



Iowa General Assembly

2013 Committee Briefings

Legislative Services Agency – Legal Services Division

<https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=929>

EMERGENCY MEDICAL SERVICES STUDY COMMITTEE

Meeting Dates: [November 6 & 7, 2013](#)

Purpose. *This compilation of briefings on legislative interim committee meetings and other meetings and topics of interest to the Iowa General Assembly, written by the Legal Services Division staff of the nonpartisan Legislative Services Agency, describes committee activities or topics. The briefings were originally distributed in the Iowa Legislative Interim Calendar and Briefing. Official minutes, reports, and other detailed information concerning the committee or topic addressed by a briefing can be obtained from the committee's Internet page listed above, from the Iowa General Assembly's Internet page at <https://www.legis.iowa.gov/index.aspx>, or from the agency connected with the meeting or topic described.*

EMERGENCY MEDICAL SERVICES STUDY COMMITTEE

November 6 & 7, 2013

Co-chairperson: Senator Mary Jo Wilhelm

Co-chairperson: Representative Ralph Watts

Background. The Emergency Medical Services Study Committee was created by the Legislative Council for the 2013 Legislative Interim and authorized to hold two meetings. The charge of the committee is to research the current status of Iowa's emergency medical services (EMS) and make recommendations to ensure the future availability of EMS statewide. The committee is to consult with stakeholders in conducting the study.

Iowa Department of Public Health, Bureau of EMS. Ms. Rebecca Curtiss, Interim EMS Bureau Chief, discussed the organization, staffing, and funding of the EMS Bureau over the past decade. The bureau was recently reorganized in conjunction with departmental organization changes, placing Mr. Ken Sharp as the Division Director for Acute Disease Prevention, Emergency Response, and Environmental Health, with supervision over the bureau. The bureau's funding, including funding from the State General Fund and federal sources, has decreased significantly since FY 2008-2009, and full-time equivalent positions have been reduced by approximately 27 percent during that period, including a reduction in the number of regional coordinators from six to four. Mr. Joe Ferrell, EMS Regulations Manager, discussed the role of the EMS Advisory Council, including its role in fulfilling some of the duties of the vacant state medical director position. Mr. Ferrell also discussed the bureau's responsibilities regarding the authorization and regulation of EMS service programs and the certification and regulation of EMS providers, including recent changes in certification levels to align with national standards.

Iowa EMS Association (IEMSA). Mr. Jerry Ewers, President of IEMSA, described the mission, history, and role of the association in representing the state's EMS providers and promoting high-quality EMS throughout the state. IEMSA recently conducted a survey of EMS providers regarding their EMS service, education, concerns, and suggestions for improvement of the EMS system. Concerns most often raised by survey respondents included a lack of time, money, and resources. IEMSA maintains a neutral position on the issue of background checks for providers at the time of certification, indicating that training programs perform the checks and most employers do too. For the 2014 Legislative Session IEMSA proposes making EMS an essential service, increasing the volunteer fire fighter and volunteer emergency services personnel income tax credit, and increasing EMS Bureau funding to increase staffing and add a State Medical Director.

Emergency Medical Services Training Programs. Ms. Rosemary Adam, EMS Learning Resource Center, University of Iowa Hospitals and Clinics, discussed the training requirements and options for the various EMS provider levels, including the duration, availability, and costs of such training. Training costs for certification levels below the paramedic level are comparable across the state. However, paramedic training costs range from \$6,000 to \$12,000, depending on the training program. All training must be provided by or authorized by an authorized training program. Continuing education requirements are 50 percent formal education and 50 percent informal, with classes often being offered by local fire departments or ambulance services in the provider's hometown or online. Ms. Adam also discussed training completion and exam success rates and enrollment trends for the various certification levels. Ms. Tina Young, Southeastern Community College, West Burlington, emphasized the value that authorized training programs provide in overseeing the

off-site education programs. She also stated that although the EMS provider programs are not required to be for-credit programs, being offered for credit makes the students eligible for financial aid. Ms. Adam recommended some clarification of the continuing education requirements for providers because many providers have expressed confusion regarding the requirements. She also opined that the return on investment for persons trained and certified as paramedics is often not worth the investment as paramedics get lower wages than other health care professionals.

