



SENATE BILL 383: Behav. Health Crisis EMS Transports/Medicaid.

2017-2018 General Assembly

Committee:	Senate Health Care. If favorable, re-refer to Appropriations/Base Budget. If favorable, re-refer to Rules and Operations of the Senate	Date:	April 17, 2017
Introduced by:	Sens. Krawiec, Pate, Hise	Prepared by:	Jennifer Hillman Staff Attorney
Analysis of:	PCS to First Edition S383-CSTR-4		

OVERVIEW: *The PCS to Senate Bill 383 would require the Department of Health and Human Services (DHHS) to design a plan for adding Medicaid coverage for ambulance transports to behavioral health clinics instead of hospital emergency departments and to report to the General Assembly about the plan, including the expected cost of adding coverage and whether the Department intends to add the coverage.*

CURRENT LAW / BACKGROUND: Medicaid Clinical Coverage Policy 15 sets forth the criteria for Medicaid coverage of ambulance transports. Currently Medicaid covers ambulance transports only to specified destinations and does not cover transports to behavioral health clinics.

Section 12H.32 of the 2014 Budget Act, S.L. 2014-100, required DHHS to study the practice of reimbursing for ambulance transports that divert individuals in mental health crisis from hospital emergency departments to alternative appropriate locations for care and to propose necessary Medicaid policy changes. In a March 1, 2015, legislative report entitled "Ambulance Transports to Crisis Centers," DHHS reported the results of this study and proposed an option to seek to add Medicaid coverage for ambulance transports to alternative locations by requesting federal approval of a Medicaid State Plan amendment.

At the time the March 2015 report was submitted, G.S. 108A-54.1A(b) limited DHHS's authority to submit State Plan amendments for federal approval unless directed to do so by the General Assembly. In September 2015, Medicaid Transformation legislation, S.L. 2015-245, as amended by S.L. 2016-121, repealed G.S. 108A-54.1A(b) and gave DHHS the authority under G.S. 108A-54(e) to administer and operate the Medicaid program, including establishing and adjusting all program components except for eligibility, within the budget for the Medicaid program set by the General Assembly. Pursuant to the authority granted under G.S. 108A-54(e), DHHS can add Medicaid coverage for services, such as ambulance transports, as long as adding the coverage will not cause the Medicaid program to exceed the budget set by the General Assembly.

BILL ANALYSIS: The PCS omits Section 4 of the bill, which stated the intent of the General Assembly to provide funding to add Medicaid coverage for ambulance transports of Medicaid recipients in behavioral health crisis to behavioral health clinics instead of hospital emergency departments if DHHS could not implement the coverage under its authority to manage the Medicaid program within the budget set by the General Assembly. The PCS also reorganizes the information in the other sections for clarity and to be consistent with the omission of Section 4 of the bill.

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Section 1 of the PCS states the General Assembly's intent to provide opportunities to divert individuals in behavioral health crisis from hospital emergency departments to behavioral health clinics and directs DHHS to design a plan to add Medicaid coverage for ambulance transports to behavioral health clinics. The plan must ensure that the Emergency Medical Services (EMS) Systems that receive reimbursement: (1) are utilizing EMS providers who have received appropriate education related to individuals in behavioral health crisis, and (2) have partnerships with facilities that can offer appropriate care. DHHS's plan must also require EMS Systems to report on patient experiences and outcomes in their EMS System Plan.

Section 2 of the PCS requires DHHS to report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by December 1, 2017, on the plan for adding this coverage. The report must include the proposed reimbursement methodology to be utilized, a fiscal analysis of the anticipated cost of adding the coverage, whether DHHS intends to add the coverage or will need additional appropriations, and a time frame for submission and approval of any State Plan amendments expected to be submitted.

EFFECTIVE DATE: The bill would be effective when it becomes law.