SENATE BILL 295

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 _____

1 AN ACT concerning

2 Maryland Medical Assistance Program – Emergency Service Transporters
   – Reimbursement

3 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.

12 BY repealing and reenacting, with amendments,
13 Article – Health – General
14 Section 15–114.1
15 Annotated Code of Maryland
16 (2019 Replacement Volume and 2021 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
18 That the Laws of Maryland read as follows:

19 Article – Health – General

20 15–114.1.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strikeout indicates matter stricken from the bill by amendment or deleted from the law by
amendment.
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(a) (1) In this section[. “emergency”] 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 transporter” means [a]:

   (i) A public entity or volunteer fire, rescue, or emergency medical service that provides emergency medical services; OR

   (ii) A COMMERCIAL AMBULANCE SERVICE.

(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.

(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.

(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.

   (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.

(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) 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.

[(c)] (D) The Department shall adopt any regulations necessary to carry out this section.

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 for mobile integrated health services 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, 2023, 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.

(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.

SECTION 4. AND BE IT FURTHER ENACTED, That Sections 1 and 2 of this Act shall take effect October 1, 2022. Section 1 of this Act shall remain effective for a period of 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 and effect.

SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section 4 of this Act, this Act shall take effect October 1, 2022.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.