## **SENATE BILL 295**

J1 2lr0613 SB 389/21 - FIN **CF HB 44** By: Senators Gallion, Corderman, Guzzone, Beidle, and Elfreth Introduced and read first time: January 19, 2022 Assigned to: Finance Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 9, 2022 CHAPTER AN ACT concerning Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement FOR the purpose of altering the medical services provided by an emergency service transporter for which the Maryland Department of Health is required to reimburse the emergency service transporter who charges for its services and requests reimbursement from the Maryland Medical Assistance Program; requiring the Department to increase the amount of reimbursement by a certain amount each fiscal year, beginning in a certain fiscal year, until the rate is at least a certain amount; and generally relating to the reimbursement of services provided by emergency service transporters under the Maryland Medical Assistance Program. BY repealing and reenacting, with amendments. Article – Health – General Section 15–114.1 Annotated Code of Maryland (2019 Replacement Volume and 2021 Supplement) SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: Article - Health - General 15–114.1.

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



- 1 (a) (1) In this section[, "emergency] THE FOLLOWING WORDS HAVE THE 2 MEANINGS INDICATED.
- 3 (2) "EMERGENCY MEDICAL SERVICES PROVIDER" HAS THE MEANING 4 STATED IN § 13–561 OF THE EDUCATION ARTICLE.
- 5 (3) "EMERGENCY service transporter" means [a]:
- 6 (I) A public entity or volunteer fire, rescue, or emergency medical services; OR
- 8 (II) A COMMERCIAL AMBULANCE SERVICE.
- 9 (4) "LOW-ACUITY HEALTH CONDITION" MEANS AN ILLNESS, AN 10 INJURY, OR A CONDITION SERIOUS ENOUGH THAT A REASONABLE PERSON WOULD 11 SEEK CARE IMMEDIATELY, BUT NOT SO SEVERE AS TO REQUIRE EMERGENCY ROOM 12 CARE.
- 13 **(5)** "MOBILE SERVICE" **INTEGRATED HEALTH MEANS**  $\mathbf{A}$ 14 COMMUNITY-BASED PREVENTIVE, PRIMARY, CHRONIC, PREADMISSION, OR 15 POSTADMISSION HEALTH CARE SERVICE OR TRANSPORT PROVIDED BY AN 16 EMERGENCY MEDICAL SERVICES PROVIDER TO AN INDIVIDUAL.
- 17 (b) (1) [If] SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, IF an emergency service transporter charges for its services and requests reimbursement from the Program, the Department shall reimburse the emergency service transporter, in an amount as specified by regulations adopted by the Department, for the cost of:
- [(1)] (I) Transportation the emergency service transporter provides to a Program recipient to a facility in response to a 911 call; and
- [(2)] (II) Medical services the emergency service transporter provides to the Program recipient [while transporting the Program recipient to a facility] in response to a 911 call.
- 26 (2) BEGINNING IN FISCAL YEAR 2023, THE DEPARTMENT SHALL INCREASE THE AMOUNT OF REIMBURSEMENT AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION FOR THE COST OF TRANSPORTATION AND MEDICAL SERVICES BY \$25 EACH FISCAL YEAR, UNTIL THE REIMBURSEMENT FOR THE SERVICES IS AT LEAST \$300.
- 31 (C) (1) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE 32 DEPARTMENT SHALL REIMBURSE AN EMERGENCY SERVICE TRANSPORTER FOR 33 MOBILE INTEGRATED HEALTH SERVICES PROVIDED TO A PROGRAM RECIPIENT IN

- 1 AN AMOUNT AS SPECIFIED BY REGULATIONS ADOPTED BY THE DEPARTMENT THAT
- 2 IS AT LEAST \$100 PER INTERACTION.
- 3 (2) THE SERVICES SUBJECT TO REIMBURSEMENT UNDER
- 4 PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:
- 5 (I) HEALTH CARE SERVICES, INCLUDING HEALTH
- 6 ASSESSMENTS, REMOTE MEDICAL DIAGNOSTICS, CHRONIC DISEASE MONITORING
- 7 AND EDUCATION, MEDICATION COMPLIANCE, IMMUNIZATIONS AND VACCINATIONS,
- 8 LABORATORY SPECIMEN COLLECTION, HOSPITAL DISCHARGE FOLLOW-UP CARE,
- 9 AND MINOR MEDICAL PROCEDURES, PROVIDED BY AN EMERGENCY MEDICAL
- 10 SERVICES PROVIDER THAT ARE:
- 1. WITHIN THE SCOPE OF PRACTICE OF THE
- 12 EMERGENCY MEDICAL SERVICES PROVIDER;
- 2. PROVIDED IN A HOME OR ANOTHER
- 14 COMMUNITY-BASED SETTING TO A PROGRAM RECIPIENT WHO DOES NOT REQUIRE
- 15 EMERGENCY MEDICAL TRANSPORT; AND
- 3. Consistent with the protocols issued by the
- 17 EMERGENCY MEDICAL SERVICES BOARD; AND
- 18 (II) TRANSPORTATION PROVIDED BY THE EMERGENCY SERVICE
- 19 TRANSPORTER TO A PROGRAM RECIPIENT WITH A LOW-ACUITY HEALTH CONDITION
- 20 TO A LOCATION IN WHICH URGENT HEALTH CARE SERVICES ARE PROVIDED TO
- 21 INDIVIDUALS.
- 22 (3) BEGINNING IN FISCAL YEAR 2023, THE DEPARTMENT SHALL
- 23 INCREASE THE AMOUNT OF REIMBURSEMENT AUTHORIZED UNDER PARAGRAPH (1)
- 24 OF THIS SUBSECTION FOR THE COST OF TRANSPORTATION AND MEDICAL SERVICES
- 25 BY \$25 EACH FISCAL YEAR, UNTIL THE REIMBURSEMENT FOR THE SERVICES IS AT
- 26 LEAST \$300.
- [(c)] (D) The Department shall adopt any regulations necessary to carry out this
- 28 section.
- 29 SECTION 2. AND BE IT FURTHER ENACTED, That:
- 30 (a) The Maryland Department of Health, in coordination with the Maryland
- 31 <u>Institute for Emergency Medical Services Systems</u>, shall study the adequacy of the rate of
- 32 reimbursement for mobile integrated health services provided under § 15–114.1 of the
- 33 Health General Article, as enacted by Section 1 of this Act.

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$\frac{1}{2}$	(b) The study required under subsection (a) of this section shall include a analysis of best practices from other states.
3 4 5	(c) On or before November 1, <del>2023</del> <u>2024</u> , the Department shall report its finding and recommendations to the Governor and, in accordance with § 2–1257 of the Star Government Article, the General Assembly.
6	SECTION 3. AND BE IT FURTHER ENACTED, That:
7 8 9 10 11	(a) The Maryland Institute for Emergency Medical Services Systems (MIEMSS shall study the emergency and nonemergency interfacility transport system for patient 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 cost and performance standards.
12 13 14 15	(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.
16 17 18 19 20	SECTION 4. AND BE IT FURTHER ENACTED, That Sections 1 and 2 of this Asshall take effect October 1, 2022. Section 1 of this Act shall remain effective for a period 2 years and 9 months and, at the end of June 30, 2025, Section 1 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force an effect.
21 22	SECTION 3. 5. AND BE IT FURTHER ENACTED, That, except as provided in Section 4 of this Act, this Act shall take effect October July 1, 2022.
	Approved:
	Governor.

Speaker of the House of Delegates.

President of the Senate.