



Senate Bill 777: Maryland Medical Assistance Program – Emergency Services Transporters and Emergency Medical Services Providers – Reimbursement

State of Maryland

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Emergency Medical
Services Systems**

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MIEMSS Position: Support as Amended by the Sponsor

Bill Summary: With amendments by the Sponsor, SB 779 will: (1) expand the definition of “emergency service transporter” to include a commercial ambulance service; (2) require Medicaid to increase reimbursement for medical transportation / medical services by \$25 for each fiscal year until the reimbursement reaches at least \$300; and (3) remove the Medicaid requirement that in order for Emergency Medical Services (EMS) to be reimbursed by Medicaid for care provided to a 9-1-1 patient who is a Medicaid enrollee, EMS medical services must be provided “while transporting the Program recipient to a facility.”

Rationale:

- **SB 777 expands the definition of “emergency services transporter”**
 - Current law defines “emergency service transporter” to mean a public entity or volunteer fire, rescue or EMS services that provides emergency medical services. This excludes commercial EMS services from Medicaid reimbursement when commercial companies are requested by the public safety 9-1-1 EMS service to respond to an incident. By regulation, commercial EMS services cannot respond to an emergency incident unless requested to do so by a public safety 9-1-1 EMS service. *COMAR 30.09.07.04A*
 - Commercial EMS services who – at the request of the public safety EMS service – respond to provide transport and service to Medicaid enrollees who call 9-1-1 should be able to be reimbursed in the same manner as the public safety EMS service would be.
- **SB 777 increases Medicaid payment to EMS by \$25/year to reach at least \$300**
 - **Current Maryland Medicaid reimbursement for EMS is a flat \$100 which has remained unchanged since 1999.** The flat \$100 fee is paid regardless of the costs to EMS for the care and transport provided to the 9-1-1 patient. Services, medications, and supplies provided by EMS at a scene or during transport are not eligible for separate reimbursement, 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. In 2019, EMS unit response costs averaged \$640 in Baltimore City; \$500 in Montgomery County; and \$664 in Prince George’s County. *See “Coverage & Reimbursement for Emergency Medical Services New Care Delivery Models and Uncompensated Care Costs. Report required under SB 682.” January 2019.*
 - Medicaid reimbursement to EMS should be increased to more appropriately compensate EMS for care and to account for the costs that EMS incurs in responding to and treating Medicaid enrollees who call 9-1-1 for emergency care.
- **SB 777 requires Medicaid to reimburse EMS for Medicaid patients who are treated but not transported**
 - EMS often encounters patients who call 9-1-1, receive EMS treatment and then refuse transport to the hospital. Currently, EMS must transport the patient in order to be reimbursed. This means that EMS receives no reimbursement for the services, medications and supplies used to treat patients who refuse to be transported – a form of uncompensated care. The increase in opioid overdoses has spotlighted this problem over the past two years, as EMS jurisdictions have sought grant funding to help cover the unreimbursed costs of medications administered to save the lives of overdose patients who then refuse transport.

MIEMSS Supports SB 777 with Sponsor Amendments & Requests a Favorable Report