



## Mobile Integrated Healthcare Advisory Committee

Date: May 12, 2021

Time: 10:00 a.m. EST

Location: via Microsoft Teams online

Members present: Dr. Michael Kaufmann, State EMS Medical Director  
Kraig Kinney, State EMS Director  
Chief Paul Miller, MIH-CP Program Director  
Nate Metz, IEMSA Representative  
Steve Davison, Municipal MIH-CP Program  
Chad Owen, Non-municipal MIH-CP Program  
Dr. Jennifer Sullivan, FSSA Representative  
Keith Mason, Insurance Industry Representative  
Andy Van Zee, IN Hospital Association Representative  
EMS Chief Doug Randell, IN Fire Chiefs Association  
Dr. Eric Yazel, EMS Medical Director

Other Present: Robin Stump, Andrew Bowman, Jane Craigin

Absent Members: Dr. Lindsay Weaver, Laura Schwab-Reese PhD, Shane Hardwick

### Roll Call

Chairperson Kinney welcomed everyone and Robin Stump called roll and announced quorum.

### Adoption of Minutes

Chairperson Kinney ask if there were any corrections to the minutes from March 10, 2021. **Motion to approve the minutes from Dr. Sullivan and second by Andy Van Zee. Roll was taken for approval and all approved.**

## Reports

Chairperson Kinney updated that the agency is close to getting a person hired for the mobile integrated health position.

Dr. Kaufmann welcomed everyone wished everyone a Happy EMS Week and Thanked everyone for next week. He gave an update on the Homebound Hoosier program and stated that as of today there have been 2,148 vaccines given and there are about 1,400 Hoosiers still on the list. It was also stated that Indiana has received some national coverage from National Highway Traffic Safety Administration recommending our program as a best practice. There was a waiver issued from CMS that would allow for Medicare reimbursement for treatment in place that happened during the pandemic. Indiana led the way for this type of payment program, and he thanked our partner with Family and Social Service Administration for their involvement is passing House Enrolled Act 1209 that essentially did the same which allowed for treatment in place to be reimbursed for Medicaid members in Indiana. Although this is still tied to a 911 response it does open the door for more opportunity.

Dr. Kaufmann stated that he gave two talks recently regarding community paramedicine. One to the Healthcare Finance Management Association and the other to Emergency Department Practice Management Association. He shared what programs we have in Indiana and across the country. He also has an upcoming presentation at the Indiana Rural Health Association conference.

Dr. Kaufmann also wanted to recognize Chief Miller and his team at the Crawfordsville FD with their community paramedicine program in delivering vaccines to kids in schools.

Chairperson Kinney gave an update that IDHS is still working on hiring a mobile health coordinator to help develop the MIH system.

## Legislative Update

Chairperson Kinney gave an update on legislation and those items are in the attachment. He also stated our agency general council has stated that next year's legislation may be EMS focused.

## Program Overview

Dr. Sullivan gave an overview of the Community Health Worker (CHW). It was started in Indiana Medicaid in 2018 on how do we take health to people instead of people going to health. Health is where we live, learn, work and play. Indiana University has a partnership in Kenya called the AMPATH program that started out as an HIV treatment program in training individuals in Kenya to deliver HIV care in village settings. This takes lay persons and trains them on delivering medicine and do education and the outcomes are phenomenal. This program was nominated for a Noble Prize and it has expanded and now includes cancer care. It gets health to people in ways we never imagined.

In 2018 there were no states that had a reimbursement mechanism for the Community Health Worker. In July of 2018 Indiana Medicaid built a reimbursement mechanism within the fee for service program. Anyone with an National Provider Index (NPI) number can be an overseer of a CHW and can bill with a single reimbursement code. Indiana Medicaid will recognize any CHW certification program that demonstrates the core competencies that have been defined at the national level of a CHW which is six hours of training. The

only requirement to bill is that they have to work with a billing provider that has a NPI number. There are a list of reimbursable functions under the CHW. Additional billing guidance can be found in IHCP CHW Bulletin: <http://provider.indianamedicaid.com/ihcp/Bulletins/BT201816.pdf>

