

SB 295_FAV_MML.pdf

Uploaded by: Angelica Bailey

Position: FAV



Maryland Municipal League

The Association of Maryland's Cities and Towns

TESTIMONY

February 8, 2022

Committee: Senate Finance

Bill: _____ SB 295 - Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

Position: Favorable

Reason for Position:

The Maryland Municipal League writes in support of Senate Bill 295, which allows emergency service providers to be reimbursed for eligible services from the Maryland Medical Assistance Program.

Current law only acknowledges care delivered by emergency medical staff under minimal conditions for insurance billing purposes. This does not reflect the reality of emergency care. Emergency service transporter staff can, and often does, provide significant services on site without requiring actual medical transport. Without this legislation, those medical professionals would not be eligible for reimbursement for their work despite the significant value they provide to the public.

For these reasons, the Maryland Municipal League supports Senate Bill 295 and respectfully requests a favorable vote.

FOR MORE INFORMATION CONTACT:

Scott A. Hancock
Angelica Bailey
Bill Jorch
Justin Fiore

Executive Director
Director, Government Relations
Director, Research and Policy Analysis
Manager, Government Relations

1212 West Street, Annapolis, Maryland 21401

410-268-5514 | 800-492-7121 | FAX: 410-268-7004 | www.mdmunicipal.org

2022 GA - SB 295 - EMS Transport Reimbursement Bil

Uploaded by: Barry Glassman

Position: FAV



BARRY GLASSMAN

HARFORD COUNTY EXECUTIVE

February 08, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
Room 241 House Office Building
Annapolis, MD 21401

RE: SB 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement – SUPPORT

Dear Madam Chair:

Thank you for allowing me the opportunity to express my **SUPPORT** for **SB 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement**.

As introduced, this legislation will modify the reimbursement amounts currently available to an emergency services transporter for services provided in response to a 9-1-1-call for service. Current reimbursement rates under Maryland Department of Health directives is \$100 per transport, irrespective of the level of service (Advanced Life Support or Basic Life Support) and any supplies medications, or other services employed. This reimbursement is also contingent upon the patient being transported to a medical facility.

Under current law, both the amount of reimbursement and the rules governing reimbursement have failed to evolve over time. In a number of cases, EMS personnel will respond to emergency requests – such as nursing homes, assisted living facilities, and the like – where transport to a medical facility is either refused, or in a number of cases not warranted. In those situations, reimbursement from governmental coverages such as Medicare and Medicaid do not allow for any reimbursement for costs incurred in response to the 9-1-1- call.

In 2021 Harford County EMS responded to 1,418 9-1-1 calls for service from the roughly 15 facilities where insurance coverage may primarily be Medicare or Medicaid.

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THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

This legislation will help bring Medicaid's reimbursement levels for 9-1-1 EMS responses closer to the actual costs incurred in providing their services.

Along with this long-overdue upgrade to the current reimbursement process for our counties and the numerous Volunteer EMS companies throughout our State, we also support the integration of several additional cost-effective and life-enhancing changes to Maryland's EMS transport and reimbursement protocols as presented in this Bill:

- **REIMBURSEMENT FOR NON-TRANSPORTED CARE AND SERVICES:** With the advanced technology and training available to today's emergency service providers, there are an increasing number of situations where complete care is rendered on-site, with no need for transport to a hospital – be it from opioid reversal, acute first aid, to lift assists at residential facilities. Under current law, these services are not eligible for any reimbursement, and essentially are provided with full cost borne by the EMS provider.
- **NON-HOSPITAL CARE FACILITIES:** Since the establishment of the reimbursement protocols over two decades ago, emergency medical care has evolved substantially from the traditional hospital-only setting. Urgent care facilities, behavioral health and crisis centers, and Mobil Integrated Health services present a viable and cost-efficient alternative to traditional Emergency Department hospital care. Allowing EMS transport (with appropriate reimbursement) to these facilities unquestionably increases the availability of Emergency Department bed space for the more critical, Advanced Life Support cases, thereby avoiding the need to expend valuable time transporting these critical-need patients to hospitals much further away.
- **COST OF CARE REIMBURSEMENT:** Current law allows only for reimbursement of transport services rendered by EMS providers – NOT for the care they render patients. The proposed changes presented here today would recognize a more equitable recognition of the costs borne by our EMS entities.

