

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

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ROLL NUMBER

DESCRIPTION

1282

2001 HOUSE HUMAN SERVICES

HB 1282

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1282

House Human Services Committee

Conference Committee

Hearing Date January 22, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		4460 to end
Tape 1		X	0 to 400
Tape 1		X	3130 to 3830
Tape 2	X		1800 to 3460
Committee Clerk Signature <i>Corinne Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: We will open the hear on HB 1282.

Rep. Porter: Currently there is no provision in state law that allows an ambulance provider the ability to design their protocols to redirect a patient to another type of service whether that is a taxi cab or redirect them away from a hospital emergency room to a clinic or other health care providers. I have responded to a 911 call where the patient's chief complaint was loneliness. This patient did not need an ambulance transport nor did they need the emergency department. They needed a social worker to come over and visit with them. Under the current law we are required to transport to the hospital emergency department. Line 22 of page 1 on the bill deals directly with the ability with an ambulance to review the patient and recommend an alternative

course of action. Page 2, line 24 amends the good Samaritan law regarding physician's input into the refusal of care and redirection to adhere to the existing good Samaritan laws. Page 3 deals with Medicaid's reimbursement of ambulance services. As I see the system changing, the ambulance providers would become the gate keepers to the 911 system. We would redirect patients away from unnecessary and expensive emergency department to physician's offices or social services. This in turn would save the system money. (See written testimony.)

Rep. Metcalf: When you get a 911 call to respond to a very minor injury, are you still required to go and see the person rather than tell them to call a taxi?

Rep. Porter: We still have a duty to respond. What would change is the duty to transport.

Rep. Weisz: Will this save you a lot of money?

Rep. Porter: No, the resources are still going to be used up for the initial response which is probably the most expensive part of it, but in an urban setting we could potentially end up being with a patient for 10 to 15 minutes less. I think more importantly this is an education value to the patient that they can't just pick up and call 911. Next time you think in your head that maybe I should go to the doctor's office that I should use a taxi. When you're out in the rural communities, where you have longer transport time, they could take this same system and utilize it for a patient out in rural ND and save themselves 3 or 4 hours and alleviate the risk of taking their own ambulance out of a rural community to transport someone who really doesn't need to be transported.

Rep. Niemeier: What ambulance personnel would be making this decision?

Rep. Porter: The way that I would envision this is a protocol would be drawn up by their physician medical director stating that when you get on the scene and do an initial assessment, you've taken the vital signs, you've taken the blood pressure, that you make a determination at

that point and time whether or not that patient needs the transport to the hospital. At that point and time a phone call would be made to the hospital to talk to the physician and get a concurrence that they believe the EMT is making the right decision.

Rep. Niemeier: What are the qualifications of those people?

Rep. Porter: Depending on the community they're in, it would be either an EMT or a Paramedic.

Rep. Severson: Our problem in a rural setting is that the patient may be doctoring in Valley City, we would have to transport all the way from Cooperstown. This would allow us the opportunity to contact that doctor, explain the scenario, and a qualified judgment can be made by the doctor. Our goal is to eliminate some of the unnecessary transports that we are now required to do. I too support this bill.

Sheldon Wolf: Assistant Medical Services Director for the Department of Human Services. The department supports this bill. We expect to be able to absorb this cost within our budget due to savings that should be realized because the recipient is not transported to a facility. (See written testimony.)

Rep. Niemeier: Are there any similar statutes relating to private payers, people with insurance?

Sheldon Wolf: This bill specifically deals with Medicaid.

Derek Hanson: President of the ND EMS Association. There are two major problems that bring about concern. Time is very valuable for our volunteer ambulance personnel who find it difficult to leave their job, and loss of wages to transport patients that don't need this type of service. Also, ambulance services incur expenses by transporting this type of patient when almost always the insurance reimbursement would be denied for such a call. I would ask for support of this bill. (See written testimony.)

Tim Wiedrich: Director of the Division of Emergency Health Services for the North Dakota Department of Health. We believe that implementation of a system which does not result in transport must be comprised of appropriately trained emergency medical service providers, protocols and medical direction. (See written testimony.)

Rep. Cleary: I would assume that they would be able to take the patient to the hospital if there was any doubts at all.

Tim Wiedrich: In order for this to function correctly, if there was any doubt, the patient would be transported to the hospital.

Rep. Niemeier: I see the liability is removed in these statutes as well. What about private pay patients who call 911?

Tim Wiedrich: This bill is directed solely to Medicaid patients.

David Peske: Works for the ND Medical Association. We are in a neutral position on this bill, not in opposition. On page 1, line 22 to 24, it contains two words that we are particularly sensitive to and that is "medically necessary". Just wanted to get on the record that the assurance is there that the determination of "medically necessary" is made with the physician director under protocols that are established. So it is not up to the EMT to make that determination.

Chairman Price: Close the hearing on HB 1282.

