



131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document

No. 1602

S.P. 634

In Senate, April 11, 2023

**An Act to Implement the Recommendations of the Stakeholder
Group Convened by the Emergency Medical Services' Board on
Financial Health of Ambulance Services**

Reported by Senator BAILEY of York for the Joint Standing Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Order 2023, S.P. 594.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed pursuant to Joint Rule 218.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

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

2 **Sec. 1. 22 MRSA §8712, sub-§2**, as amended by PL 2021, c. 423, Pt. A, §6, is
3 further amended to read:

4 **2. Payments.** The organization shall create a publicly accessible interactive website
5 that presents reports related to payments for services rendered by health care facilities and
6 practitioners to residents of the State. The services presented must include, but not be
7 limited to, imaging, preventative health, radiology, surgical services, ambulance services,
8 comparable health care services as defined in Title 24-A, section 4318-A, subsection 1,
9 paragraph A and other services that are predominantly elective and may be provided to a
10 large number of patients who do not have health insurance or are underinsured. The
11 website must also be constructed to display prices paid by individual commercial health
12 insurance companies, 3rd-party administrators and, unless prohibited by federal law,
13 governmental payors. Beginning October 1, 2012, price information posted on the website
14 must be posted semiannually and beginning October 1, 2022 must be posted annually, must
15 display the date of posting and, when posted, must be current to within 12 months of the
16 date of submission of the information. Payment reports and price information posted on
17 the website must include data submitted by payors with regard to all health care facilities
18 and practitioners that provide comparable health care services as defined in Title 24-A,
19 section 4318-A, subsection 1, paragraph A or services for which the organization reports
20 data pertaining to the statewide average price pursuant to this subsection or Title 24-A,
21 section 4318-B. Upon notice made by a health care facility or practitioner that data posted
22 by the organization pertaining to that facility or practitioner is inaccurate or incomplete,
23 the organization shall remedy the inaccurate or incomplete data within the earlier of 30
24 days of receipt of the notice and the next posting date.

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

27 **§4303-F. Reimbursement for ambulance services and participation of ambulance**
28 **service providers in carrier networks**

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

33 A. If the ambulance service provider participates in the carrier's network, the carrier
34 shall reimburse at the ambulance service provider's rate or 200% of the Medicare rate
35 for that service, whichever is less, plus any adjustment required by paragraph C.

36 B. If the ambulance service provider is an out-of-network provider, the carrier shall
37 reimburse at the ambulance service provider's rate or 180% of the Medicare rate for
38 that service, whichever is less, plus any adjustment required by paragraph C.

39 C. If the ambulance service provider is located in a rural or super rural area as
40 designated by the federal Department of Health and Human Services, Centers for
41 Medicare and Medicaid Services and eligible for additional Medicare reimbursement
42 for services that were provided to a Medicare enrollee, the carrier shall increase the
43 reimbursement to that ambulance service provider in the same amount as the additional
44 Medicare reimbursement.

1 D. If, on the effective date of this subsection, an ambulance service provider's charge
2 for ambulance services is below 200% of the Medicare rate for that service, the
3 ambulance service provider may not increase the charge for that service by more than
4 5% annually.

5 E. A carrier may not require an ambulance service provider to obtain prior
6 authorization before transporting an enrollee to a hospital, between hospitals or from a
7 hospital to a nursing home or other health care facility.

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

9 **1-A. Reimbursement for nontransport services.** When an ambulance services
10 provider responds to a call for emergency services and an enrollee refuses transport to a
11 hospital, a carrier shall reimburse that ambulance services provider for any services other
12 than transport provided to an enrollee. The reimbursement paid by a carrier must meet the
13 requirements of subsection 1.

14 **1-B. Reimbursement for community paramedicine services.** A carrier shall
15 reimburse an ambulance services provider for covered services delivered through
16 community paramedicine in accordance with Title 32, section 84, subsection 4. The
17 reimbursement paid by a carrier must meet the requirements of subsection 1. A carrier may
18 require an ambulance service provider to obtain prior authorization before providing
19 services delivered through community paramedicine.

