and

  (4) performed or provided during a response initiated through the 911 system.

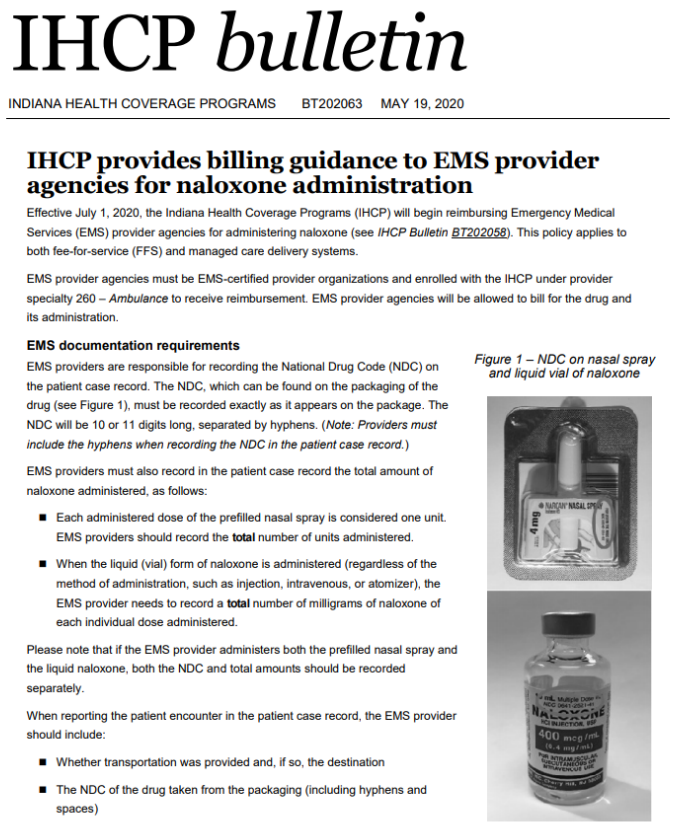
HEA 1209

- HEA 1209 opens a new revenue stream for EMS providers and extends reimbursement from transport only to certain situations where ALS procedures are performed in the field but there is no ambulance transport.

- Working with legislators, future goals will be to extend payment for treatment without transport to non-emergency 911 calls and other public health functions.

HEA 1209

- The FSSA Naloxone Reimbursement Program for the IHCP (Medicaid) is an example of how funding may be based upon services rendered separated from a standard requirement of transportation to receive payment.
  - The FSSA naloxone program reimburses for both the medication and the administration costs—and does not require transportation.



IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202063 MAY 19, 2020

IHCP provides billing guidance to EMS provider agencies for naloxone administration

Effective July 1, 2020, the Indiana Health Coverage Programs (IHCP) will begin reimbursing Emergency Medical Services (EMS) provider agencies for administering naloxone (see *IHCP Bulletin BT202058*). This policy applies to both fee-for-service (FFS) and managed care delivery systems.

EMS provider agencies must be EMS-certified provider organizations and enrolled with the IHCP under provider specialty 260 – *Ambulance* to receive reimbursement. EMS provider agencies will be allowed to bill for the drug and its administration.

EMS documentation requirements

EMS providers are responsible for recording the National Drug Code (NDC) on the patient case record. The NDC, which can be found on the packaging of the drug (see Figure 1), must be recorded exactly as it appears on the package. The NDC will be 10 or 11 digits long, separated by hyphens. (*Note: Providers must include the hyphens when recording the NDC in the patient case record.*)

Figure 1 – NDC on nasal spray and liquid vial of naloxone

EMS providers must also record in the patient case record the total amount of naloxone administered, as follows:

- Each administered dose of the prefilled nasal spray is considered one unit. EMS providers should record the **total** number of units administered.
- When the liquid (vial) form of naloxone is administered (regardless of the method of administration, such as injection, intravenous, or atomizer), the EMS provider needs to record a **total** number of milligrams of naloxone of each individual dose administered.

Please note that if the EMS provider administers both the prefilled nasal spray and the liquid naloxone, both the NDC and total amounts should be recorded separately.

When reporting the patient encounter in the patient case record, the EMS provider should include:

- Whether transportation was provided and, if so, the destination
- The NDC of the drug taken from the packaging (including hyphens and spaces)
- The amount of drug administered

HEA 1209

SEA 498 (2019) created Mobile Integrated Health (MIH) as part of EMS and created a fund for grants for MIH but did not provide funding.

HEA 1209 (2020) provides for the reimbursement to EMS for ALS procedures performed on scene even without transport.

Goals for 2021?

Reimbursement for MIH and non-traditional EMS functions and funding.

HEA 1209

- A Mobile Integrated Health Advisory Board, a subcommittee of the EMS Commission, has been designated and appointed to assist with development, including rules, and implementation of a MIH statewide framework.
- IDHS is adding a new position of Mobile Integrated Health Coordinator to assist with the MIH Advisory Board and the development of the MIH program—position has been approved but is subject to the State hiring freeze so on hold.

HEA 1372

- The bill was intended to address “surprise billing.” EMS was added late in Indiana House process via amendment and the bill as amended would have capped reimbursement to insurance industry network rates.
- Eventually, the bill amendment was removed by an amendment in the Indiana Senate and this was accepted by the House upon return so the HEA 1372 no longer addresses EMS billing or insurance.

HEA 1372

- The positive is that the EMS profession came together. IDHS lobbied against the EMS changes as did many from the profession including a big push by the Indiana EMS Association. This shows the value of being involved and working together.
- There may be a summer study session on EMS funding and reimbursement that will need to be monitored.

THE FUTURE…2021 AND ON….

- For 2021:
  - IDHS has limited requests this legislative session due to the intent of the legislative body to focus on COVID response and fiscal matters.
- EMS partner legislative efforts that IDHS has been consulted on:
  - Improved legislation for responder notifications related to COVID.
  - Changes to the EMS liability statute
  - Law enforcement animal legislation that would permit EMS to treat on an emergency basis without a veterinary license.
- Outstanding and future initiatives:
  - Funding the mobile integrated healthcare fund created in SEA 498 (2019).
  - Continued changes to EMS funding to reduce the reliance upon transport-related reimbursement.

QUESTIONS?
COMMENTS?
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THANK YOU!

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