

Testimony to the
Senate Committee on Ways and Means
Senate Bill 186
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Madam Chairperson and members of the Committee, my name is Scott Clough, I am the California GEMT Program Manager for the California Fire Service. I created the first GEMT program in the country in 2009 for fee for service, and then included a managed care IGT program in 2013. Federal supplemental reimbursement programs like this are part of Title XIX of the social Security Act of 1965. Virtually every state in our country participates in these programs including Kansas. These programs have no association with the Affordable Care Act or Medicaid expansion.

It is well established that the cost of ambulance transport and the associated care provided by paramedics and EMT's is not fully covered by the current Medicaid reimbursement. As a result, these Federal supplemental reimbursement programs were created for this purpose. The ability to draw down additional federal reimbursement to offset the uncompensated cost of providing emergency medical services to Medicaid beneficiaries provides additional stability to the healthcare safety net system. As previously stated, the state already participates in these programs by pulling down additional federal funds for healthcare, education, school lunches and even fluoride for children just to name a few.

What is important to remember is that these programs provide important services at no cost to the state. In fact through the IGT mechanism the state of Kansas will likely see an additional \$4 million dollars of new revenue the state can use to provide new or expanded services. It is also noteworthy that this also comes at no additional cost to the tax payer. Kansas tax payers currently contribute to the Federal Medicaid fund through federal taxes. This contribution to the federal Medicaid budget is for this exact purpose to fund Medicaid programs. The State of Kansas should look at these programs as utilizing their federal tax dollars to help fund their EMS safety net system.

In closing, this legislation simply opens a door to create a program that can be presented to CMS for approval to receive supplemental reimbursement. It creates no new taxes or cost to the state of Kansas. It will generate additional revenue for use by the state for other needs. It brings relief to not only the providers who struggle to meet the service needs of their communities but the local tax payers who will ultimately end up reaching into their pockets to offset these uncompensated costs. While the future of our nation's healthcare system is unknown, what is known is that these programs are currently in place and still being approved across the country. Most recently a GEMT program was approved in January 2017 in Nevada. I urge you to consider the benefits that a program of this nature can bring and open the door for a program to be submitted for approval.

Thank you.