There is work being done to expand the CHW. The future is building out a array of community health integration service, meeting varied needs and better describe the services available. Also looking at qualification more specific to each service, limitation specific to service and access to more than one community health integration service available. This will also include reimbursement specific to service. Additional resources in regarding the CHW may be found at:

<http://www.apha.org/apha-communities/member-sections/community-health-workers>

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201816.pdf>

<https://www.in.gov/medicaid/files/quick%20reference.pdf>

<https://www.in.gov/medicaid/>

### Old Business

Chairperson Kinney stated that the EMS Commission has approved the proposal of identifying approved mobile integration health programs. There were some questions in regards to what data to collect and although we are not ready to make that list we do need to complete an application and what information needs to be collected. Some items that should be collected would be, additional training requirements, defined goal or outcome of the program and their source of funding for the program. Staff will develop the application and share with the committee.

### New Business

Chairperson Kinney stated that in 2019 there was Senate Bill 498 that defined mobile integrated health under the EMS Commission and created a grant and fund but it was not funded. There was discussion with Senator Tallian regarding mobile integrated health and she was able to get \$100,000 put into the fund for a two year cycle. Chairperson Kinney discussed a draft of the notice of funding opportunity (NOFO) in regards to this grant. He asked for input from the Committee on the discussion points of the NOFO. The goal is distributions by August or September so he proposed a deadline of grant submission by July 9, 2021. Some of the items that a provider will need to show for eligibility criteria will be the following:

- Be a certified EMS Provider Organization
- Must be a city, town or township operated provider (requirement by Statute)
- Must be an approved MIH program
- Must submit a budget
- Must be an approved State of Indiana supplier/vendor
- Must be an approved State of Indiana bidder

The EMS Commission has not established a maximum award but the goal is to reach a handful of provider organizations with supplemental funding so a likelihood range of \$15k to \$20k per award is reasonable to anticipate. The Committee discussed the benefits of having caps on grants versus ranges and Chairperson Kinney advised that he would incorporate that discussion into the final IDHS recommendation to the EMS Commission for approval. There was some discussion on what the grant could be used for. The committee wanted to know if it could be utilized for equipment, personnel and training. The intended goal of the bill was for a start up for new programs but could be used for all. Once the EMS Commission approves the Notice of Funding Opportunity it will be sent out for review of providers wanting to apply. The next EMS Commission meeting will be June 11, 2021.

Next Mobile Integrated Health Committee meeting will be July 14, 2021 at 10:00a.m.

Chairperson Kinney adjourned meeting by consensus at 11:33a.m.

**Minutes approved at the July 14, 2021 meeting.**

A handwritten signature in black ink that reads "Kraig Kinney". The signature is written in a cursive, slightly slanted style.

Kraig Kinney, Chairperson

**To: EMS Commission Members**

**From: Kraig Kinney, Director and Counsel of EMS**

**Re: Pending Legislation Report-2021 Session**

Pursuant to the request of EMS Commission members that I provide a written list of bills that I note could have EMS impacts, here is a current report.

As a reminder, a bill must be passed by Committee and then have a Second and Third reading during which amendments may be made. Once a third reading is done, the bill would be eligible to be transferred to the opposite branch of the legislature for consideration. Many bills will have a First Reading and be assigned to Committee to not be heard there.

BLACK indicates that the bill was introduced but is pending in initial committee status.

BLUE indicates the bill has passed the first house and has been referred to the other House of the Indiana legislature.

GREEN indicates that the bill was passed by both Houses and signed into law by the Governor.

Here is a quick link to all the bills from the 2021 session, you can either check updated status or more information of any of these below by clicking the bill number or name: <http://iga.in.gov/legislative/2021/bills/>

**HB1002** **CIVIL IMMUNITY RELATED TO COVID-19.** (TORR J) Protects health care providers from professional discipline for certain acts or omissions arising from a disaster emergency unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply. Specifies that orders and recommendations issued by local, state, and federal government agencies and officials during a state disaster emergency do not create new causes of action or new legal duties. Specifies that the orders and recommendations are presumed irrelevant to the issue of the existence of a duty or breach of a duty. Specifies that the orders and recommendations are inadmissible at trial to establish that a new cause of action has been created or proof of a duty or a breach of a duty. Prohibits filing a class action lawsuit against a defendant in a civil action allowed by the statute. Specifies

that a governmental entity or employee is not liable if a loss results from an act or omission arising from COVID-19 unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a person is not liable to a claimant for loss, damage, injury, or death arising from COVID-19 unless the claimant proves by clear and convincing evidence that the person caused the loss, damage, injury, or death by an act or omission constituting gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides immunity from civil liability to certain persons, entities, and facilities providing health care and other services for certain acts or omissions related to the provision of health care services and other services during a state disaster emergency.

