



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

*410-706-5074
FAX 410-706-4768*

**Senate Bill 295
Maryland Medical Assistance Program –
Emergency Services Transporters -- Reimbursement**

MIEMSS Position: Support

Bill Summary: SB 295: (1) removes the Medicaid requirement that EMS medical services must be provided “while transporting the Program recipient to a facility” in order for EMS to be reimbursed for care provided to a 9-1-1 patient who is a Medicaid enrollee; (2) requires Medicaid to increase reimbursement for EMS medical transportation / medical services by \$25 for each fiscal year until the reimbursement reaches at least \$300; and (3) requires Medicaid reimbursement for Mobile Integrated Health (MIH) services.

Rationale:

- **Medicaid should reimburse EMS for Medicaid patients who call 9-1-1 and are treated but not transported to a hospital and for EMS services provided by Mobile Integrated Health**
 - Medicaid requires EMS to transport the patient to a hospital in order to be reimbursed; if the patient is not transported to the hospital, EMS receives no reimbursement.
 - EMS encounters some patients who call 9-1-1, receive EMS treatment and then refuse transport to the hospital or have a condition that does not require hospital treatment that may be treated at home or at an urgent care or other health facility.
 - EMS receives no reimbursement for the medical services, medications and supplies it uses to treat patients who are not transported to hospitals – a form of uncompensated care.
 - Mobile Integrated Healthcare (MIH) Programs connect frequent 9-1-1 callers who have non-emergency conditions, or who have multiple underlying chronic conditions, with medical and/or social programs within their communities that can address the conditions that resulted in the patient’s frequent use of 9-1-1. Twelve (12) MIH Programs are underway in Maryland.

- **Medicaid’s flat \$100 reimbursement to EMS should increase by \$25/year to at least \$300**
 - **Since 1999, Maryland Medicaid reimbursement for EMS has been a flat \$100.** EMS receives a flat \$100 fee regardless of the costs to EMS for the care and transport provided to the 9-1-1 patient and whether EMS care provided is at the Advanced Life Support or Basic Life Support level. Medicaid does not reimburse for services, medications, and supplies provided by EMS at a scene or during transport, and Medicaid does not reimburse EMS for mileage.
 - Operating costs for EMS jurisdictions include personnel salary and benefits, facilities, equipment, and supplies (including pharmaceuticals provided to patients) – all of which continue to increase. The costs to EMS per 9-1-1 response are estimated to be approximately \$1,500 per response.
 - MIH Programs were developed using grants, in-kind donations and support from EMS jurisdictions. MIH cannot be sustained over the long-term without reimbursement for services provided.

MIEMSS Supports SB 295 and Urges a Favorable Report