HB 1313

Department of Legislative Services

Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE

House Bill 1313 (Delegate Rudolph)
Health and Government Operations

Maryland Institute for Emergency Medical Services Systems - Mobile Integrated Health Care Services - Study

This bill requires the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to conduct a study on mobile integrated health care services. MIEMSS must submit an interim report by January 1, 2015, and a final report by January 1, 2016.

The bill takes effect July 1, 2014, and terminates June 30, 2016.

Fiscal Summary

State Effect: None. MIEMSS advises that it can handle the bill's study and reporting requirements with existing resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: MIEMSS must study the potential for development of mobile integrated health care services in the State by using emergency medical services (EMS) providers for community-based preventive, primary, chronic, preadmission, or postadmission health care services. MIEMSS must make recommendations on the following topics:

- the types of mobile integrated health care services that EMS providers could provide in the State and the geographic locations whether such services are feasible;

- any statutory and regulatory changes necessary to permit licensed or certified EMS providers to provide mobile integrated health care services;
- applicable federal laws and regulations;
- potential funding and support for any pilot programs and billing and reimbursement for mobile integrated health care services;
- training and education requirements for EMS providers to provide mobile integrated health care services;
- medical direction and oversight required for EMS providers to provide mobile integrated health care services;
- similar program models in other states;
- necessary integration of other types of health care into mobile integrated health care services;
- oversight, regulations, and methods to evaluate the effectiveness of mobile integrated health care services; and
- any pilot projects to demonstrate the efficacy of mobile integrated health care services in the State.

Background: According to the National Conference of State Legislatures (NCSL), emergency departments across the country spend a disproportionate amount of resources and time providing nonurgent care to patients who would be better served in other health care settings. In a study conducted in 2010 by the RAND Corporation, between 14% and 27% of all emergency department visits are for nonurgent care, and treating these patients in other health care settings could save as much as $4.4 billion annually. Another study published in the *Annals of Emergency Medicine* in 2010 found that frequent emergency department users comprise only 4.5% to 8% of all patients, but account for 21% to 28% of all emergency department visits.

Further, NCSL states that trips to emergency departments have increased over time. Patient visits increased by 36% between 1996 and 2006. Several states are taking action to address this problem. Minnesota passed legislation to authorize its Medicaid program to reimburse certified community paramedics (another name for mobile integrated health care) for specified services. Minnesota also passed legislation in 2011 to formally recognize community paramedics as distinct providers and clarified qualifications. Maine removed regulatory barriers in 2012 by authorizing 12 pilot programs throughout the state. Finally, Colorado is developing a regulatory framework to provide oversight through a conditional license for community paramedics.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Institute for Emergency Medical Services Systems, National Conference of State Legislatures, Department of Legislative Services

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