Members of the Health and Human Services Committee this year explored community paramedicine, state opioid prevention efforts, and an update of the Affordable Care Act.

**Community Paramedicine**

Jared Oscarson, Emergency Medical Services (EMS) Director for Dodge City Ambulance in Minneapolis, and Marta Jensen, Administrator of the Nevada Division of Health Care Financing and Policy, provided an overview of Nevada’s community paramedicine program. The program is designed to fill gaps in local health care systems, end duplication of services, decrease health care costs, and improve the health care experience for the patient. Services are provided according to a recipient-specific care plan supervised by a state-licensed primary care provider.

Mr. Oscarson explained that community paramedicine consists of primary care teams that greatly improve a patient’s navigation through the health care system. This approach includes a care plan, education, and follow-up with the patient. There is constant communication with the ordering physician. Providers must be an Emergency Medical Technician (EMT) or Advanced Emergency Medical Technician (AEMT), a paramedic or community paramedic, and must be employed by a permitted Emergency Medical System (EMS) agency. An endorsement of the local program must come from the Nevada Division of Public and Behavioral Health or the Office of Emergency Medical Services.

Ms. Jensen added that services are delivered under the direct supervision of a Nevada licensed primary care provider (PCP). The PCP consults closely with the EMS agency’s medical director to coordinate the total care plan, which must follow Medicaid guidelines. According to Ms. Jensen, this is the future of EMS systems. Principles of the new system include being patient centered, balanced triage, stakeholder engagement, and integration.

**State Opioid Prevention**

Chelsea Kelleher, Senior Policy Analyst in the Health Division of the National Governors’ Association (NGA) Center for Best Practices, and Dr. Gary Franklin, Research Professor in the Department of Environmental Health, Neurology, and Health Services at the University of Washington, provided the committee with information on state efforts to decrease opioid abuse.

Ms. Kelleher explained that the nation’s governors have recently pledged to redouble their efforts to address opioid abuse in three areas: reduce inappropriate prescribing, improve education about opioids, and ensure and improve treatment and recovery for addiction. Since that declaration, states have increased the use of prescription drug monitoring programs (PDMPs) and established prescription limits. States have also significantly expanded public information campaigns and improved access to naloxone which blocks or reverses the effects of opioid medication, medication assisted treatment, and peer recovery services. Ms. Kelleher also outlined the NGA’s comprehensive roadmap to a policy framework for prevention and shared examples of policy approaches by some western states.
Dr. Franklin began by providing data on the extent of the opioid crisis, and offered a brief history as to why and when the crisis emerged in Washington state and the rest of the country. Dr. Franklin offered recommendations to curb the crisis, including fostering a strong collaboration across public programs at the highest level of state government and among leaders in the medical community. He discussed a review of the 2016 Centers for Disease Control and Prevention prescribing guidelines, ways to protect children and teenagers, and how to optimize the medical capacities to effectively treat pain and addiction. This, he said, meant improving community capacity to manage pain and stepped-care management of pain within existing resources. Dr. Franklin concluded that there should be a common set of metrics to guide state and provider efforts.

**ACA Update**

Debra Miller, Director of Health Policy for the Council of State Governments, updated the committee on the status of the federal Affordable Care Act (ACA). Ms. Miller began by giving data on the ACA in the western states. For example, 21 million westerners enrolled in Medicaid and CHIP; Medicaid expansion covers 6.1 million people in the West; 2.4 million westerners purchased health insurance on the ACA marketplaces; and 2 million westerners receive ACA premium subsidies. Ms. Miller also informed the Committee of the various impacts that each of five proposals by Congress to change the ACA would have on the number of individuals that would lose current health coverage, and the number of Medicaid dollars states would lose. In addition, she summarized the cuts to Medicaid and other health related programs under the President's 2018 budget proposal. Ms. Miller concluded by explaining that when making budget considerations about Medicaid, the program is like a 3-legged stool driven by the number of enrollees, the dollar provider rates, and the number of services covered.

A video recording and all power points from the session can be found at the CSG West website (csgwest.org) under the annual meeting 2017 session materials link.