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MINNESOTA AMBULANCE ASSOCIATION

Running Out of Time (Still)

Although I have little to relate as far as legislation of interest to members of the EMS community, there is a considerable amount of activity at the Capitol. The issues of concern to us are contained in several of the omnibus appropriations bills: Health & Human Services, Public Safety; and, Taxes. These three and other conference committees continue to meet, but they do not appear to be very close to a final solution. We were able to have language added to the Omnibus HHS bill, last week that would keep ambulance services licensed under 144e exempt from a provision that would allow insurance companies to pay

regional based usual and customary rates. Basically for out of network providers the insurance industry could have paid neighbors in-network rate to non-network providers.

Also, Buck and I continue to testify and work on payment reform language with a group of hospital providers. This group has been working very hard on payment reform in an effort to save nearly \$300 million in the HHS budget waiver. As we watch payment reform and expanded role of federal program waivers being discussed we have been pushing for the importance of fee for service payments for ambulance service. Also part of that same amendment that included the above language was another provision that makes “reach-in”

community based service coordination in hospital EDs eligible under MA and private insurance for frequent users of EDs. A “frequent user” is defined as an individual who has frequented hospital emergency departments 3 or more times within a 4-month period. These services will be reimbursed in 15-minute increments and I believe are intended to utilize community health workers to address perceived excess utilization of hospital emergency departments.

All funding for EMS-related programs remain intact as doe’s dedication of 90% of the seat belt fines. The only unresolved funding issue is CALS. As reported previously, the House fully funds the program while the Senate eliminates the entire

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subsidy. In fact, the Senate position is to eliminate virtually all of the grant programs administered by the Department of Health.

Although, we did learn this week that there may be some movement towards restoring some if not all of the program's funding. Last, MRCC funding remains intact in both Public Safety Finance bills. Even though all of this is good news for now, as I have stated before, the final funding bills will be very different than what we see before us now. *All* funding for our programs is vulnerable. Lacking additional revenue, there may be millions of dollars in cuts emerging in the final bills.

What Next?

Governor Dayton set a deadline for the Republican budget of last Friday. Republican leadership responded by asking the Governor to join their meetings to try to work out budget resolutions. The Governor doesn't want to broker an agreement between the House and Senate. Apparently, he wants a final or near final product first. It appears as if the stalemate will continue.

Interestingly enough, the Republicans have expressed optimism at being able to meet the May 23rd deadline, while the Governor and Democrats

seem to feel that it will take a special session to break the logjam.

Data Collection

The House HHS bill contains language that requires the Commissioner of Health to stop collecting reports and data from health care providers, effective July 1, 2012. Some have felt that there are too many reporting requirements. However, last week some concerns were raised because some of the data is appropriate and necessary. Several powerful special interest groups started lobbying for reinstatement of some reporting. (This can be found in Article 2, section 9 of the House bill).

Language was inserted in the House bill at the request of the Minnesota Ambulance Association to put a moratorium on mandatory data collection by the EMSRB. Reporting would be voluntary during the moratorium. This is specifically targeted at the MN STAR System. It would take effect July 1, 2011 and expire July 1, 2014. By October 1, 2011, the EMSRB must convene a working group to address issues surrounding data collection. Recommendations are to be brought forward and reported by January 1, 2014.

There have been a number of heated exchanges over this language in the bill. However,

MN STAR has been controversial for a number of years. Many MAA members contend that the data is not accurate, is costly to gather and not user-friendly. This is their perception. The EMSRB disagrees. An informal phone conference was held last week to suggest that the EMSRB call a special meeting of the executive committee and the MAA Board to discuss the matter. On May 16th, the meeting will take place.

This moratorium language passed the House in early April and was discussed in committee in March.

Odds and Ends

- ◆ There is legislation sitting in Ways & Means that would reduce the MN CARE Tax, if a 25% threshold cushion is reached. There is no Senate companion.
- ◆ Last year, a law was passed that created an exception to the hospital moratorium for the building of PrairieCare, which is a 20-bed adolescent mental health facility. Advocates are seeking an expansion of the facility this session from the original 20 beds to 50 beds for patients under 21. This bill received bipartisan support in both the senate and house health committee's the last few weeks. The bill is on the calendar in the house and senate for final passage.

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- ◆ The House and Senate Chairs of the Omnibus HHS Conference Committee announced that this coming week will all about 'heavy lifting' in resolving differences between the respective houses. The conference committee will be meeting every night.
- ◆ Nearly one-third of the entire Minnesota budget consists of federal funds. HF 545 (Downey) would require that state agencies begin contingency planning in case a federal fiscal crisis affects agency budgets.
- ◆ Senate and House Tax Bill conference committee chairs reaffirmed that the Republicans will not consider tax increases to resolve the state's projected \$5 billion budget deficit. It is also worth noting that committee members have started looking at eliminating various tax exemptions as a possible source of new revenue. This is a serious concern for ambulance providers.