Your **FAVORABLE** vote on this legislation will help our EMS providers enhance and continue their Service to our constituents.

Thank you for your consideration.

Sincerely,



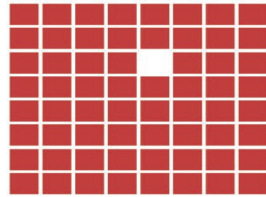
Barry Glassman
Harford County Executive

SB0295_FAV_MDACEP_Emer. Service Transporters - Rei

Uploaded by: Danna Kauffman

Position: FAV

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Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Jason Gallion

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 295 – *Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement*

The Maryland Chapter of the American College of Emergency Physicians (MDACEP) which represents the interests of emergency physicians and their patients throughout the State of Maryland **supports** Senate Bill 295. Senate Bill 295 requires reimbursement for medical services provided to a Medicaid recipient in response to a 9-1-1 call in situations when the recipient is not transported to a facility. Also, beginning in fiscal 2023, the Maryland Department of Health must increase the amount of reimbursement for transportation and medical services by \$25 each fiscal year until the reimbursement rate is at least \$300.

Even before the COVID-19 pandemic, Maryland emergency departments saw an increase in Marylanders using the emergency departments for non-emergency situations. Often, this is the result of individuals experiencing a behavioral health crisis or simply because they did not have a primary care provider. The COVID-19 pandemic has exacerbated both situations. Many of these patients could be safely treated by EMS providers but, because the patient refuses transport, the EMS provider is not paid for their services and there is a disincentive not to transport. When this occurs, there becomes the concern that, due to emergency department overcrowding, those experiencing life-threatening emergencies (e.g., heart attack, stroke, etc.) may be delayed care.

MDACEP believes that it is in the public interest to reimburse EMS providers when care is provided at the scene. It is important to note that the fiscal note, while showing the cost for reimbursing EMS providers, does not offset this with the costs saved for not transporting to emergency departments. Regarding the required increase of \$25 to bring the reimbursement rate to \$100, MDACEP believes that this timeframe should be accelerated. EMS providers are a critical component in emergency care. Reimbursing at only \$100 does not cover costs and places many EMS companies in financial hardship.

For these reasons, we urge a favorable report.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
410-244-7000

SB0295-FIN_MACo_SUP.pdf

Uploaded by: Dominic Butchko

Position: FAV



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.

SB 295 Maryland Medical Assistance Program- EMS tr

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 295 – Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 295. This legislation seeks to enhance reimbursement for emergency medical services, transportation, or mobile integrated health models. MHA recognizes the value of these proposals and the need to ensure sustainable funding for EMS services.

As the health care landscape changes, providers throughout the health care continuum must evolve, and EMS personnel must adapt to the new needs of their communities. To this end, the state and the federal government are creating new payment opportunities for EMS and EMS professionals.

Centers for Medicare & Medicaid Services (CMS) established the Emergency Triage, Treat and Transport (ET3) Model, recognizing the vital role EMS plays in the health care system. Under ET3, Medicare will reimburse approved providers for transport to an alternative care setting, like an urgent care center, and for treatment without transportation to a facility, known as treat and release. SB 295 expands this model to Maryland's Medicaid Program.

Maryland already is well-positioned to access opportunities afforded in the model. The Institute for Emergency Medical Services Systems adopted protocols to allow transportation to an alternative destination. Four Maryland jurisdictions: Baltimore City, Montgomery County, Charles County, and the city of Annapolis were invited to participate in the ET3 Model.

We appreciate the General Assembly's leadership and support on issues related to emergency medical services and urge a favorable report on SB 295.

For more information, please contact:
Erin Dorrien, Director, Government Affairs & Policy
Edorrien@mhaonline.org

Mayor Day SB 295 FAV Testimony.pdf

Uploaded by: Jacob Day

Position: FAV



City of
Salisbury
Jacob R. Day, Mayor

8 February 2022

Committee: Finance

Testimony on: SB 295

Position: Favorable

Re: Favorable support for SB 295 – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement

Dear Members of the Finance Committee,

As you consider the merits of **SB 295**, I ask that you vote to give this legislation a **Favorable** Committee report.