COMMITTEE WORK:

Chairman Price: Let's look at 1282.

Rep. Porter: During the course of the testimony on 1282 there was an area that I overlooked from a presumptuous standpoint that the Medical Association brought up. I drafted an amendment to 1282 that would take care of their concerns and my assumption that someone

would always want to be in consultation with the medical doctors before they would try to implement this. On line 22 after the word "may" it would insert "develop protocols that include direct medical control to" and then continue with the sentence "refuse to transport an individual which transport is not medically necessary".

Rep. Weisz: Just a suggestion on line 23 that instead of "refuse transport" to read "refuse transport to an individual".

Chairman Price: Do you think we should require the protocol?

Rep. Porter: Yes, so there is no confusion of our intent, and that an ambulance service would be foolish to do this without a physician involvement.

Chairman Price: Council is going to have to sign off on our wordage.

COMMITTEE WORK:

Chairman Price: Let's go to HB 1282.

Rep. Porter: The concern that was brought up by the Medical Association, and being part of an ambulance service, I think it would be foolish to ever do it without having medical direction. I certainly didn't have a problem including it. (Explained amendments.) If they want to do this, they need to develop a protocol in conjunction with the medical director in order to do it.

Chairman Price: Who is going to enforce this?

Rep. Porter: There would be a couple of things that would turn a light on - if an ambulance service decided to go against what the medical director and the protocol states, they would no longer be covered under the, and part of this would be breaking the law then because an ambulance service cannot refuse transportation to a patient unless they adhere to what we are

creating. If they got by with it once or twice, I would imagine that either Human Services or the Health Department would find out about it.

Rep. Sandvig: What happened to the prudent lay person definition?

Chairman Price: That has to do with reimbursement. If the prudent lay person has called an ambulance, they are required to reimburse if a prudent lay person would have deemed it a medical necessity. You would assume that the medical assistant wouldn't even consider that reimbursement unless they had the protocol.

Rep. Porter: They do reimburse for this. They have not created any payer code right now to say this is for not medically transport - they pay at a reduced for what normal ambulance response is.

Chairman Price: Do we have a motion to amend?

Rep. Weisz: I move the amendment.

Rep. Pollert: Second.

Chairman Price: All in favor, no one opposed. Any other amendments? Other discussion on the bill.

Rep. Niemeier: I realize that there are those nuisance calls that come in to 911, and that it does create a problem. However, I feel that this whole bill is somewhat discriminatory for people that are on assistance in that not all people in poverty are out to defraud the system, and are those people who are genuinely trying to do the right thing who fall through the cracks when we pass legislation like this. We already have trouble with Medicaid reimbursement and receiving Medicaid services. We talked earlier that a lot of dentists won't take Medicaid patients. Eliminating transport is taking that one step farther in my mind. They pay some, but they pay reluctantly. There is no liability for the providers that may involve some tragedy in leaving this

person at home when indeed they should have been transported to a hospital. For those reasons I would resist the whole bill.

Rep. Sandvig: I too will have to resist this bill, although I do see there are abuses in the system I feel I wouldn't be representing the people in my district, the elderly, the disabled, and also the low income population. I just feel that if somebody is not feeling well they may not be capable of knowing the right thing to do. I think they should be educated in some other means other than a law to let them know they shouldn't really be calling an ambulance when they don't have an emergency.

Rep. Cleary: I feel this bill allows them to find another means for them to get to the doctor. Medicaid will pay for a taxi.

Chairman Price: My comment is that, especially with the declining ambulance coverage, I would hate to have someone be involved in a transport and then there would be a true medical emergency and someone dies because the ambulance is on a nuisance call. Do you want to take action on the bill now?

Vice Chairman Devlin: I would move a DO PASS.

Rep. Dosch: Second.

Chairman Price: Any further discussion? Clerk will call the roll.

11 YES 2 NO 1 ABSENT CARRIED BY REP. WEISZ

FISCAL NOTE
 Requested by Legislative Council
 01/17/2001

Bill/Resolution No.: HB 1282

Amendment to:

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$20,683		\$21,602
Expenditures			\$8,919	\$20,683	\$9,316	\$21,602
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department of Human Services, Medicaid Program, to pay for ambulance services when responding to calls to assist covered individuals, which do not result in transport. The Department of Human Services would be required to negotiate payment rates with the ambulance services for these services.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

These costs are federally allowable and therefore federal revenue would be available in the amounts reflected above.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditures are based on the estimated costs for providing the services proposed in the bill under the grants line item.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and*

appropriations.

The Department will attempt to absorb the additional cost in the budget request for the 2001 - 2003 biennium.

Name:	Brenda M. Weisz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	01/19/2001

PROPOSED AMENDMENT TO HB 1282

Page 1, line 22, after "individual" insert "if the prehospital emergency medical service has developed protocols that include direct medical control to refuse transport of an individual for which transport is not medically necessary"

Renumber accordingly