Senate Bill 295

Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 8, 2022

From: Dominic J. Butchko

The Maryland Association of Counties (MACo) **SUPPORTS** SB 295. This bill seeks to increase the emergency transport reimbursement rate by $25 per year until reaching a cap of $300, establish a cost of care reimbursement that mirrors the transport reimbursement, allow for Mobile Integrated Health (MIH), and authorize transport to medical facilities other than an Emergency Department (ED).

SB 295 is one of MACo's legislative initiatives for the 2022 legislative session, distinguishing this issue as an extremely high priority for all 23 counties and Baltimore City.

Marylanders benefit from a broad network of emergency medical services capable of responding to a wide range of medical calls. During the ongoing pandemic, as well as the still-worrisome opioid epidemic, these critical services have been strained to the point of exhaustion with staffing shortages and supply chain problems exacerbating the heightened response needs. Support for these essential first-responders is more important than ever.

SB 295 can take a strong step in the right direction and support our emergency medical services through smarter and more up-to-date reimbursement of their costs.

Under Maryland law, the Medical Assistance program (Medicaid) is the standard-bearer for which medical services are reimbursable through insurance coverage. State law governs these determinations and has for more than 20 years appropriately recognized that emergency transport by ambulance to a hospital is among the services suitable for this fee-for-service model. This model helps to support both the nonprofit volunteer companies and the government-supported career agencies. Providers do not pursue these claims against uninsured or underinsured patients, to avoid any undue burdens by the modest charge.

SB 295 would accomplish four changes to this system, in each case recognizing the realities of modern-day care provided through our state's network of emergency medical services:

- **Raise the current EMS reimbursement rate to one that more reasonably connects to service costs in today's dollars.**
  The current $100 rate would be increased through reasonable $25 yearly increments, eventually

reaching $300. This would represent the first change in EMS reimbursements since 1999 – an overdue recognition of the substantial costs borne by providers – and would help slowly close the large gap in their operating funding.

- **Establish reimbursement for care provided in the field.**
  Maryland's EMS companies are trained and equipped to remedy a substantial range of calls on-site but when transport does not occur, those calls are tagged as "treatment not transport" and no reimbursement is made. These often life-saving services deserve recognition as medical care. The rise of opioid-related overdose calls during the related epidemic has elevated this essential and time-sensitive service as a central part of EMS duties. The rate for reimbursement would mirror the transport reimbursement rate.

- **Allow for transport to facilities other than a hospital emergency room.**
  Amidst the COVID epidemic, there are widespread reports of overwhelmed hospitals and calls for noncritical patients to go to another facility when that is appropriate. Not every EMS call requires high-level emergency care; often alternative medical facilities like urgent cares, mental health facilities, and others are more appropriate venues to address these medical emergencies. By transporting to other facilities when appropriate, we can ensure patients are being seen as quickly as possible while also relieving pressure on a medical system reeling from the pandemic.

- **Allow for Mobile Integrated Health (MIH) as an effective and reimbursable method of care delivery.**
  Similarly to transporting to alternative facilities, in many circumstances, on-site service is more appropriate than transport to any facility. Forward-thinking governments and volunteer companies are also deploying ambulances and mobile equipment to effect service beyond mere response-and-delivery. Mobile Integrated Health and similar offerings to bring needed care to residents underserved by easily accessible providers has proven to be a very effective tool to combat health care disparities. Its growing use has increased resident access to important screenings, vaccinations, and prenatal care. In each case, these clear best practices are frequently conducted without the State recognizing that any medical care has taken place for the purposes of reimbursement.

The role of EMS has evolved well beyond transporting patients to hospitals. EMS has become an integral but critically under-invested part of our healthcare system as it provides an avenue to both increase the quality of care for patients and relieve the significant pressure on our hospitals. Accordingly, MACo requests a **FAVORABLE** report on SB 295.