



## OVERVIEW OF 2022 SESSION LEGISLATION IMPACTING EMS

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This overview of the 2022 legislative session provides information about bills that most directly affect EMS to help EMS personnel understand the changes and review the applicability to their agencies. For more in-depth information, visit the [Bills for 2022 Session](#) page on the Indiana General Assembly website to find all the bills from the 2022 legislative session (select a bill's number or name to view details).

### HEA 1112 MEDICAID EMS REIMBURSEMENT RATES (SLAGER, H.)

Requires, beginning July 1, 2023, the office of the secretary of family and social services (office of the secretary) and a managed care organization to reimburse under Medicaid an emergency medical services provider organization that is a Medicaid provider at a rate comparable to the federal Medicare reimbursement rate for the service. Specifies that the Medicaid reimbursement methodology for payments to out of state children's hospitals must factor in any cost outlier case in a manner that results in the final reimbursement rate made to a hospital meeting the specified reimbursement requirements. Allows the office to make retroactive reimbursement payments for out of state children's hospitals upon factoring in any cost outlier case.

**Primary Impact:** Will result in Indiana Medicaid reform and improved reimbursement comparable to Medicare rates, but will not take effect until July 1, 2023.

### SEA 247 REPORT ON 911 AND REGIONALIZED TRAUMA SYSTEMS (WALKER, K.)

Requires the department of homeland security, the state department of health, the integrated public safety commission, and the statewide 911 board to make recommendations before November 1, 2022, to the general assembly regarding: (1) improving emergency medical services response through increased interoperability of the 911 system; and (2) the effectiveness of regionalized trauma systems and the systems' impact on patient care.

**Primary Impact:** Will allow IDHS, with input from EMS stakeholders, to work on recommendations for the legislature that could improve 911 dispatch and trauma systems.

## HEA 1314 PUBLIC SAFETY MATTERS (BARRETT, B.)

This bill is the IDHS agency bill for 2022 that includes several other legislative bills that were incorporated within the final “public safety matters” umbrella. There are many provisions that impact EMS, and all are effective July 1, 2022, except the data sharing, which was effective upon passage.

Section 11 Recommendations for 911 interoperability and trauma systems	IC 16-19-2.1-3 Amendment	Incorporates language consistent with SEA 247 (see above) and requires IDHS, the Indiana Department of Health, the Integrated Public Safety Commission and the Statewide 911 Board to make recommendations on 911 interoperability and trauma system effectiveness no later than October 1, 2022. This section provides that the assigned groups may consult with EMS provider organizations, fire departments, hospitals and local government.
Section 14 Grant Funding for 9-8-8	IC 12-21-8-11.4 New Provision	To require the State Auditor to establish a first responder crisis intervention account within the statewide 9-8-8 trust fund to award grants to public safety agencies that provide first responder emergency services.
Section 15 AEMT definition	IC 16-18-2-6.5 Amendment	The statutory definition of an AEMT removes line-item certification requirements and replaces with more broad definition of meeting the qualifications established by the EMS Commission.
Section 16 ALS definition	IC 16-18-2-7 Amendment	The statutory definition of “advanced life support” (ALS) replaces defibrillation as an ALS element with “advanced cardiac life support.”

<p>Section 17 Ambulance Services definition</p>	<p>IC 16-18-2-13.4 New Provision</p>	<p>Creates a new definition for ambulance service or ambulance services (to distinguish from existing “emergency ambulance services”). The new definition covers:</p> <ul style="list-style-type: none"> <li>(1) the transportation of patients by ambulance; and</li> <li>(2) any treatment administered to patients before or during the transportation.</li> </ul> <p>(b) The term includes:</p> <ul style="list-style-type: none"> <li>(1) emergency ambulance services; and</li> <li>(2) ambulance services that are not emergency ambulance services.</li> </ul>
<p>Section 18 BLS definition</p>	<p>IC 16-18-2-33 Amendment</p>	<p>Updates the definition of “basic life support” (BLS) to</p> <ul style="list-style-type: none"> <li>• remove application of anti-shock trousers (PSAG or MAST pants) from the definition; and</li> <li>• update the epinephrine provision to match to current statutory uses (e.g., not just auto-injector but with a syringe); and</li> <li>• change BLS definition to no longer prevent invasive medical care techniques, which would permit procedures approved by the EMS Commission as part of the scope of practice to be done at the BLS level.</li> </ul>

