

SENATE MEMBERS

Robert Stivers
President, LRC Co-Chair
David Givens
President Pro Tempore
Damon Thayer
Majority Floor Leader
Morgan McGarvey
Minority Floor Leader
Julie Raque Adams
Majority Caucus Chair
Reginald Thomas
Minority Caucus Chair
Mike Wilson
Majority Whip
Dennis Parrett
Minority Whip



LEGISLATIVE RESEARCH COMMISSION

State Capitol 700 Capital Avenue Frankfort KY 40601

502-564-8100

Capitol Fax 502-564-2922

Annex Fax 502-564-6543

legislature.ky.gov

Jay D. Hartz
Director

HOUSE MEMBERS

David W. Osborne
Speaker, LRC Co-Chair
David Meade
Speaker Pro Tempore
Steven Rudy
Majority Floor Leader
Joni L. Jenkins
Minority Floor Leader
Suzanne Miles
Majority Caucus Chair
Derrick Graham
Minority Caucus Chair
Chad McCoy
Majority Whip
Angie Hatton
Minority Whip

MEMORANDUM

To: Robert Stivers, President of the Senate
David Osborne, Speaker of the House
Members of the Legislative Research Commission

From: Senator David P. Givens, Co-Chair
Representative Ken Fleming, Co-Chair

Subject: Findings and Recommendations of the Emergency Medical Services Task Force

Date: November 15, 2022

In a memorandum dated June 1, 2022, the Legislative Research Commission (LRC) established the Emergency Medical Services Task Force with the following charge:

1. Review the need, or lack thereof, for the certificate of need (CON) process for ambulance services;
2. Review all statutes and administrative regulations governing emergency medical services (EMS), including ambulance providers and EMS providers, to ensure there is quality service delivery;
3. Review ambulance specifications for adequacy and safety to facilitate good patient care;
4. Review guidelines and standards to assist ambulance services, EMS providers, and physicians with medical oversight;
5. Review administrative regulations affecting the training of pre-hospital care EMS providers, including guidelines for each level of certification and licensure, standardized education and testing curricula, continuing education requirements, and monitoring of EMS training programs for quality assurance;
6. Identify strategies for recruitment and retention of the EMS workforce; and
7. Recommend improvements for the delivery of services to patients in need of physical or behavioral health services.

The eight-member task force began meeting in July 2022 and convened six times during the 2022 Interim. The task force heard testimony from several individual stakeholders and state agencies.

In accordance with the June 1, 2022, memorandum, the task force submits the following findings and recommendations to LRC for consideration and referral to the appropriate committee or committees. These recommendations are based on the testimony provided to the task force during the 2022 Interim. The findings do not include independent research by LRC staff. This memorandum serves as the final work product of the task force.

Findings

1. The CON changes made by 2022 RS HB 777 are starting to increase the number of applications for ambulance services. Additional changes in the CON or licensing categories for ambulance services may be helpful for serving patients experiencing a behavioral health crisis and for providing nonemergency transportation of patients by hospitals.
2. The expansion of the methods and amounts of reimbursement for EMS may improve the quality of services by increasing the ability of EMS providers to provide appropriate care.

EMS is paid for transporting a patient to a hospital and only in specific situations for treating a patient without transporting the patient to a hospital or to another location. There is no reimbursement for keeping ambulances ready to respond or for responding to a 911 call where treatment is unnecessary or a patient refuses treatment. Medicaid transport rates have remained the same for over 10 years—\$100 for advanced life support and \$82.50 for basic life support—while the costs of providing services have risen significantly. Relative to Medicaid reimbursement rates, the rates for surrounding states and Medicare are 30 percent to 400 percent higher. Medicare reimburses approximately 50 percent of the actual cost of EMS, and Medicaid reimburses approximately 10 percent.

Fee-for-service and Medicaid managed care ground ambulance providers will be paid supplemental amounts as a result of the ambulance provider assessment program enacted in 2020 RS HB 8. The overall impacts of this program have not yet been evaluated.

3. There is a shortage and/or maldistribution of qualified trainers and training sites across the state, particularly for paramedics and advanced emergency medical technicians (AEMTs) in Eastern and Western Kentucky.

There are 211 training and educational institutions but only 21 that are certified by the Kentucky Board of Emergency Medical Services (KBEMS) to teach at all levels. Courses for paramedics are available in 10 counties, including 1 in Eastern Kentucky and 3 in Western Kentucky.

4. Ambulance services are experiencing severe shortages and maldistribution of EMS providers at all levels of certification and licensure. The number of licensed emergency medical responders, emergency medical technicians (EMTs), AEMTs, and paramedics has increased very little or has fallen since 2016. There are more licensed and certified providers than there are providers employed with an ambulance service, suggesting that providers are either opting for alternative employment settings or changing careers. There are 14,595 licensed and certified providers, of which only 6,911 are affiliated with an ambulance service.

