

HB 44_FAV_MML.pdf
Uploaded by: Angelica Bailey
Position: FAV



Maryland Municipal League

The Association of Maryland's Cities and Towns

TESTIMONY

January 19, 2022

Committee: House Health & Government Operations

Bill: _____ HB 44 - Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

Position: Favorable

Reason for Position:

The Maryland Municipal League writes in support of House Bill 44, which allows emergency service providers to be reimbursed for eligible services from the Maryland Medical Assistance Program.

Current law only acknowledges care delivered by emergency medical staff under minimal conditions for insurance billing purposes. This does not reflect the reality of emergency care. Emergency service transporter staff can, and often does, provide significant services on site without requiring actual medical transport. Without this legislation, those medical professionals would not be eligible for reimbursement for their work despite the significant value they provide to the public.

For these reasons, the Maryland Municipal League supports House Bill 44 and respectfully requests a favorable vote.

FOR MORE INFORMATION CONTACT:

Scott A. Hancock
Angelica Bailey
Bill Jorch
Justin Fiore

Executive Director
Director, Government Relations
Director, Research and Policy Analysis
Manager, Government Relations

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HB0044_FrederickCoCEGardner_Support.pdf

Uploaded by: Jan Gardner

Position: FAV



JAN H. GARDNER
Frederick County
Executive

HB 44

Maryland Medical Assistance
Program – Emergency Service
Transporters - Reimbursement

County Position: SUPPORT

Date: January 19, 2022
Committee: Health & Government Operations

Frederick County Executive Jan Gardner urges your **SUPPORT** for House Bill 44 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement.

One of the fundamental responsibilities of government is to ensure the health and welfare of the community. Emergency medical services are critical to delivering a high level of quality medical care and life-saving services.

County Executive Gardner supports the provisions in the proposed legislation that:

- Modernizes the reimbursement model for emergency transport in a way that acknowledges and encourages the growing role of mobile integrated care in providing appropriate medical services in the best setting;
- Updates the reimbursement rates from the Maryland Medical Assistance Program to volunteer fire, rescue and emergency services to sufficiently cover the costs of providing these services;
- Enables local governments to keep up with increasing costs and demand for the provision of mobile medical services which are delivered by highly trained emergency personnel in varied and often complex situations; and
- Increases access to medical care and the ability of local governments, particularly for those serving both urban and rural communities, to deliver medical services in a way that is responsive to unique community needs and to provide quality care when and where it is needed.

Frederick County Executive Gardner urges favorable **SUPPORT** for House Bill 44.

BaltimoreCounty_FAV_HB0044.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: **HB 44**

TITLE: Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

SPONSOR: Delegate Hornberger

COMMITTEE: Health and Government Operations

POSITION: **SUPPORT**

DATE: January 19, 2022

Baltimore County **SUPPORTS** House Bill 44 –Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement. This legislation would expand eligible emergency services and increase the reimbursement rates for emergency transport services from the Maryland Medical Assistance Program.

Access to emergency medical transportation can be the difference between life and death in a crisis. The COVID pandemic highlighted the significant fiscal burden emergency services place on local jurisdictions. At the current rate of reimbursement by the Maryland Medical Assistance Program, locally funded or volunteer emergency service providers who pick up a resident with Medicaid are only reimbursed for the fraction of the cost of care. This exacerbates the already growing strain on the local resources and systems, particularly those serving residents with some of the highest need.

This legislation will help support emergency transportation services by scaling up the rate of reimbursement from a cap of \$100 dollars to \$300 dollars over the next 8 years. It will also expand the type of transportation services that are eligible to be reimbursed by the Maryland Medical Assistance Program. This change is critical for the long term sustainability of local and volunteer emergency service providers.

Accordingly, Baltimore County requests a **FAVORABLE** report on HB 44. For more information, please contact Joel Beller, Acting Director of Government Affairs, at jbeller@baltimorecountymd.gov.

MRHA HB0044 - Maryland Medical Assistance Program

Uploaded by: Kathleen Hays

Position: FAV



Statement of Maryland Rural Health Association

To the Health and Government Operations Committee

January 19, 2022

House Bill 44 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

POSITION: SUPPORT

Chair Pendergrass, Vice Chair Pena-Melnyk, Delegate Hornberger, and members of the Health and Government Operations Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 44 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement.

MRHA supports this legislation that requires the Maryland Department of Health to increase the amount of certain reimbursement for emergency service transporters by \$25 each fiscal year, beginning in fiscal year 2023, until the rate is at least \$300.