EMS Medicaid Reimbursement. Ms. Jennifer Vermeer, Director of the Iowa Medicaid Enterprise in the Department of Human Services, discussed the primary Medicaid programs and the reimbursement by such programs for emergency services. First, Medicaid-managed care plans cover ambulance services through their contracts with providers. Medicaid pays a capitation payment to the managed care plan to cover all services included in the contract and the plan negotiates rates with providers. Second, Medicaid contracts and pays ambulance providers directly on a fee-for-service basis for members who require emergency medical transportation or transport because medical conditions preclude any other method of transportation. Reimbursement rates for such service are set by the legislature's annual appropriations bill and a 10 percent increase was enacted for fiscal year 2013-2014. IowaCare, the program which provides low-income adults with limited health care benefits, does not cover ambulance services, but will be replaced by the Iowa Health and Wellness Program, which does cover ambulance service at the same rate as Medicaid. Ms. Vermeer also discussed Medicaid provider requirements, provided examples of Medicaid reimbursement rates, and stated that there is an interest in changing from the Medicaid reimbursement rates to the more complex Medicare reimbursement methodology.

EMS Provider Perspective. Mr. Brian Donaldson, Director, SEMS Paramedic Services, Sumner, discussed various issues relating to the EMS system in Iowa. First, he opined that consolidation, regionalization, and partnerships are key to the future development of the EMS system, which should be led and supported by the state. Second, the approach to Medicaid reimbursement needs to be revised as Iowa has the poorest reimbursement rate in the upper Midwest and the fee schedule is not all-inclusive. Mr. Donaldson opined that there should be a mechanism in place for annual review of reimbursement rates. Third, behavioral health transport requirements and reimbursement need to be reevaluated. Such transports take EMS personnel out of service for a significant period of time and reimbursement does not follow the same Medicaid fee schedule. Fourth, EMS should be considered an essential service. Although townships and counties have the ability to tax for such services, no entity has the responsibility to provide service or funding. Fifth, Mr. Donaldson expressed his desire to see establishment of a blue ribbon task force to allow expert guidance from leaders in the industry for the creation of a plan to develop a sustainable system to provide quality care.

EMS Advisory Council, Quality Assurance, Standards and Protocols (QASP) Subcommittee. Mr. Gerd Clabaugh, Deputy Director of the Department of Public Health, discussed the QASP Subcommittee's review of the administrative rules governing the authorization of EMS service programs. The subcommittee has several areas to focus on in its review: the authorization levels for service programs, medical director training requirements, continuous quality improvement, data-related issues, and disciplinary procedures.

Public Comment. The co-chairpersons opened the meeting for public comment and several EMS providers made remarks to the committee. Mr. Gary Merrill, Director, Algona Emergency Medical Service, opined that standards for EMS providers need to be high as they are medical providers who need to provide quality care and that background checks should be required. Mr. Jeff Burkett, a volunteer EMS provider from Prairie City, stated that identifying resources and complying with the requirements for obtaining grant moneys for training is confusing and time-consuming for smaller EMS agencies that are already time-constrained. Mr. Jacob Mayer, a recently certified EMT from Lake City whose training was paid for by the hospital with which he is employed in exchange for a two-year employment commitment, stated that people need to understand that EMS providers are medical professionals and that training for such is going to cost money. Dr. Scott Nelson, Director of Operations for Midwest Ambulance Services, opined that in adopting the national standards for the scope of practice for EMS providers the ability to consider state and local needs in determining scope of practice was lost. Mr. Orville Randolph, the mayor of Bennett and the director of the city's volunteer ambulance service, discussed the financial and other concerns of smaller volunteer services like Bennett's, including problems finding daytime coverage with volunteers who have full-time jobs, the dwindling funds for EMS system development grants, and the high turnover rate for service directors.

Committee Discussion. Co-chairperson Wilhelm requested the members of the committee to each discuss a few issues that they felt should be addressed. Several members commented that EMS should be made an essential service just as law enforcement and fire service are, but that how such service is paid for also needs to be addressed. Other issues raised included behavioral health transport requirements and reimbursement; providing funding for EMS provider training, possibly through the community colleges; requiring background checks; increasing the income tax credit for volunteer providers; establishing a blue ribbon task force to further study the EMS system; increasing Medicaid reimbursements; increasing funding for and staffing of the EMS Bureau, including the addition of a State Medical Director; incentivizing the transition from EMT to paramedic; and determining whether personal medical information in data should be collected or retained.

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