Section 19 Emergency Medical Services definition	IC 16-18-2-110 Amendment	Updates the definition of “emergency medical services” to an integrated medical care delivery system in which emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics provide emergency and nonemergency medical care to protect against the loss of life or aggravation of illness or injury: (1) during an emergency response; (2) while transporting a patient in a ground or air ambulance outside of a hospital or health care facility; or (3) as part of a mobile integrated healthcare program described in IC 16-31-12.
Section 20 Emergency Patient definition	IC 16-18-2-113 Amendment	Updates the definition of “emergency patient” to remove the necessity of the patient being transported on a litter or in a certified EMS vehicle in order to be a patient.
Section 21 Paramedic definition	IC 16-18-2-266 Amendment	The statutory definition of a paramedic removes line-item certification requirements and replaces with more broad definition of meeting the qualifications established by the EMS Commission.
Section 22 Hospital Transport Documentation	IC. 16-21-2-5 Amendment	Requires hospitals to have protocols requiring the use of written physician orders for transportation that clarify the condition/diagnosis, the level of care for transport and medical necessity.
Section 23 Hospital Transport Documentation	IC. 16-28-8-8 Amendment	Requires hospitals to use written physician orders for transportation that clarify the condition/diagnosis and the level of care when using ambulance transport.

Section 24	IC 16-31-2-2 Amendment	Removes “emergency” from “ambulance services” references.
Section 25	IC 16-31-2-7 Amendment	Removes “emergency” from “ambulance services” references.
Section 26 Data Sharing	IC 16-31-2-11 Amendment	Allows the use of EMS data that is collected to be shared with certain organizations when the intent is to improve health outcomes subject to HIPAA and data sharing agreements. This will help IHIE (data exchange with hospitals) pathway continue.
Section 27 EMS Waivers	IC 16-31-3-5 Amendment	Changes that a waiver requested by an out-of-state provider contracted with an Indiana unit of government “shall” be granted to “may” be granted consistent with in-state providers.
Section 28 Reporting of Criminal Conviction	IC 16-31-3-14 Amendment	Adds a provision that anyone convicted of a criminal offense, including misdemeanors and felonies, except traffic offenses other than operating a vehicle while intoxicated, shall notify IDHS within 90 days of an order or judgment. An explanation statement and certified copy of the order must be provided to IDHS.
Section 29 Audit & Review / Quality Assurance Program	IC 16-31-3-26 Amendment	Removes old “audit and review” language to more current “quality assurance program.” Removes specific requirements for a program (which can be promulgated in rule form) but leaves confidentiality protections now applicable to an entire quality assurance program.
Section 30	IC 16-31-5-1 Amendment	Removes “emergency” from “ambulance services” references.
Section 31	IC 16-31-5-2 Amendment	Removes “emergency” from “ambulance services” references.
Sections 32/33 AEDs	IC 16-31-6.5-5 Amendment	Requires a person in possession of an AED to report the location to the local ambulance service provider and to IDHS in the manner prescribed, which is the AED registry website. This removes the requirement to report usage of an AED since those are generally captured by the 911 system.

Section 34	IC 16-31-13-2 Amendment	Removes “emergency” from “ambulance services” references.
Section 36	IC 27-1-2.3 New Provision	Adds new insurance billing language provisions.
Section 37	IC 27-8-6-8 Amendment	Adds provision that there should be equal basis reimbursement for BLS and ALS services regardless of transport by ambulance.
Section 38	IC 27-8-38 New Provision	Addresses EMS billing and reimbursement.
Section 39	IC 27-13-7-27 Amendment	Adds provision that there should be equal basis reimbursement for BLS and ALS services regardless of transport by ambulance.