Rural Marylanders suffer from lack of access to emergency transportation, and quality and equitable transportation in general, so this increased reimbursement would provide incentive to increased access to these services across rural Maryland.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MRHA believes this legislation is important to support our rural communities and we thank you for your consideration.

Jenn Berkman, MEd, Board President, 443-783-0480

HB44 testimony.pdf

Uploaded by: Robert Phillips

Position: FAV

MARYLAND STATE FIREMEN'S ASSOCIATION

REPRESENTING THE VOLUNTEER FIRE, RESCUE, AND EMS PERSONNEL OF MARYLAND.



Robert P. Phillips

Chairman

Legislative Committee

17 State Circle

Annapolis, MD 21401

email: rfcchief48@gmail.com

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Office: 410-974-2222

HB 44 Health - Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

My name is Robert Phillips and I am the Legislative Committee Chairman for the Maryland State Firemen's Association (MSFA).

I wish to present testimony in favor of **HB 44: Health - Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement**

This legislation will assist the state wide volunteer fire service with reimbursement of cost for their medical calls and transports services.

I thank the committee for their time on this important issue and ask that you **FAVORABLY** support House Bill 44.

Thank you and I'd be glad to answer any questions that you might have.

HB 44_Medicaid Reimbursement for EMS_MIEMSS_Suppor

Uploaded by: Theodore Delbridge

Position: FAV



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
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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

HB0044-HGO_MACo_SWA.pdf

Uploaded by: Dominic Butchko

Position: FWA



House Bill 44

Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

MACo Position: **SUPPORT WITH
AMENDMENTS**

To: Health & Government Operations and
Appropriations Committees

Date: January 19, 2022

From: Dominic J. Butchko and
Michael Sanderson

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.

Anne Arundel County_FWA_HB 44.pdf

Uploaded by: Hannah Dier

Position: FWA



January 19, 2022

House Bill 44

**Maryland Medical Assistance Program -
Emergency Service Transporters -
Reimbursement
Health and Government Operations Committee**

Position: FAVORABLE WITH AMENDMENTS

House Bill 44 proposes modernizing the Medicaid reimbursement scheme for emergency service care and transportation. With the amendments offered by the bill sponsor, this bill will realign Maryland's definition of care and compensation to reimburse locally funded emergency service providers for care provided, under a more realistic set of circumstances than currently reflected.

Maryland's current Medicaid reimbursement rate for emergency medical services has remained at \$100 since 1999. HB 44 gradually increases this rate to at least \$300, which is closer to the actual cost of these services. HB 44 also requires Medicaid reimbursement for patients who are treated but not transported, thereby recognizing that much of emergency care is provided by trained ambulance staff, regardless of whether a delivery is ultimately needed. The need for these changes is especially acute now, in the midst of the ongoing battle against COVID-19, which has strained our medical system.

The proposed amendments for HB 44 also incentivize innovative programs and services, such as Anne Arundel County's Mobile Integrated Community Health (MICH) program. MICH is a partnership between the county Fire Department, Department of Aging and Disabilities, Baltimore Washington Medical Center (BWMC), and Anne Arundel Medical Center. The program identifies frequent 9-1-1 callers for non-life-threatening medical reasons and links them to resources and programs to improve overall health and living conditions and reduce the strain on emergency medical systems and local hospital emergency rooms. Since full implementation in 2020, the program has resulted in a 70% decrease in 9-1-1 calls from participants in the three months after intervention. BWMC has also seen more than a 30% reduction in emergency room visits from MICH participants.

HB 44 takes long overdue steps to modernize the Maryland Medicaid system of compensating emergency care. For these reasons, Anne Arundel County requests a **FAVORABLE** report, with amendments, on HB 44.

Mayor Day HB 44 FWA Testimony_Final.pdf

Uploaded by: Jacob Day

Position: FWA



City of
Salisbury
Jacob R. Day, Mayor

19 January 2022

Re: Favorable with Amendments support for HB 44 - Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

Dear Members of the Health and Government Operations Committee,

As you consider the merits of **HB 44** and the proposed amendments to this vital piece of legislation, I ask that you vote to give **HB 44** a **Favorable with Amendments** Committee report.

