



State of Maryland

**Maryland  
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Emergency Medical  
Services Systems**

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**House Bill 44  
Maryland Medical Assistance Program –  
Emergency Services Transporters -- Reimbursement**

**MIEMSS Position: Support**

**Bill Summary:** HB 44: (1) removes the Medicaid requirement that EMS medical services must be provided “while transporting the Program recipient to a facility” in order for EMS to be reimbursed for care provided to a 9-1-1 patient who is a Medicaid enrollee; and (2) requires Medicaid to increase reimbursement for EMS medical transportation / medical services by \$25 for each fiscal year until the reimbursement reaches at least \$300.

**Rationale:**

- **Medicaid should reimburse EMS for Medicaid patients who call 9-1-1 and are treated but not transported to a hospital**
  - Medicaid requires EMS to transport the patient to a hospital in order to be reimbursed; if the patient is not transported to the hospital, EMS receives no reimbursement.
  - EMS encounters some patients who call 9-1-1, receive EMS treatment and then refuse transport to the hospital or have a condition that does not require hospital treatment that may be treated at home or at an urgent care or other health facility.
  - EMS receives no reimbursement for the medical services, medications and supplies it uses to treat patients who are not transported to hospitals – a form of uncompensated care.
  
- **Medicaid’s flat \$100 reimbursement to EMS should increase by \$25/year to at least \$300**
  - **Since 1999, Maryland Medicaid reimbursement for EMS has been a flat \$100.** EMS receives a flat \$100 fee regardless of the costs to EMS for the care and transport provided to the 9-1-1 patient and whether EMS care provided is at the Advanced Life Support or Basic Life Support level. Medicaid does not reimburse for services, medications, and supplies provided by EMS at a scene or during transport, 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. The costs to EMS per 9-1-1 response are estimated to be approximately \$1,500 per response.
  - 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.
  
- **HB 44 will reimburse EMS for responses to Medicaid enrollee patients who call 9-1-1 regardless of whether the patient is transported to a hospital.**
  
- **HB 44 will provide modest Medicaid EMS reimbursement increases of \$25/year – the first increases since 1999 – to a limit of \$300.**

**MIEMSS Supports HB 44 and Requests a Favorable Report**