If enacted, SB 295 would increase the emergency transport reimbursement rate by \$25 each fiscal year until the EMS reimbursement rate is at least \$300. This EMS reimbursement rate increase is vital as our City currently forgoes much-needed funding due to the disparity in the Medicaid reimbursement rate, which often does not cover the cost of providing EMS services. In addition to increasing reimbursement rates, this bill will also provide reimbursements for services provided through a community-based mobile integrated health service.

Here in Salisbury, our Salisbury Wicomico Integrated First Care Team (SWIFT) continues to make great strides in reducing non-emergent emergency department visits by working with individuals who frequently utilize EMS services and helping them to better manage their chronic conditions. In addition to providing preventative care, SWIFT patients are also connected with primary care services and other community resources. Thanks to the continued partnership between our Salisbury Fire Department, Wicomico County volunteer fire companies, and TidalHealth, our SWIFT program has enrolled over 170 patients. While local partnerships have allowed us to positively impact our community and reduce the volume of non-emergent 911 calls, the success of SWIFT has primarily relied upon grant funding.

If enacted, SB 295 will allow SWIFT and other mobile integrated healthcare services throughout Maryland to continue providing crucial community-based care. By enabling the growth of community-based care, in addition to reducing the burden on already strained hospital emergency departments, we will be empowering Marylanders to live healthier lives by offering preventative and primary care.

Considering the many benefits of SB 295, which will help cities such as Salisbury as we continue to meet the healthcare needs of our communities, I ask that you support **SB 295** and pass the bill out of Committee with a **FAVORABLE** report.

Respectfully,

Jacob R. Day
Mayor

SB 295_CEGardner_fav.pdf

Uploaded by: Jan Gardner

Position: FAV



JAN H. GARDNER
Frederick County
Executive

SB 295

Maryland Medical Assistance
Program – Emergency Service
Transporters - Reimbursement

County Position: FAVORABLE

Date: February 8, 2022
Committee: Finance

Frederick County Executive Jan Gardner urges your **SUPPORT** for Senate Bill 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement.

One of the fundamental responsibilities of government is to ensure the health and welfare of the community. Emergency medical services are critical to delivering a high level of quality medical care and life-saving services.

County Executive Gardner supports the provisions in the proposed legislation that:

- Modernizes the reimbursement model for emergency transport in a way that acknowledges and encourages the growing role of mobile integrated care in providing appropriate medical services in the best setting;
- Updates the reimbursement rates from the Maryland Medical Assistance Program to volunteer fire, rescue and emergency services to sufficiently cover the costs of providing these services;
- Enables local governments to keep up with increasing costs and demand for the provision of mobile medical services which are delivered by highly trained emergency personnel in varied and often complex situations; and
- Increases access to medical care and the ability of local governments, particularly for those serving both urban and rural communities, to deliver medical services in a way that is responsive to unique community needs and to provide quality care when and where it is needed.

Frederick County Executive Gardner **SUPPORTS** a **FAVORABLE** report for Senate Bill 295.

BaltimoreCounty_FAV_SB0295.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: **SB 295**

TITLE: Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

SPONSOR: Senator Gallion

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: February 8, 2022

Baltimore County **SUPPORTS** Senate Bill 295–Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement. This legislation would expand eligible emergency services and increase the reimbursement rates for emergency transport services from the Maryland Medical Assistance Program.

Access to emergency medical transportation can be the difference between life and death in a crisis. The COVID pandemic highlighted the significant fiscal burden emergency services place on local jurisdictions. At the current rate of reimbursement by the Maryland Medical Assistance Program, locally funded or volunteer emergency service providers who pick up a resident with Medicaid are only reimbursed for the fraction of the cost of care. This exacerbates the already growing strain on the local resources and systems, particularly those serving residents with some of the highest need.

This legislation will help support emergency transportation services by scaling up the rate of reimbursement from a cap of \$100 dollars to \$300 dollars over the next 8 years. It will also expand the type of transportation services that are eligible to be reimbursed by the Maryland Medical Assistance Program. This change is critical for the long term sustainability of local and volunteer emergency service providers.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 295. For more information, please contact Joel Beller, Acting Director of Government Affairs, at jbeller@baltimorecountymd.gov.

MRHA SB295 - Maryland Medical Assistance Program -

Uploaded by: Kathleen Hays

Position: FAV



Statement of Maryland Rural Health Association

To the Senate Finance Committee

February 4, 2022

Senate Bill 295 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

POSITION: SUPPORT

Chair Kelly, Vice Chair Feldman, Senator Beidle, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 295- Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement.