Status: **4/29/2021 Signed by Governor as PL 166 (2021). Effective March 1, 2020 – RETROACTIVE.**

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**HB1032** **NEWBORN SAFETY DEVICES.** (FRYE R) Provides for placement of a newborn safety device at any facility that is staffed by an emergency medical services provider on a 24 hour per day, seven day per week basis, provided the newborn safety device: (1) is located in an area that is conspicuous and visible to staff; and (2) includes a dual alarm system that is connected to the facility and is tested at least one time per month to ensure the alarm system is in working order. Provides for placement of a newborn safety device at any fire department, including a volunteer fire department, that is located within the jurisdiction of a city or town law enforcement agency, provided the newborn safety device is equipped with an alert system that: (1) when the newborn safety device is opened, automatically connects to the 911 system and transmits a request for immediate dispatch of an emergency medical services provider to the location of the newborn safety device; and (2) is tested at least one time per month to ensure the alert system is in working order. Provides that a person who in good faith voluntarily leaves a child in a newborn safety device located at such a facility or fire station is not obligated to disclose the parent's name or the person's name. Makes conforming amendments.

Interpretation/Comment: This just cleans up the existing statute.

Status: **4/29/2021 Signed by Governor as PL 170 (2021). Effective Upon Passage.**

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**HB1057**      **EMS IMMUNITY.** (TORR J). Interpretation/Comment: This is a Professional Fire Fighters' Union of Indiana initiative that IDHS was consulted on with correcting the negligence standard in that the civil liability statute for EMS does needs

amended as it currently protects acts to the negligence standard which is the lowest standard so gross negligence would add further protections to EMS providers. This version also clarifies all level of EMS as it is arguable that the EMR level may not have liability protections under the current immunity standards.

Status:            **DEAD BILL – failed to advance by deadline.**

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**HB 1118**      **Mobile Integrated Healthcare Programs and Safety Plans**

Provides that an individualized mental health safety plan includes information concerning a patient's physical health. Provides that an emergency medical services provider agency with an approved mobile integrated healthcare program shall be operated by a city, town, or township in accordance with the rules and under the guidance of the Indiana emergency medical services commission. Provides that upon disclosure of a patient's individualized mental health safety plan, a mobile integrated healthcare program or a mental health community paramedicine program may provide certain services to help facilitate the patient's safe transition back into the community. Provides that a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program may request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

Status:            **4/26/2021 Signed by Governor as PL 226 (2021). Effective July 1, 2021.**

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**HB1141**      **TRANSPORTATION FOR MEDICAID PRESUMPTIVE ELIGIBLE.** (CAMPBELL C)

Status:            **DEAD BILL – failed to advance by deadline**

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**HB1201**      **EMERGENCY TRANSPORT OF INJURED OPERATIONAL CANINE.** (MCNAMARA W) Provides that if there is not an individual requiring medical attention or transport, a paramedic, advanced emergency medical technician, or emergency medical technician may use emergency ambulance services to transport an operational canine injured in the line of duty to a veterinary hospital or clinic. Specifies the care that may be provided to the operational canine. Specifies who is responsible for the transportation and treatment cost of an injured operational canine. Provides that a paramedic, advanced emergency medical technician, or emergency medical technician who in the performance of their duties and in good faith renders care or transportation to an injured operational canine is not liable: (1) for any act or omission when rendering the care or transportation; or (2) to the veterinary hospital or clinic for expenses incurred for emergency care provided to the injured operational canine.

Status:            **4/8/2021 Signed by Governor as PL 37 (2021). Effective July 1, 2021.**

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**HB1259**      **INTERIM TRAUMA CARE STUDY.** (VERMILION A) Urges the legislative council to assign the study of Indiana's trauma care system to a study committee during the 2021 legislative interim.

