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Date: (Filing No. S-)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE
SENATE
131ST LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 634, L.D. 1602, “An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board on Financial Health of Ambulance Services”

Amend the bill by striking out all of section 2 and inserting the following:

Sec. 2. 24-A MRSA §4303-F, as enacted by PL 2021, c. 241, §3, is amended to read:

§4303-F. Reimbursement for ambulance services and participation of ambulance service providers in carrier networks

1. Reimbursement for ambulance services. ~~Until December 31, 2023, with~~ With respect to a bill for covered emergency services rendered by an ambulance service provider, a carrier shall reimburse the ambulance service provider or enrollee, as applicable, as follows.

- A. If the ambulance service provider participates in the carrier's network, the carrier shall reimburse at the ambulance service provider's rate or 200% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C.
- B. If the ambulance service provider is an out-of-network provider, the carrier shall reimburse at the ambulance service provider's rate or 180% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C.
- C. If the ambulance service provider is located in a rural or super rural area as designated by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and eligible for additional Medicare reimbursement for services that were provided to a Medicare enrollee, the carrier shall increase the reimbursement to that ambulance service provider in the same amount as the additional Medicare reimbursement.
- D. If, on the effective date of this subsection, an ambulance service provider's charge for ambulance services is below 200% of the Medicare rate for that service, the

COMMITTEE AMENDMENT

1 ambulance service provider may not increase the charge for that service by more than
2 5% annually.

3 E. A carrier may not require an ambulance service provider to obtain prior
4 authorization before transporting an enrollee to a hospital, between hospitals or from a
5 hospital to a nursing home, hospice care facility or other health care facility, as defined
6 in Title 22, section 328, subsection 8.

7 ~~This subsection is repealed December 31, 2023.~~

8 Notwithstanding this subsection, a carrier is not required to reimburse an ambulance service
9 provider at the reimbursement rates required in this subsection for covered services
10 delivered through community paramedicine in accordance with Title 32, section 84,
11 subsection 4 and a carrier may require an ambulance service provider to obtain prior
12 authorization before providing services through community paramedicine.

13 **1-A. Reimbursement for nontransport services.** With respect to a health plan with
14 an effective date on or after January 1, 2024, when an ambulance service provider responds
15 to a call for emergency services and an enrollee refuses transport to a hospital, a carrier
16 shall reimburse that ambulance service provider for any services other than transport
17 provided to the enrollee as follows.

18 A. If the ambulance service provider participates in the carrier's network, the carrier
19 shall reimburse the ambulance service provider at the ambulance service provider's rate
20 or 200% of the average of the Medicare rate for basic life support services and the
21 Medicare rate for advanced life support services, whichever is less, plus any adjustment
22 required by paragraph C.

23 B. If the ambulance service provider is an out-of-network provider, the carrier shall
24 reimburse the ambulance service provider at the ambulance service provider's rate or
25 180% of the average of the Medicare rate for basic life support services and the
26 Medicare rate for advanced life support services, whichever is less, plus any adjustment
27 required by paragraph C.

28 C. If the ambulance service provider is located in a rural or super rural area as
29 designated by the federal Department of Health and Human Services, Centers for
30 Medicare and Medicaid Services and eligible for additional Medicare reimbursement
31 for services that were provided to a Medicare enrollee, the carrier shall increase the
32 reimbursement to that ambulance service provider in the same amount as the additional
33 Medicare reimbursement.

34 D. If, on the effective date of this subsection, an ambulance service provider's rate for
35 ambulance services is below 200% of the average of the Medicare rate for basic life
36 support and advanced life support services, the ambulance service provider may not
37 increase the rate for that service by more than 5% annually.

38 **2. Network participation; standard contract.** A carrier shall offer a standard
39 contract to all ambulance service providers willing to participate in the carrier's provider
40 network with the following provisions:

41 A. The reimbursement rate paid for ambulance services conforms to the requirements
42 of subsection 1;

43 ~~This paragraph is repealed December 31, 2023;~~

- 1 B. The contract term is for a minimum of 24 months;
- 2 C. The contract may be terminated as long as the party seeking to terminate the contract
- 3 provides at least 180 days' prior notice; and
- 4 D. The contract provides that an ambulance service provider has a minimum of 120
- 5 days to submit a claim.

6 **3. Exemption.** This section does not apply to air ambulance services.

7 **4. Medical necessity.** A carrier shall consider the requirements of the federal
8 Department of Health and Human Services, Centers for Medicare and Medicaid Services
9 related to medical necessity of ambulance services when establishing the carrier's own
10 policies and guidelines related to the medical necessity and reasonableness of covered
11 services provided by ambulance service providers.'

12 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
13 number to read consecutively.

14 **SUMMARY**

15 This amendment specifies the rate at which carriers are required to reimburse
16 ambulance service providers for nontransport services. The amendment removes the
17 provision in the bill requiring carriers to reimburse ambulance service providers for
18 covered services delivered through community paramedicine in accordance with the Maine
19 Revised Statutes, Title 32, section 84, subsection 4 and provides that, if a carrier provides
20 coverage for community paramedicine, the carrier is not required to reimburse an
21 ambulance service provider at the reimbursement rates required in the bill. The amendment
22 also adds a cross-reference to a definition of "health care facility" as it relates to prior
23 authorization for transport service of an ambulance service provider.

24 **FISCAL NOTE REQUIRED**

25 **(See attached)**