MRHA supports this legislation that requires the Maryland Department of Health to increase the amount of certain reimbursement for emergency service transporters by \$25 each fiscal year, beginning in fiscal year 2023, until the rate is at least \$300.

Rural Marylanders suffer from lack of access to emergency transportation, and quality and equitable transportation in general, so this increased reimbursement would provide incentive to increased access to these services across rural Maryland. We are particularly supportive of this bill's inclusion of mobile integrated healthcare such as that modeled on Maryland's Eastern Shore and would urge that this element be included in the final version should this proposal be enacted.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Jennifer Berkman, MEd Board President 443-783-0480

Anne Arundel County_FAV_SB295.pdf

Uploaded by: Peter Baron

Position: FAV



February 8, 2022

Senate Bill 295

**Maryland Medical Assistance Program -
Emergency Service Transporters -
Reimbursement**

Finance Committee

Position: FAVORABLE

Senate Bill 295 proposes modernizing the Medicaid reimbursement scheme for emergency service care and transportation. This bill will realign Maryland's definition of care and compensation to reimburse locally funded emergency service providers for care provided, under a more realistic set of circumstances than currently reflected.

Maryland's current Medicaid reimbursement rate for emergency medical services has remained at \$100 since 1999. SB 295 gradually increases this rate to at least \$300, which is closer to the actual cost of these services. SB 295 also requires Medicaid reimbursement for patients who are treated but not transported, thereby recognizing that much of emergency care is provided by trained ambulance staff, regardless of whether a delivery is ultimately needed. The need for these changes is especially acute now, in the midst of the ongoing battle against COVID-19, which has strained our medical system.

SB 295 also incentivizes innovative programs and services, such as Anne Arundel County's Mobile Integrated Community Health (MICH) program. MICH is a partnership between the county Fire Department, Department of Aging and Disabilities, Baltimore Washington Medical Center (BWMC), and Anne Arundel Medical Center. The program identifies frequent 9-1-1 callers for non-life-threatening medical reasons and links them to resources and programs to improve overall health and living conditions and reduce the strain on emergency medical systems and local hospital emergency rooms. Since full implementation in 2020, the program has resulted in a 70% decrease in 9-1-1 calls from participants in the three months after intervention. BWMC has also seen more than a 30% reduction in emergency room visits from MICH participants.

SB 295 takes long overdue steps to modernize the Maryland Medicaid system of compensating emergency care. For these reasons, Anne Arundel County requests a **FAVORABLE** report on SB 295.

SB295 testimony.pdf

Uploaded by: Robert Phillips

Position: FAV

MARYLAND STATE FIREMEN'S ASSOCIATION

REPRESENTING THE VOLUNTEER FIRE, RESCUE, AND EMS PERSONNEL OF MARYLAND.



Robert P. Phillips

Chairman

Legislative Committee

17 State Circle

Annapolis, MD 21401

email: rfcchief48@gmail.com

cell: 443-205-5030

Office: 410-974-2222

SB 295 Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

My name is Robert Phillips and I am the Legislative Committee Chairman for the Maryland State Firemen's Association (MSFA).

I wish to present testimony in favor of **SB295: Maryland Medical Assistance Program – Emergency Service Transporters 2 – Reimbursement**

This legislation will assist the state wide volunteer fire service with reimbursement of cost for their medical calls and transport services.

I thank the committee for their time on this important issue and ask that you **FAVORABLY** support SB 295.

Thank you and I'd be glad to answer any questions that you might have.

SB 295 - MoCo_Goldstein_FAV (GA 22).pdf

Uploaded by: Sara Morningstar

Position: FAV



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

Marc Elrich
County Executive

Scott E. Goldstein
Fire Chief

February 8, 2022

Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Kelley:

Montgomery County Fire and Rescue Service wishes to express its support for SB 295 - Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement. As drafted, the bill proposes changes to the rate of reimbursement to county, city, and volunteer fire and rescue departments across the State and removes the requirement to transport patients to a hospital emergency department to receive Medicaid reimbursement. The bill further requires that beginning in fiscal year 2023, the Maryland Department of Health (MDH) must increase the amount of reimbursement for transportation and medical services by \$25 each fiscal year until the reimbursement rate is at least \$300.