5. At least 22 other states, including the surrounding states of Indiana, Missouri, Tennessee, Virginia, and West Virginia, have joined the Interstate EMS Compact to permit licensed and certified EMS providers to work across state lines without obtaining additional credentials.
6. There are repeated reports from the behavioral health community and hospitals of obstacles encountered with appropriate ambulance transport of individuals who have behavioral health needs related to mental illness and/or substance abuse disorders.

Recommendations

CON and Licensing

1. Continue to evaluate the provisions of 2022 RS HB 777 to determine if the new CON exemptions and nonsubstantive review status for certain types of ambulance providers should remain in effect past July 1, 2026.
2. Consider creating a new licensure classification for hospital-owned ambulance providers with standards specific for nonemergency transport from a hospital.
3. Evaluate the possibility of moving the ambulance class type definitions to administrative regulations from statute to increase the efficiency in ambulance licensing.
4. Permit city and county governments to contract with third-party vendors whether their CON was obtained through the formal or nonsubstantive review process.

Reimbursement for Services

5. Direct the Department for Medicaid Services to seek approval from the Centers for Medicare and Medicaid Services, through a state plan amendment, to cover treatment in place without transportation for emergency ambulance services.
6. Direct the Department for Medicaid Services to seek approval from the Centers for Medicare and Medicaid Services for an 1115 waiver to permit coverage of triage, treatment, and transport of patients by emergency ambulance services.
7. Urge the Department for Medicaid Services to increase the Medicaid reimbursement rates for ambulance services as funds become available.

8. Encourage the addition or expansion of community paramedicine programs and mobile integrated health programs where appropriate to provide treatment to patients and to limit the unnecessary transport of patients to hospitals.
9. Investigate opportunities for improvements in commercial insurance coverage of emergency ambulance services.

Training and Education

10. Evaluate the development of an educational assistance program to provide funding to help students with tuition, books, and fees for EMT and paramedic certificate education programs.
11. Evaluate the development of an EMS education provider assistance program to provide funding to KBEMS certified Emergency Medical Service Training and Education Institutes (EMS-TEIs) to help with instituting or operating initial education courses in EMT, AEMT, and paramedic programs.
12. Consider including KBEMS certified EMS-TEIs as eligible institutions and EMT, AEMT, and paramedic programs as eligible programs of study for the Work Ready Kentucky Scholarship program, the Kentucky Educational Excellence Scholarship program, and other education funding.
13. Review statutes and regulations related to the ability of high schools to establish programs in cooperation with KBEMS and the Kentucky Community and Technical College System to increase the number of EMS career pathway programs for high school students.
14. Direct KBEMS to assess the possibility of creating a pilot program to permit selected high school students to complete training for EMT certification prior to turning 18 years of age so the students are ready to practice skills beginning at 18 years of age.
15. Direct the Kentucky Department of Education to create a dual career pathway for fire safety/fire science and EMS for secondary school students.
16. Direct KBEMS to promulgate administrative regulations relating to the certification or licensure of 911 emergency medical dispatchers, dispatch instructors, dispatch instructor trainers, and dispatch centers as authorized under KRS 311A.025.

Workforce Recruitment and Retention

17. Consider legislation to adopt the Interstate EMS Compact to increase the ability of EMS personnel to carry credentials across state lines.

18. Direct KBEMS to review administrative regulations to remove obstacles to onboarding EMS providers while ensuring the quality of training and services.
19. Encourage public-private partnerships for increasing the recruitment of EMS providers.
20. Direct KBEMS and the Cabinet for Health and Family Services to explore ways to increase access to mental health resources for EMS providers and report options to the General Assembly by February 28, 2023.
21. Evaluate the possibility of creating an annual training incentive for EMS professionals.

Behavioral Health Patient Transport

22. Encourage regional cooperation between EMS and other community and safety-net provider partners.
23. Direct KBEMS and the Cabinet for Health and Family Services (CHFS) to identify means of transportation for individuals who are experiencing a behavioral health crisis but who do not have an immediate physical health need or present an immediate danger to self or others, to psychiatric hospitals; include consideration of models from other states.
24. Direct CHFS to explore funding models for Community Mental Health Centers, Behavioral Health Service Organizations, and hospitals with psychiatric beds to provide transport mental health emergencies.

Data Collection and Analysis

25. Direct CHFS, in conjunction with KBEMS and the Kentucky Hospital Association, to explore a single, transparent, web-based patient movement system to be used by all hospitals, long-term care, and other healthcare facilities to track and collect pertinent data to improve efficiency of patient movement and care and to improve resource allocation.
26. Encourage data sharing between KBEMS and the Office of the Inspector General (OIG), CHFS, on the quality and quantity of ambulance services and encourage the OIG to use this data in the consideration of CON applications for ambulance services.
27. Direct KBEMS to obtain and report on data for employment settings and locations of individuals holding EMS licenses and certifications to identify possible strategies for retaining or recruiting those not employed in EMS settings.