

MAINE ASSOCIATION
OF
HEALTH PLANS

Testimony of Dan Demeritt 5/2/30
Joint Standing Committee on Health Coverage, Insurance, and Financial Services

Neither For Nor Against 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

Senator Bailey, Representative Perry, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans (MeAHP). Our plans include Anthem Blue Cross and Blue Shield, Cigna, CVS / Aetna, Community Health Options, Harvard Pilgrim Health Care, and United Health Care. Our private and non-profit insurance carriers provide or administer health insurance coverage to about 600,000 Maine people. Our mission as an association is to improve the health of Maine people by promoting affordable, safe, and coordinated healthcare.

The Maine Association of Health Plans and some of our member plans representatives participated in the Stakeholder Group on EMS Financial Health. While not all recommendations were supported unanimously, we appreciate the opportunity to contribute to this work and help shape the final report.

Emergency management services, including transportation of patients to health care facilities and emergency responses, are critical to our healthcare system. LD 1602 provides ongoing support and certainty to ambulance service providers by removing the December 31, 2023, termination date regarding the reimbursement of ambulance services and participation in carrier networks.

Not all emergency calls for service result in transportation to a hospital or other health care facility. The bill will improve our understanding of the costs, performance, and payments related to ambulance services.

If passed, community paramedicine services would be subject to payments tied to Medicare reimbursement rates that may exceed rates for comparable services provided by home health care agencies or other providers. New requirements for reimbursement, including responses without transportation and the delivery of community paramedicine, should be subject to a mandate study by the Bureau of Insurance.

LD 1602 also eliminates prior authorization for transfers to hospitals, between hospitals, or from hospitals to nursing homes or other health care facilities.