For many jurisdictions and small departments, including Montgomery County, Medicaid and Medicare patients make up a sizeable portion of their emergency responses. For years, the Medicaid reimbursement rate has been set at \$100 per patient. Even when that rate was established, the cost per transport was many times more than the allowable Medicaid reimbursement. Since that time, the costs for ambulances, fuel, equipment, labor, and training have risen faster than the overall cost of living. Maryland's small and large fire and rescue departments are here to serve the public good. The artificially low reimbursement rate to transport Medicaid patients, however, has made it very difficult to serve the residents and visitors to the State.

Senate Bill 295 is a simple, effective, and reasonable solution that will support jurisdictions and organizations by increasing the Medicaid reimbursement rate to better reflect the actual costs of providing emergency transport service. It will provide a significant step toward improving the financial stability of Maryland's fire and rescue departments. Additionally, by removing the condition of "transporting the program recipient to a facility,"

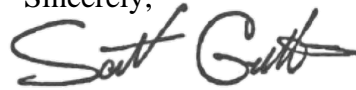
Office of the Fire Chief

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www.montgomerycountymd.gov

SB 295 recognizes and addresses the evolving world of mobile integrated health in which some healthcare is provided in the home rather than in a hospital emergency department. The requirement to transport patients to a facility to receive reimbursement is a disincentive for ambulances to provide in-home or telehealth medicine. This bill acknowledges that and removes it, thereby increasing the opportunity for innovative clinical care, and likely reducing the total number of patients transported to the State's strained emergency departments.

For these reasons, Montgomery County Fire and Rescue Service supports SB 295 and urges that the Committee adopt a favorable report. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Goldstein". The signature is fluid and cursive, with the first name "Scott" and last name "Goldstein" clearly distinguishable.

Scott Goldstein, Fire Chief
Montgomery County Fire and Rescue Service

SB295_Favorable_Senator Gallion.pdf

Uploaded by: Senator Gallion

Position: FAV

JASON C. GALLION
Legislative District 35
Harford and Cecil Counties

Education, Health, and
Environmental Affairs Committee



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Jason.Gallion@senate.state.md.us

District Office
64 S. Main Street
Port Deposit, Maryland 21904

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 8th, 2022

The Honorable Delores Kelley, Chair and Members

Senate Finance Committee

RE: SB295 – Maryland Medical Assistance Program – Emergency Service Transporters –
Reimbursement

Position: Favorable

Chairwoman Kelley and Finance Committee Members:

SB 295 alters the reimbursement rate for certain services provided by emergency service transporters. For over twenty years the Medicaid reimbursement rate for volunteer fire, rescue, or EMS has been fixed at a \$100 per transport. An increase to this rate is long overdue.

SB295 would gradually increase the reimbursement rate for transports of Medicaid patients by \$25 starting in FY23 until the rate reaches \$300 which is on par with our surrounding states.

In addition to increasing the rate it would allow reimbursement for “treat and release” or “treat but not transport” of Medicaid patients. These cases have become unfortunately quite common during the opioid crisis as our providers come out and offer on-site treatment but the patient refuses transport to a healthcare facility.

A new addition to this bill from the past two years is allowing for the reimbursement of Mobile Integrated Health. Mobile Integrated Health is when EMS partners with other health care professionals, such as nurse practitioners, community health workers, social workers, and physicians to conduct home visits to assess, treat and refer low acuity patients with chronic conditions who frequently call 9-1-1 to needed services in the community. MIH programs can also focus on patients identified by hospitals as being at high risk for hospital readmission.

I respectfully urge the committee to issue a favorable ruling for SB 295.

Sincerely,

A handwritten signature in blue ink that reads 'Jason Gallion'.

Senator Jason Gallion

Signed SB 295 LOS.pdf

Uploaded by: Terry Hale

Position: FAV

President Robert Meffley, District 1
Vice President Jackie Gregory, District 5
Councilman William H. Coutz, District 2
Councilman Al Miller, District 3
Councilwoman Donna Culberson, District 4



James Massey
Council Manager

County Council Office
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COUNTY COUNCIL OF CECIL COUNTY
200 Chesapeake Blvd, Elkton Maryland 21921

January 31, 2022

The Hon. Delores G. Kelley
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 295 Maryland Medical Assistance Program – Emergency Service Transportation -
Reimbursement
Letter of Support

Dear Senator Kelley and members of the Senate Finance Committee:

The County Council of Cecil County unanimously supports SB 295 Maryland Medical Assistance Program – Emergency Service Transportation – Reimbursement, which is scheduled for a hearing on February 8, 2022.

