

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-ONE

—
H.P. 925 - L.D. 1258

**An Act To Implement the Recommendations of the Stakeholder Group
Convened by the Emergency Medical Services' Board Related to
Reimbursement Rates for Ambulance Services by Health Insurance Carriers
and To Improve Participation of Ambulance Service Providers in Carrier
Networks**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §4303-C, sub-§2, ¶D, as enacted by PL 2019, c. 668, §2, is amended to read:

D. ~~A Until December 31, 2023, unless the carrier and out-of-network provider agree otherwise, a carrier shall reimburse an out-of-network provider for ambulance services that are covered emergency services at the out-of-network provider's rate, unless the carrier and out-of-network provider agree otherwise. rate required by section 4303-F;~~

~~This paragraph is repealed October 1, 2021;~~

Sec. 2. 24-A MRSA §4303-C, sub-§2, ¶E, as enacted by PL 2019, c. 668, §2, is amended to read:

E. If an out-of-network provider disagrees with a carrier's payment amount for a surprise bill for emergency services or for covered emergency services as determined in accordance with paragraph B or paragraph D, the carrier and the out-of-network provider have 30 calendar days to negotiate an agreement on the payment amount in good faith. If the carrier and the out-of-network provider do not reach agreement on the payment amount within 30 calendar days, the out-of-network provider may submit a dispute regarding the payment and receive another payment from the carrier determined in accordance with the dispute resolution process in section 4303-E, including any payment made pursuant to section 4303-E, subsection 1, paragraph G; and

Sec. 3. 24-A MRSA §4303-F is enacted 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 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 ambulance service provider may not increase the charge for that service by more than 5% annually.

This subsection is repealed December 31, 2023.

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

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

This paragraph is repealed December 31, 2023;

B. The contract term is for a minimum of 24 months;

C. The contract may be terminated as long as the party seeking to terminate the contract provides at least 180 days' prior notice; and

D. The contract provides that an ambulance service provider has a minimum of 120 days to submit a claim.

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

Sec. 4. 32 MRSA §86, sub-§1, ¶A is enacted to read:

A. The board shall adopt rules and protocols to evaluate the need for any new ambulance service in this State before granting a license under this subsection, including rules that provide an appeal process for any decision made by the board. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

This paragraph is repealed December 31, 2026.

Sec. 5. 32 MRSA §88, sub-§2, ¶K is enacted to read:

K. The board shall establish by rule a program for collecting and reporting cost and performance metrics related to emergency medical treatment services, including ambulance services. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

Sec. 6. Review of financial health and costs of ambulance service providers and the delivery of services by ambulance service providers. The Emergency Medical Services' Board shall convene a stakeholder group, including representatives of the Maine Ambulance Association, municipal and private ambulance services, health insurance carriers and the Department of Professional and Financial Regulation, Bureau of Insurance, to review issues related to financial health and costs of ambulance service providers and the delivery of services by ambulance service providers in this State, including issues related to the medical necessity and reasonableness of ambulance services. The stakeholder group shall consider and develop financial and cost reporting standards and other metrics related to the delivery and quality of ambulance services to measure and evaluate ambulance services in this State. The Emergency Medical Services' Board shall submit a report on the results of its review, including any recommendations, to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters no later than February 1, 2023. The joint standing committee may report out a bill based on the report to the First Regular Session of the 131st Legislature.