

Department of Legislative Services
Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 682

(Senator Hershey, *et al.*)

Finance

Health and Government Operations

Emergency Medical Services Providers – Coverage and Reimbursement of
Services – Reports and Plan

This bill requires the Maryland Health Care Commission (MHCC) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS), in consultation with specified entities, to jointly (1) develop a statewide plan for the reimbursement of services provided by emergency medical services (EMS) providers to Medicaid recipients; (2) identify a process for obtaining Medicare reimbursement for such services; (3) study and make recommendations regarding the desirability and feasibility of reimbursement for such services provided to privately insured individuals; and (4) submit specified reports to the Governor and General Assembly. **The bill takes effect July 1, 2018.**

Fiscal Summary

State Effect: The bill's requirements can likely be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: MHCC and MIEMMS' statewide plan, process, and study regarding reimbursement of services provided by EMS providers must include mobile integrated health (MIH) services, EMS without transport, and EMS with transport to an alternative destination.

By January 1, 2019, MHCC and MIEMSS must jointly submit two reports to the Governor and the General Assembly: one that includes the statewide plan developed and a description of the process identified for obtaining Medicare reimbursement; and one on the findings and recommendations of the required study.

The bill may not be construed to preclude the Maryland Department of Health, a health insurer, a nonprofit health service plan, or a health maintenance organization from initiating reimbursement of services provided by EMS providers prior to the submission of the required reports.

Current Law/Background: According to MIEMMS, EMS reimbursement historically has been tied to transport of patients to the hospital emergency department (ED). Consequently, EMS is not reimbursed unless the patient is transported and, even then, is only reimbursed for certain transport destinations. Some patients call 911 and are treated by EMS providers but subsequently refuse to be transported to the hospital. Although EMS providers are obliged to respond to the 911 call, EMS providers are unable to bill for the response to recover any portion of the expenses incurred in treating a patient who requested EMS care but was not ultimately transported to the ED.

MIH programs connect frequent users of the 911 system who have nonemergency conditions, or multiple underlying medical conditions, with medical and/or social programs within their communities to address the conditions that resulted in the patient's call to 911. MIH programs are operational in Charles, Frederick, Montgomery, Prince George's, Queen Anne's, and Wicomico counties. The programs have been established through grants, in-kind services, and donations. Each of these programs has reported a reduction in 911 transports and a reduction in ED visits for participating patients. Alternative destination programs transport 911 patients with low-acuity conditions to an urgent care environment instead of a hospital ED. Such programs are being developed for implementation in Montgomery County and Baltimore City in 2018.

State Expenditures: MHCC and MIEMSS can likely develop the specified plan, identify the specified process, study and make specified recommendations, and submit the required reports using existing budgeted resources. MHCC advises that special fund expenditures may increase by as much as \$25,000 in fiscal 2019 should the need arise for additional technical assistance, meeting facilitation, or support for preparing the reports.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Institute for Emergency Medical Services Systems; Maryland Association of Counties; Department of Budget and Management; Maryland Department of Health; Maryland Health Benefit Exchange; Maryland Insurance Administration; Department of Legislative Services

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