It is our understanding that this legislation will allow Medicaid reimbursement to an emergency services transporter responding to 911 call when recipient is not transported to facility and increases amount of reimbursement by \$25 each year until the rate is at least \$300.

Cecil County volunteer fire companies provide all emergency services in response to 911 calls. The current Medicaid rate of reimbursement is \$100, while the actual cost to the transporter is \$700. Local fire companies can apply for supplemental payment under a State Plan Amendment, but the supplemental reimbursement does not cover the entire cost of service. Our fire companies may receive 50% match from the federal government under JEMSOP, which then must get additional funds from the counties for the unreimbursed difference.

The Cecil County Council respectfully requests that the Finance Committee consider a favorable report on SB 295.

Sincerely;

Robert Meffley
Council President

SB 295_MD Medical Assistance Program_Emergency Ser

Uploaded by: Theodore Delbridge

Position: FAV



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.

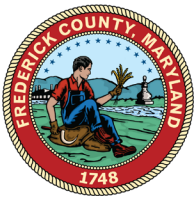
- **Medicaid’s flat \$100 reimbursement to EMS should increase by \$25/year to at least \$300**
 - **Since 1999, Maryland Medicaid reimbursement for EMS has been a flat \$100.** EMS receives a flat \$100 fee regardless of the costs to EMS for the care and transport provided to the 9-1-1 patient and whether 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

SB 295_ChiefCoe_fav.pdf

Uploaded by: Tom Coe

Position: FAV



FREDERICK COUNTY GOVERNMENT

DIVISION OF FIRE & RESCUE SERVICES

Office of the Chief

Jan H. Gardner
County Executive

Thomas E. Coe, Chief

BILL: Senate Bill 295
TITLE: Medical Assistance Program - Emergency Medical Service Transporters
-Reimbursement
HEARING DATE: February 8, 2022
POSITION: FAVORABLE
COMMITTEE: Senate Finance Committee
CONTACT: Chief Thomas E. Coe,
Director, Division of Fire & Rescue Services, Frederick County

Frederick County's Division of Fire and Rescue Services (DFRS) strongly supports Senate Bill 295, which will update reimbursement rates within the Maryland Medical Assistance Program. Updating these rates will better reflect the complex health care services Emergency Medical Services (EMS) transporters provide and adequately fund the high level of medical care delivered by well-trained staff.

DFRS provides critical life safety services to the citizens of and visitors to Frederick County, employing 500 uniformed personnel, sixteen civilian personnel and hundreds of volunteer responders to serve the over 240,000 residents of Frederick County who reside over the 664 square miles of the jurisdiction.

Since the last update of the EMS transport reimbursement rate within the Maryland Medical Assistance Program, demand for EMS services have steadily increased, not just as a result of population growth, but because of the growing spectrum of medical issues that must be addressed.

EMS units have been called upon to furnish a growing list of medical services and increasingly complex health care to meet ever-expanding needs. EMS operations have evolved to deliver medical care to patients when and where they need it, treating patients in their homes and in the field, in addition to transporting them to health care providers beyond traditional hospital emergency rooms.

The current outdated reimbursement formula does not reimburse this immediate care in the field, which sometimes enables a patient to avoid a trip to the emergency room and to receive additional care in a more appropriate environment. The current reimbursement also does not reimburse for transport to alternative health care sites, such as an urgent care provider.

Importantly, EMS functions as the public's emergency safety net and must be supported in order to contribute fully to and in integrated way with the entire health care system.

SB 295 St. Mary's County - Favorable with Amendmen

Uploaded by: Randy Guy

Position: FWA

ST. MARY'S COUNTY GOVERNMENT
**COMMISSIONERS OF
ST. MARY'S COUNTY**



James R. Guy, President
Eric Colvin, Commissioner
Michael L. Hewitt, Commissioner
Todd B. Morgan, Commissioner
John E. O'Connor, Commissioner

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

SUPPORT WITH AMENDMENT

February 1, 2022


Senator Delores G. Kelley, Chair
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairman Kelley:

The Commissioners of St. Mary's County **SUPPORT** SB 295 with the amendments offered by the Maryland Association of Counties Senate Bill 295 - Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement which is being heard in the Finance Committee on February 8, 2022.

