



## Legislative Committee Report

July 8, 2015

DoubleTree by Hilton - Universal

Orlando, FL

1:30 P.M. – 3:00 P.M.



**Purpose:** To discuss current and proposed changes to Rule and Statute that affect Florida Emergency Medical Services. In addition, act as a clearinghouse for the EMS Advisory Council to review any proposed changes to Rule or Statute that may be discussed.

**Objectives:** Identify concerns from the EMS community, aid in facilitating change in Rule or Statute, and oversee legislative items in strategic plan.

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The legislative committee met yesterday with over 50 participants present. A recap of the 2015 session was provided. Of the 17 bills being tracked, only four passed. Two of the bills, which died, Telehealth and Health Insurance Coverage for Emergency Services, are expected to make a return in next year's session.

Chief Colston addressed the group about potential changes to 401 in an effort to keep pace with on-going changes within the industry and the needs of the providers. The committee was asked to take the lead in working with constituency group stakeholders to identify these areas and propose revised language for submission to the bureau in advance of legislative committee meetings scheduled for this September.

Because of the group's initial discussion, the immediate priority involves modifications to the "current vehicle specifications" in 401.35 and 64J-1.007(3).

As we move forward through the process, updates will be provided to the Council and stakeholders as they become available.

### **Reimbursement Updates**

On the national level, Maria Bianchi with the American Ambulance Association provided updates during Wednesday's FAA meeting. The implementation of ICD-10 codes will no longer be delayed; the passage of H.R. 2 ensures that the 2%, 3% and 22.9% super rural increases will remain in place through the end of 2017, and prior authorization for repetitive dialysis and wound care patients will be mandatory for all states by January 1, 2017.

In Florida, Medicaid Managed Care is now in month 14 since the transition on May 1 of last year. Many providers are still having trouble in being paid for non-emergency transports, out-of-county mileage reimbursement as well as crossover payments. Providers are still encouraged to file complaints through AHCA's website when these matters are unable to be resolved directly with the managed care plan.

Reminder that next year's 60-day legislative session will begin early, on January 12, instead of early March.