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

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

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

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

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

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

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

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

37 **Sec. 3. 32 MRSA §88, sub-§2, ¶L,** as enacted by PL 2021, c. 241, §5 and
38 reallocated by RR 2021, c. 2, Pt. A, §113, is amended to read:

39 L. The board shall establish by rule a program for collecting and reporting cost and
40 performance metrics related to emergency medical treatment services, including
41 ambulance services. The cost and performance metrics for ambulance services adopted
42 in rule must include, at a minimum, data on the volume of services provided per capita

1 and per square mile of geographic area, the type of entity, the payer mix, the impact on
2 length of stay in a health care facility due to lack of available ambulance transport,
3 demographics on personnel and level of licensure, the number of vacancies and the
4 number of volunteer hours dedicated to emergency medical services. Rules adopted
5 pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375,
6 subchapter 2-A.

7 **Sec. 4. Appropriations and allocations.** The following appropriations and
8 allocations are made.

9 **PUBLIC SAFETY, DEPARTMENT OF**

10 **Emergency Medical Services 0485**

11 Initiative: Provides appropriations for 2 Management Analyst I positions and related costs
12 to collect and report cost and performance information related to emergency services.

| 13 GENERAL FUND | 2023-24 | 2024-25 |
|----------------------------------|------------------|------------------|
| 14 POSITIONS - LEGISLATIVE COUNT | 2,000 | 2,000 |
| 15 Personal Services | \$164,000 | \$169,248 |
| 16 All Other | \$5,000 | \$5,000 |
| 17 | | |
| 18 GENERAL FUND TOTAL | <u>\$169,000</u> | <u>\$174,248</u> |

19 **SUMMARY**

20 This bill proposes statutory changes based on recommendations included in the report
21 made to the Joint Standing Committee on Health Coverage, Insurance and Financial
22 Services by a stakeholder group convened by the Emergency Medical Services' Board on
23 financial health of ambulance services. The committee has not taken a position on the
24 substance of this bill. By reporting this bill out, the committee is not suggesting and does
25 not intend to suggest that it agrees or disagrees with any aspect of this bill. The committee
26 is reporting out the bill for the sole purpose of having a bill printed that can be referred to
27 the committee for an appropriate public hearing and subsequent processing in the normal
28 course. The committee is taking this action to ensure clarity and transparency in the
29 legislative review of the proposals contained in the bill.

30 The bill makes the following changes.

31 1. It removes the repeal date related to the rate of reimbursement health insurance
32 carriers are required to pay for covered emergency services provided by an ambulance
33 service provider.

34 2. It removes the limitation that carriers are only required to reimburse for covered
35 emergency services provided by an ambulance services provider.

36 3. It requires health insurance carriers to reimburse ambulance service providers for
37 nontransporting services at the same reimbursement rates for covered emergency services.

38 4. It prohibits health insurance carriers from requiring an ambulance services provider
39 to obtain prior authorization before transporting an enrollee to a hospital, between hospitals
40 or from a hospital to a nursing home or other health care facility and requires carriers to
41 reimburse for those services.

1 5. It requires health insurance carriers to consider the requirements of the federal
2 Department of Health and Human Services, Centers for Medicare and Medicaid Services
3 related to medical necessity when establishing the carrier's own policies for medical
4 necessity.

5 6. It requires carriers to reimburse ambulance services providers for covered services
6 rendered through community paramedicine in accordance with the Maine Revised Statutes,
7 Title 32, section 84, subsection 4.

8 The bill also specifies the cost and performance metrics for the program for collecting
9 and reporting cost and performance metrics related to emergency services that must be
10 established by the Emergency Medical Services' Board in rule and proposes to add 2
11 positions to the Emergency Medical Services' Board to facilitate that program. Finally, the
12 bill proposes to require the Maine Health Data Organization to report information on
13 payments for ambulance services on its publicly accessible website.