



Northern Light Health
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**LD 1602 An Act to Implement the Recommendations of the Stakeholder
Group Convened by the Emergency Medical Services' Board on
Financial Health of Ambulance Services**

Testimony in Support

Northern Light Health
Acadia Hospital
A.R. Gould Hospital
Beacon Health
Blue Hill Hospital
C.A. Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Laboratory
Northern Light Pharmacy
Sebasticook Valley Hospital

Senator Bailey, Representative Perry and members of the Health Coverage, Insurance and Financial Services Committee, my name is Lisa Harvey-McPherson RN. I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

Northern Light Medical Transport has five Maine-licensed ambulance services located in Bangor, Corinth, Dexter, Dover Foxcroft and Pittsfield. We are in full support of the recommendations proposed by the Stakeholder Group. There are several key improvements in this legislation that materially improve the efficacy, efficiency and sustainability of EMS Services in Maine. This bill also provides enhanced protection to patients with respect to bills for Emergency Medical Services.

Our ambulance services have successfully contracted with payers for the provision of ambulance services, and to that end, we are fully in support of removing the sunset date for the current reimbursement methodology. We are also in support of removing the limitation on this methodology to emergency services, this bill expands to include non-emergency transport, which is a service critical to the smooth transition of care for patients in brick-and-mortar healthcare facilities. Prohibiting prior authorization requirements will provide a consistent and clear process across carriers which will help patients get discharged or transferred to another hospital or facility more efficiently. This bill also requires carriers to adopt the CMS medical necessity requirements for ambulance services, once again supporting clear and consistent processes across payers.

Most importantly, this bill provides consistent payment methodology for situations in which a patient requires an ambulance response but is ultimately treated in place and released. Approximately 30% of 911 responses result in a situation where the patient is not transported to a hospital, and in those circumstances and in most cases, ambulance services receive no reimbursement despite substantial expense.

This bill also creates a reimbursement pathway for community paramedicine services, which are proven to avoid rehospitalization and contribute to the ability of patients to age in place.

Finally, we believe directing the EMS board to establish rules for cost reporting is a vital component of a healthy and efficient system. The long-term sustainability of Maine's emergency medical services system will require transparency and collaboration. Further, future reimbursement methodologies should be informed by objective data that is not currently available. Cost reporting is a key step in that process of improving the EMS system.

In closing, Northern Light Health commends the work of the stakeholder group, which included payers and providers, on the bringing forward of a comprehensive and mutually beneficial proposal; a win-win that truly improves the emergency medical services system in a responsible and sustainable way.