

SB 865 Maryland Medical Assistance Program – Emergency Services Transporters – Reimbursement

State of Maryland

Maryland Institute for Emergency Medical Services Systems

> 653 West Pratt Street Baltimore, Maryland 21201-1536

> > Larry Hogan Governor

Clay B. Stamp, NRP Chairman Emergency Medical Services Board

Theodore R. Delbridge, MD, MPH Executive Director

> 410-706-5074 FAX 410-706-4768

MIEMSS Position: Support

Bill Summary: SB 865 removes existing language that precludes Medicaid reimbursement to EMS if a 9-1-1 patient is transported to a destination other than a hospital or nursing facility.

Rationale: EMS services respond to the full spectrum of patient illness and injury. In some cases, low-acuity patients may be more efficiently served and cared for at other health care destinations, such as behavioral health centers or urgent care clinics, than at traditional hospital emergency departments (ED). EMS services should be reimbursed when transporting patients to non-ED care destinations capable of appropriately treating the patient's condition.

- EMS jurisdictions in Maryland may transport low-acuity patients to alternative destinations under a protocol approved by the State EMS Board in 2019. The protocol was designed for safety and provides clear guidance to EMS for making decisions about appropriate patient destinations. After EMS assessment, if the patient meets medical screening criteria, the patient may be a candidate for transport to a non-ED destination.
- Only low-acuity patients are candidates for possible transport to a non-ED destination. Patients must consent to be transported to the non-ED destination.
- As part of the Protocol, MIEMSS authorizes EMS jurisdictions that meet specific program requirements to implement an Alternative Destination Plan. The Plan must ensure that alternative destinations are staffed appropriately and possess necessary capabilities and technical resources in order to receive EMS-transported patients. EMS jurisdictions must report bi-monthly to MIEMSS on use of Alternative Destinations.
- To date, MIEMSS has authorized four (4) EMS jurisdictions to transport low-acuity patients to Alternative Destinations when appropriate:
 - Caroline County
 - o Montgomery County Fire & Rescue*
 - Annapolis Fire Department*
 - Baltimore City Fire Department*
- In Maryland, there is a clear need to implement different response models to 9-1-1 calls. Increasing 9-1-1 call volumes and resulting transports often lead to long ambulance wait times at hospital EDs. Maryland's ED wait times typically far exceed the national average and are frequently among the worst in the country.
- EMS transport to non-ED destinations offers patients the opportunity to receive the right care at the right time, with potential for cost savings, and may afford a rapid return to service for EMS units.

MIEMSS Supports SB 865 and Requests a Favorable Report

(*) EMS jurisdictions that are participating in a five-year CMS demonstration project to ensure that Medicare beneficiaries receive the most appropriate care, at the right time, and in the right place. A major component of the project is transport of low-acuity Medicare patients to non-ED settings.