If passed with amendments, HB 44 would increase the emergency transport reimbursement rate by \$25 each fiscal year until the EMS reimbursement rate is at least \$300. This EMS reimbursement rate increase is vital as our City currently forgoes much-needed funding due to the disparity in the Medicaid reimbursement rate, which often does not cover the cost of providing EMS services. In addition to increasing reimbursement rates, the amended bill would also provide reimbursements for services provided through a community-based mobile integrated health service.

Here in Salisbury, our Salisbury Wicomico Integrated First Care Team (SWIFT) continues to make great strides in reducing non-emergent emergency department visits by working with individuals who frequently utilize EMS services and helping them to better manage their chronic conditions. In addition to providing preventative care, SWIFT patients are also connected with primary care services and other community resources. Thanks to the continued partnership between our Salisbury Fire Department, Wicomico County volunteer fire companies, and TidalHealth, our SWIFT program has enrolled over 170 patients. While local partnerships have allowed us to positively impact our community and reduce the volume of non-emergent 911 calls, the success of SWIFT has primarily relied upon grant funding.

If enacted, HB 44 will allow SWIFT and other mobile integrated healthcare services throughout Maryland to continue providing crucial community-based care. By enabling the growth of community-based care, in addition to reducing the burden on already strained hospital emergency departments, we will be empowering Marylanders to live healthier lives by offering preventative and primary care.

Considering the many benefits of HB 44, which will help cities such as Salisbury as we continue to meet the healthcare needs of our communities, I ask that you support HB 44 and pass the bill out of Committee with a **FAVORABLE WITH AMENDMENTS** report.

Respectfully,

Jacob R. Day
Mayor

HB0044-HGO_MACo_SWA.pdf

Uploaded by: Michael Sanderson

Position: FWA



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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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.

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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:

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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.

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Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

January 19, 2022

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: HB 44 – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement – Letter of Information

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on House Bill (HB) 44 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement.

HB 44 requires MDH to increase the amount of reimbursement for emergency medical services for Medicaid beneficiaries by \$25 each fiscal year, starting in FY23, and continue until the reimbursement is at least \$300. The bill would also require MDH to reimburse for emergency medical services (EMS) transporters for services provided regardless of whether transportation was completed.

In CY18, the Medicaid Program reimbursed emergency service transporters for 115,474 emergency transports at a rate of \$100 per transport, with a Federal Medical Assistance Percentage of 50%. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) estimated that 13 percent of participants who called 911 from CY 2015 through CY 2018 did not receive transport. Assuming the 115,474 transports represent 87% of calls that would be eligible for payment under HB44, MDH would also expect an additional 17,255 new transports would be eligible for reimbursement under the bill.

Increasing the rate by \$25 every fiscal year and paying for an additional 17,255 new transports annually would add the following to the cost of transportations:

FY23 \$5.04 million TF (\$2.52 million GF, \$2.52 million FF)
FY24 \$8.4 million TF (\$4.2 million GF, \$4.2 million FF)
FY25 \$11.7 million TF (\$5.84 million GF, \$5.84 million FF)
FY26 \$15 million TF (\$7.5 million GF, \$7.5 million FF)
FY27 \$18.3 million TF (\$9.16 million GF, \$9.16 million FF)

MDH recognizes the challenges faced by EMS providers as they face high volumes of 911

calls and emergency department wait times that exceed the national average. On March 16, 2021, CMS approved an amendment to the Maryland State Medical Assistance State Plan that creates a public Emergency Service Transporter Supplemental Payment Program (ESPP) for eligible public Emergency Service Transportation providers. The payment is based on Certification of Public Expenditures (CPE) and matching federal Medicaid funds. No State general funds will be used; therefore, this program is budget neutral to MDH except for administrative costs associated with program administration.

The ESPP amendment increases funding to eligible Emergency Service Transporters by providing a federal match for qualifying state-based expenditures incurred through the provision of qualifying services as documented in a CPE. In State Fiscal Year 2022 an estimated \$60 million in state expenditures will be matched by \$60 million in federal Medicaid funds. These Federal matching funds will be dispersed to eligible providers based on the CPEs submitted.

Currently, 14 of the 105 EMS providers in Maryland have signed ESPP participation agreements with MDH. In CY18, these 14 Jurisdictional EMS Operation Programs provided 82% of Medicaid EMS transports. It is expected that this number will rise to a maximum of 24 as more providers meet the requirements. Most of the ineligible providers are commercial services and volunteer fire departments, as they do not have qualifying State-based expenditures.

If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at (443) 695-4218 or heather.shek@maryland.gov.

Sincerely,



Dennis R. Schrader
Secretary