We request a favorable with amendments report on SB 295. We support the introduction of this legislation and believe it would benefit the citizens of St. Mary's County. Thank you for your consideration as well as your attention to this matter.

Sincerely,
COMMISSIONERS OF ST. MARY'S COUNTY


James Randy Guy, President

CSMC/AB/sf
T:/Consent/2022/013

Cc: Senator Jack Bailey
Delegate Matthew Morgan
Delegate Gerald Clark
Delegate Brian Crosby
Commissioner Eric Colvin
Commissioner Michael Hewitt
Commissioner Todd Morgan
Commissioner John O'Connor
Catherine Pratson, Acting Co-County Administrator
David Weiskopf, Acting, Co-County Administrator

3 - SB 295 - FIN - MDH - LOI.docx.pdf

Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: INFO



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 8, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 295 – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement.

SB 295 requires MDH to increase the amount of reimbursement for emergency medical services for Medicaid beneficiaries by \$25 each fiscal year, starting in FY23, and continue until the reimbursement is at least \$300. The bill would also require MDH to reimburse for emergency medical services (EMS) transporters for services provided regardless of whether transportation was completed. Additionally, unlike the cross-filed bill (House Bill (HB) 44), SB 295 would further require MDH to pay for mobile integrated health (MIH) services, which are not currently a covered benefit.

In CY18, the Medicaid Program reimbursed emergency service transporters for 115,474 emergency transports at a rate of \$100 per transport, with a Federal Medical Assistance Percentage (FMAP) of 50%. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) estimated that 13 percent of participants who called 911 from CY 2015 through CY 2018 did not receive transport. Assuming the 115,474 transports represent 87% of calls that would be eligible for payment under SB295, MDH would also expect an additional 17,255 new transports would be eligible for reimbursement under the bill.

Increasing the current EMS rate by \$25 every fiscal year and paying for an additional 17,255 new transports annually would add the following to the cost of transportations:

FY23	\$5.04 million TF (\$2.52 million GF, \$2.52 million FF)
FY24	\$8.4 million TF (\$4.2 million GF, \$4.2 million FF)
FY25	\$11.7 million TF (\$5.84 million GF, \$5.84 million FF)
FY26	\$15 million TF (\$7.5 million GF, \$7.5 million FF)
FY27	\$18.3 million TF (\$9.16 million GF, \$9.16 million FF)

For the MIH component, which is not included in the cross-filed bill (HB 44), MDH estimates the fiscal impact would be \$850,000 per year, subject to a 50% FMAP. This estimate is based on pre-COVID-19 Medicaid enrollment (1,415,631 individuals) and a 0.03% uptake of services at \$2,000 per person. It is

possible that savings may be realized due to offsets in hospital emergency department utilization and hospital admissions, but these cannot be quantified.

MDH recognizes the challenges faced by EMS providers as they face high volumes of 911 calls and emergency department wait times that exceed the national average. As such, on March 16, 2021, CMS approved an amendment to the Maryland State Medical Assistance State Plan that creates a public Emergency Service Transporter Supplemental Payment Program (ESPP) for eligible public Emergency Service Transportation providers. The payment is based on Certification of Public Expenditures (CPE) and matching federal Medicaid funds. No State general funds will be used; therefore, this program is budget neutral to MDH except for administrative costs associated with program administration.

The ESPP amendment increases funding to eligible Emergency Service Transporters by providing a federal match for qualifying state-based expenditures incurred through the provision of qualifying services as documented in a CPE. In State Fiscal Year 2022 an estimated \$60 million in state expenditures will be matched by \$60 million in federal Medicaid funds. These Federal matching funds will be dispersed to eligible providers based on the CPEs submitted.

Currently, 14 of the 105 EMS providers in Maryland have signed ESPP participation agreements with MDH. In CY18, these 14 Jurisdictional EMS Operation Programs provided 82% of Medicaid EMS transports. It is expected that this number will rise to a maximum of 24 as more providers meet the requirements. Most of the ineligible providers are commercial services and volunteer fire departments, as they do not have qualifying State-based expenditures.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at heather.shek@maryland.gov or (443) 695-4218.

Sincerely,



Dennis R. Schrader
Secretary