

HB0044/923026/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 44
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Reilly” and substitute “, Reilly, Pendergrass, Bagnall, Belcastro, Bhandari, Carr, Chisholm, Cullison, Hill, Johnson, Kaiser, Kelly, Kerr, Kipke, Krebs, Landis, R. Lewis, Morgan, Rosenberg, Saab, Sample–Hughes, Szeliga, and K. Young”; strike beginning with “each” in line 8 down through “beginning” in line 9; and strike beginning with “, until” in line 9 down through “amount” in line 10 and substitute “and pay at least the increased amount in each subsequent fiscal year”.

AMENDMENT NO. 2

On page 1, in line 21, after “(a)” insert “**(1)**”; in the same line, strike beginning with the comma through “service” and substitute “THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.”

(2) “EMERGENCY MEDICAL SERVICES PROVIDER” HAS THE MEANING STATED IN § 13–561 OF THE EDUCATION ARTICLE.

(3) “EMERGENCY SERVICE”;

and after line 23, insert:

(4) “LOW-ACUITY HEALTH CONDITION” MEANS AN ILLNESS, AN INJURY, OR A CONDITION SERIOUS ENOUGH THAT A REASONABLE PERSON WOULD SEEK CARE IMMEDIATELY, BUT NOT SO SEVERE AS TO REQUIRE EMERGENCY ROOM CARE.

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(5) “MOBILE INTEGRATED HEALTH SERVICE” MEANS A COMMUNITY–BASED PREVENTIVE, PRIMARY, CHRONIC, PREADMISSION, OR POSTADMISSION HEALTH CARE SERVICE OR TRANSPORT PROVIDED BY AN EMERGENCY MEDICAL SERVICES PROVIDER TO AN INDIVIDUAL.”

On page 2, in line 1, after “(b)” insert “**(1)**”; in the same line, strike “SUBSECTION (C)” and substitute “**PARAGRAPH (2)**”; in the same line, strike “SECTION” and substitute “**SUBSECTION**”; in lines 5 and 7, strike “(1)” and “(2)”, respectively, and substitute “**(I)**” and “**(II)**”, respectively; in line 10, strike “(C)” and substitute “**(2)**”; in line 10, strike “**BEGINNING IN FISCAL YEAR 2023, THE**” and substitute “**THE**”; in the same line, strike “INCREASE” and substitute “**:**”

(I) INCREASE”;

in line 11, strike “SUBSECTION (B)” and substitute “**PARAGRAPH (1)**”; in line 12, strike “SECTION” and substitute “**SUBSECTION**”; in the same line, strike “\$25” and substitute “**\$50 IN FISCAL YEAR 2023; AND**”

(II) PAY AT LEAST THE AMOUNT ESTABLISHED UNDER ITEM (I) OF THIS PARAGRAPH IN EACH SUBSEQUENT FISCAL YEAR”;

strike beginning with “EACH” in line 12 down through “\$300” in line 13; after line 13, insert:

“(C) (1) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE DEPARTMENT SHALL REIMBURSE AN EMERGENCY SERVICE TRANSPORTER FOR MOBILE INTEGRATED HEALTH SERVICES PROVIDED TO A PROGRAM RECIPIENT IN AN AMOUNT AS SPECIFIED BY REGULATIONS ADOPTED BY THE DEPARTMENT THAT IS AT LEAST \$100 PER INTERACTION.

(2) THE SERVICES SUBJECT TO REIMBURSEMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) HEALTH CARE SERVICES, INCLUDING HEALTH ASSESSMENTS, REMOTE MEDICAL DIAGNOSTICS, CHRONIC DISEASE MONITORING AND EDUCATION, MEDICATION COMPLIANCE, IMMUNIZATIONS AND VACCINATIONS, LABORATORY SPECIMEN COLLECTION, HOSPITAL DISCHARGE FOLLOW-UP CARE, AND MINOR MEDICAL PROCEDURES, PROVIDED BY AN EMERGENCY MEDICAL SERVICES PROVIDER THAT ARE:

1. WITHIN THE SCOPE OF PRACTICE OF THE EMERGENCY MEDICAL SERVICES PROVIDER;

2. PROVIDED IN A HOME OR ANOTHER COMMUNITY-BASED SETTING TO A PROGRAM RECIPIENT WHO DOES NOT REQUIRE EMERGENCY MEDICAL TRANSPORT; AND

3. CONSISTENT WITH THE PROTOCOLS ISSUED BY THE EMERGENCY MEDICAL SERVICES BOARD; AND

(II) TRANSPORTATION PROVIDED BY THE EMERGENCY SERVICE TRANSPORTER TO A PROGRAM RECIPIENT WITH A LOW-ACUITY HEALTH CONDITION TO A LOCATION IN WHICH URGENT HEALTH CARE SERVICES ARE PROVIDED TO INDIVIDUALS.

(3) THE DEPARTMENT SHALL:

(Over)

(I) INCREASE THE AMOUNT OF REIMBURSEMENT AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION FOR THE COST OF TRANSPORTATION AND MEDICAL SERVICES BY \$50 IN FISCAL YEAR 2023; AND

(II) PAY AT LEAST THE AMOUNT ESTABLISHED UNDER ITEM (I) OF THIS PARAGRAPH IN EACH SUBSEQUENT FISCAL YEAR.”;

after line 15, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Department of Health, in coordination with the Maryland Institute for Emergency Medical Services Systems, shall study the adequacy of the rate of reimbursement provided under § 15–114.1 of the Health – General Article, as enacted by Section 1 of this Act.

(b) The study required under subsection (a) of this section shall include an analysis of best practices from other states.

(c) On or before November 1, 2024, the Department shall report its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Institute for Emergency Medical Services Systems (MIEMSS) shall study the emergency and nonemergency interfacility transport system for patients enrolled in the Maryland Medical Assistance Program, including the process for responding to referral requests in a timely manner, the adequacy of reimbursement related to costs, and performance standards.

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(b) On or before December 31, 2022, MIEMSS shall report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article.”;

in line 16, strike “2.” and substitute “4.”; and in line 17, strike “October” and substitute “July”.