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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**

Committee on Health Coverage, Insurance and Financial Services

May 2, 2023

Support

My name is Butch Russell and I live in Windham. I serve as the President of the Maine Ambulance Association, a non-profit trade association committed to improving and supporting Maine's EMS system. Our members include emergency medical services of all sizes and corporate structures, and from every corner of the state. I was also a member of the stakeholder group making these recommendations.

LD 1602 is a vital piece of legislation supporting Emergency Medical Services (EMS) this session. A couple of years ago this committee made several changes to the law that brought EMS up to 200% of Medicare when contracting with commercial payors and to a minimum of 180% without a contract. We believe it was an oversight at the time, but this law was adopted with the word "Emergency", which caused some commercial payors to argue they did not have to pay higher rates for "Non-Emergency" ambulance transportation. We contend that these transports cost just as much to perform and should be included in the overall Bill. The original Bill also had a sunset clause built in and this Bill would repeal that clause.

Paying for No Transports

Nearly 25%-30% of EMS responses to 9-1-1 calls in Maine, conclude with the patient not being transported. In most cases, EMS Services cannot bill for any call that does not end with transporting the patient. MaineCare currently reimburses for a small number of these calls, mostly cardiac arrest, and treatment of diabetics, but at an abysmal flat rate of \$95. For comparison, responding to a cardiac arrest is usually accomplished by sending several emergency vehicles with 6+ emergency providers. Usually, patients are treated for 30-60 minutes on scene using hundreds of dollars in medications and supplies (often used - IO needles at a cost of \$100 each). A cardiac arrest is arguably the most expensive medical call that EMS can respond to, and if the patient has Commercial insurance, we recoup nothing. We estimate that when added to the companion Bill LD1751 being heard in Health and Human Services, this should generate about \$3.5 million dollars for EMS Services in Maine.

No Prior Authorization for Routine Transports

This bill would require commercial payors to reimburse for transports to a hospital, between hospitals or from a hospital to nursing home or other healthcare facility without a prior authorization from the carrier to do so. This matches the requirements of CMS for both MaineCare and Medicare. What we find is that many commercial carriers have prior authorizations built into their processes that the carrier themselves do not have the ability to perform until after the transport has been completed. Putting the EMS service on the hook for doing the transport. The commercial carriers will argue that prior authorizations are put in place to reduce or eliminate patients being transported to a rehab or like facility that are more expensive than another. We contend that the ambulance should

not be put in the middle of these decisions, we have no buy-in or say in where the patient is being transported, only to assure that the patient required an ambulance (Medical Necessity) to get the prearranged destination. We strongly urge the committee to close this loophole and remove the requirement and administrative burden for our EMS services.

Paying for Community Paramedicine

Maine's EMS services have offered Community Paramedicine (CP) Services in our state for the last decade. These services are proven to help save healthcare cost, keep people healthy and safe in their homes and better the lives of the aging population in Maine. We've offered many of these services to date, with no reimbursement for the work done. CP services have also proven to save insurance companies money by keeping patients out of the Emergency Department. It is long overdue that these services get reimbursed and to start paying EMS for what they do, healthcare, not just transportation.

Thank you for your support of Maine's EMS providers.

Butch Russell, President

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