

Revised

Consolidated Fiscal Note

2015-2016 Legislative Session

HF261 - 0 - "Community Medical Response"

Chief Author: **Tara Mack**
 Committee: **Health and Human Services Finance**
 Date Completed: **03/04/2015**
 Lead Agency: **Human Services Dept**
 Other Agencies:
 Emergency Medical Services Bd

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2015	FY2016	FY2017	FY2018	FY2019
Emergency Medical Services Bd						
General Fund	-	32	31	31	31	31
Human Services Dept						
General Fund	-	16	-	-	-	-
State Total						
General Fund	-	48	31	31	31	31
	Total	-	48	31	31	31
	Biennial Total		79			62

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2015	FY2016	FY2017	FY2018	FY2019
Emergency Medical Services Bd					
General Fund	-	.5	.5	.5	.5
Human Services Dept					
General Fund	-	-	-	-	-
	Total	-	.5	.5	.5

Lead Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Ahna Minge Date: 03/04/2015
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2015	FY2016	FY2017	FY2018	FY2019
Emergency Medical Services Bd						
General Fund	-	32	31	31	31	31
Human Services Dept						
General Fund	-	16	-	-	-	-
Total	-	48	31	31	31	31
Biennial Total			79			62
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Emergency Medical Services Bd						
General Fund	-	32	31	31	31	31
Human Services Dept						
General Fund	-	25	-	-	-	-
Total	-	57	31	31	31	31
Biennial Total			88			62
2 - Revenues, Transfers In*						
Emergency Medical Services Bd						
General Fund	-	-	-	-	-	-
Human Services Dept						
General Fund	-	9	-	-	-	-
Total	-	9	-	-	-	-
Biennial Total			9			-

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State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

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State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2015	FY2016	FY2017	FY2018	FY2019
General Fund	-	16	-	-	-	-
Total	-	16	-	-	-	-
Biennial Total			16			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2015	FY2016	FY2017	FY2018	FY2019
General Fund	-	-	-	-	-
Total	-	-	-	-	-

Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Ahna Minge Date: 3/4/2015 11:21:22 AM
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State Cost (Savings) Calculation Details

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*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2015	FY2016	FY2017	FY2018	FY2019
General Fund		-	16	-	-	-
Total		-	16	-	-	-
Biennial Total				16		-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund		-	25	-	-	-
Total		-	25	-	-	-
Biennial Total				25		-
2 - Revenues, Transfers In*						
General Fund		-	9	-	-	-
Total		-	9	-	-	-
Biennial Total				9		-

Bill Description

This legislation creates a definition in Minnesota Statutes 144E.001 for community medical response emergency technicians (CEMT), specifies their scope of practice, and defines training, education, and certification standards.

The legislation also requires DHS to convene a group a stakeholders to determine potential coverage requirements and payment rates for CEMT services in Minnesota Health Care Programs and report back to the legislature with a list of potential covered services by January 15, 2016.

Should the legislature authorize coverage of CEMT services, this legislation also requires DHS to evaluate the effect of covering these services on the cost of and quality of care in MHCP.

Assumptions

Based on prior experience, managing a stakeholder process to develop coverage requirements and rates for CEMT services within the parameters of this legislation will require contracting with an outside facilitator. The cost of these additional resources is reflected in this estimate.

The evaluation requirements take effect only if the legislature acts to establish CEMT services as a Medical Assistance benefit. This estimate does not reflect the cost of evaluating the cost impacts and quality of CEMT services.

Expenditure and/or Revenue Formula

Short term Professional Technical contract 200 hours @ \$125/hr = \$25,000

Fiscal Tracking Summary (\$000s)						
Fund	BACT	Description	FY2016	FY2017	FY2018	FY2019
GF	13	Health Care Administration	25	0	0	0
GF	REV1	FFP @ 35%	(9)	0	0	0
Total Net			16	0	0	0

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Fiscal Tracking Summary (\$000s)						
		Fiscal Impact				
		Full Time Equivalents	0	0	0	0

Long-Term Fiscal Considerations

None

Local Fiscal Impact

None

References/Sources

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HF261 - 0 - "Community Medical Response"

Chief Author: **Tara Mack**
 Committee: **Health and Human Services Finance**
 Date Completed: **03/04/2015**
 Agency: **Emergency Medical Services Bd**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

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State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2015	FY2016	FY2017	FY2018	FY2019
General Fund	-	32	31	31	31	31
Total	-	32	31	31	31	31
Biennial Total			63			62

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2015	FY2016	FY2017	FY2018	FY2019
General Fund	-	.5	.5	.5	.5
Total	-	.5	.5	.5	.5

Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Brian McLafferty Date: 3/4/2015 11:30:43 AM
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State Cost (Savings) Calculation Details

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State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2015	FY2016	FY2017	FY2018	FY2019
General Fund	-	32	31	31	31	31
Total	-	32	31	31	31	31
Biennial Total			63			62
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	32	31	31	31	31
Total	-	32	31	31	31	31
Biennial Total			63			62
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

This bill amends 144E.001 by adding subdivision 5h and 144E.275, subdivision 1 by adding subdivision 7 Community Medical Response Emergency Medical Technician (CEMT). This bill will allow certified METs to obtain additional education knowledge to obtain a certification at the Community EMT level.

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This bill requires Emergency Medical Services Regulatory board to establish a Community Medical Response Emergency Medical Technician certification.

Assumptions

The Community EMT would do responses and visits in a community for people that may be regularly calling ambulances for non-life threatening problems. They really don't need an ambulance and transport to hospital, just some help and assessment at that moment. Community EMT would also conduct follow up visits after surgery to prevent return trips to the hospital for non-life threatening issues (such as changing dressings, etc.). The bill would allow ambulance services that develop Community EMT programs to get reimbursed for their services. This is focused on helping to reduce health care costs and unnecessary transports to emergency departments.

The Emergency Medical Services Regulatory Board (EMSRB) assumes that Community Medical Response Emergency Medical Technicians will be a new certification established under the EMSRB.

The fiscal impact for the EMSRB would be limited. We would have to set up our licensing system up to issue Community EMT certification, and do some site-visits of education programs that want to be approved to teach Community EMT curriculum. A few years ago EMSRB established a Community Paramedic certification. The board certifies about 120 Community Paramedics. The board conducts site-visits for two Education Programs that applied to teach CP. The board anticipates more Community EMT certifications than the Community Paramedics.

Currently the board approves and inspects education programs. This new certification would not change our approval process or increase Board costs related to the approval and inspection of education programs.

The board anticipates costs related to adding an additional .5 FTE to administer ongoing Community EMT related functions. This clerical position would be needed to accommodate the additional workload of reviewing and approving applications and certifying Community EMTs.

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The board also anticipates one-time costs related to changing the current licensing system to add another certification level to the data base. The board anticipates approximately 8 hours by MN.IT staff for system configuration changes.

Expenditure and/or Revenue Formula

Expenditures:

Expenditures	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Salary & Fringe Benefits Office & Administrative Specialist Intermediate		\$31,000	\$31,000	\$31,000	\$31,000
St Agency - IT Professional Services		\$1,000			
Total Expenditures		\$32,000	\$31,000	\$31,000	\$31,000

Revenues: There are no fees for initial or renewal Community EMTs

Long-Term Fiscal Considerations

Since this program is new, it is unclear what the future impact may be on expenditures

Local Fiscal Impact

References/Sources

Agency Contact:

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