Status:            **DEAD BILL – failed to advance by deadline**

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**HB1230**      **SAFE HAVEN 911.** (LAUER R) Provides that due to extenuating circumstances, if a child's parent or a person is unable to give up custody of a child under the procedure set forth in Indiana's safe haven law, the child's parent or the person may request that an emergency medical services provider (provider) take custody of the child by: (1) dialing the 911 emergency call number; and (2) staying with the child until a provider arrives to take custody of the child. Provides that the emergency medical dispatch agency or the provider shall inform the child's parent or the person giving up custody of the child concerning the ability to remain anonymous.

Interpretation/Comment:      This is similar to Baby Box laws but could impact EMS by receiving a 911 call and then having to take “custody” of a child from a scene.

Status:            **4/22/2021 Signed by Governor as PL 105 (2021). Effective July 1, 2021.**

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**HB1425**      **LIABILITY FOR EMERGENCY MEDICAL SERVICES.** (LYNESS R)

Status:            **DEAD BILL – failed to advance by deadline**

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**HB1446**      **AMBULANCE ASSESSMENT FEE AND FUND.** (SLAGER H)

Status:            **DEAD BILL – failed to advance by deadline**

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**HB1454 NONEMERGENCY AMBULANCE SERVICE AND PHYSICIAN ORDER.** (BAIRD B) Prohibits a health carrier, the office of the secretary of family and social services, and contractors of the office from: (1) denying payments for nonemergency ambulance services when provided according to a properly executed physician order or certification statement; and (2) making reimbursement for nonemergency ambulance services contingent upon receipt of a physician's order. Requires hospital boards to establish protocols concerning issuing orders for nonemergency transportation. Requires physicians to issue orders for nonemergency ambulance services and specifies contents of the order. Prohibits a health carrier from requiring a covered individual to make greater cost sharing payments for ambulance services that were provided by an out of network ambulance provider. Allows an out of network provider of ambulance services to directly bill a health carrier and specifies determination of reimbursement amount.

Interpretation/Comment: This is an EMS Association supported proposed legislation addressing billing matters.

Status: **Passed the House –Passed the Senate with amendments. Assigned to Conference Committee. No resolution before deadline so this is a dead bill for 2021.**

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**SB83 LAW ENFORCEMENT DOGS.** (CRIDER M) Provides that if there is not an individual requiring medical attention or transport, a paramedic, advanced emergency medical technician, or emergency medical technician may use emergency ambulance services to transport a law enforcement dog injured in the line of duty to a veterinary hospital or clinic. Increases the penalties for cruelty to a law enforcement animal and a search and rescue dog.

Status: **DEAD BILL – failed to advance by deadline**

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**SB232 EXPOSURE RISK DISEASES.** (FORD J) Adds any variant of severe acute respiratory syndrome (SARS), including coronavirus disease (COVID-19), to the list of diseases considered an exposure risk disease for purposes of emergency and public safety employee death and disability presumed in the line of duty.

Status: **4/29/2021 Signed by Governor. Effective January 1, 2020 – RETROACTIVE.**

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**SB 369 ELECTRONIC MEETINGS AND SIGNATURES.** Allows a member of a governing body of a political subdivision to participate in a meeting electronically subject to the following: (1) Requires the governing body to adopt a written policy establishing procedures for electronic participation. (2) Requires the technology to permit simultaneous communication between members and the public to attend and observe the proceedings. (3) Requires at least 50% of the members to be physically present at the meeting site. (4) Allows a member participating electronically to be counted for quorum purposes. (5) Provides that a member participating electronically may participate in a final action taken by the governing body only if the member can be seen and heard. Exempts governing bodies of state agencies that have a majority of members with disabilities from certain attendance requirements. Provides that if a statute requires a manual signature for attesting or authenticating an obligation issued by certain state and local public entities, an electronic signature has the same force and effect as a manual signature. Adds provisions applicable to state and local public agencies when a state or local disaster emergency is declared. Allows the governing body of a school corporation or charter school

(school employer) may allow governing body members and the public to participate electronically in a public hearing required under the law for purposes of collective bargaining. Makes stylistic changes.

Status: **Passed the Senate. Did not pass t**