



House Bill 44

Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

MACo Position: **SUPPORT WITH
AMENDMENTS**

To: Health & Government Operations and
Appropriations Committees

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The Maryland Association of Counties (MACo) **SUPPORTS HB 44, WITH AMENDMENTS**. This bill seeks to increase the emergency transport reimbursement rate by \$25 per year until reaching a cap of \$300. Amendments would broaden the bill to form a more comprehensive modernization of Maryland’s approach to this important form of critical care. **An amended and strengthened version of HB 44 is one of MACo’s legislative initiatives for the 2022 Session.**

Marylanders benefit from a broad network of emergency medical services, capable of responding to a wide range of medical calls. During the ongoing pandemic, as well as the still-worrisome opioid epidemic, these critical services have been strained to the point of exhaustion, with staffing shortages and supply chain problems exacerbating the heightened response needs. Support for these essential first responders is more important than ever. HB 44, with amendment, can take a strong step in the right direction and support our emergency medical services through smarter and more up-to-date reimbursement of their costs.

Under Maryland law, the Medical Assistance program (Medicaid) is the standard bearer for which medical services are reimbursable through insurance coverage. State law governs these determinations and has—for more than 20 years—appropriately recognized that emergency transport by ambulance to a hospital is among the services suitable for this fee-for-service model. This model helps to support both the nonprofit volunteer companies, and the government-supported career agencies. Providers do not pursue these claims against uninsured or underinsured patients, to avoid any undue burdens by the modest charge.

As introduced, HB 44 would raise the current EMS reimbursement rate from the current \$100, through reasonable \$25 yearly increments, eventually reaching a \$300 rate that more reasonably connects to service costs in today’s dollars. This would represent the first change in EMS reimbursements since 1999, an overdue recognition of these substantial costs borne by providers, and would help slowly close the large gap in their operating funding.

In the two decades since these reimbursements were established, however, the role of EMS has evolved well beyond transporting patients to hospitals. The evolution of smaller scale urgent care facilities –

licensed and able to provide rapid response care suitable for some patients, is not recognized under Maryland's reimbursement law. Similarly, substance abuse treatment centers outside hospitals are excluded.

Increasingly, EMS companies find that their care occurs not in transport, but in their mere response. Rather than merely stabilizing a patient, they frequently resolve the matter entirely on-site – through opioid reversal medications, acute first aid, and other means within their training. Once again, Maryland's long-stalled laws fail to recognize this care for their reimbursement, and its costs must be absorbed by the volunteer company or public agency responding.

Forward thinking governments and volunteer companies are also deploying ambulances and mobile equipment to effect service beyond mere response-and-delivery. Mobile Integrated Health and similar offerings bring needed care to residents underserved by easily accessible providers has proven to be a very effective tool to combat health care disparities. Its growing use has increased resident access to important screenings, vaccinations, and prenatal care. In each case, these clear best practices are frequently conducted without the state recognizing that any medical care has taken place, for the purposes of reimbursement.

MACo urges that HB 44 be amended to bring Maryland into the modern day, by adding provisions recognizing the following care as delivered through emergency service providers:

- Allow for EMS providers to be reimbursed for transport to facilities other than a hospital when appropriate, (i.e. urgent care facilities).
- Allow EMS providers to provide Mobile Integrated Health services.
- Reimburse EMS providers for the cost of care they provide, not only the cost of transportation. The range of care envisioned in the bill should be pinned to the transport cost already in law (and modified by this bill) for clarity and simplicity.

An amended version of HB 44 can endorse and support Maryland's best practices, and needed care, delivered by emergency companies across the state. Accordingly, MACo requests a **FAVORABLE WITH AMENDMENTS** report on HB 44.