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Testimony in Support of LD 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

Hearing Date: April 20, 2021 – 10:00 AM

Senator Sanborn, Representative Tepler, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Jay Bradshaw. I live in Belgrade and serve as the Executive Director of the Maine Ambulance Association (MAA), 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.

We appreciate the opportunity to be actively involved in the report previously submitted to the report and to submit our support for LD 1258, which incorporates the unanimous recommendations of the stakeholder group. We were impressed with the interest and involvement of all stakeholders in the meetings and think that taken as a whole, this bill makes significant strides to helping both ambulance services and insurance carriers build a more robust network of ambulance services who have equitable and contemporary contracts with private insurance carriers.

The MAA Legislative Committee has discussed this bill and would like to provide some clarification and comments.

Section 3 (page 1, line 25) – While the genesis of this bill was in LD 2105 (129th Legislature) focusing on surprise billing for *emergency services*, we suggest that the reimbursement and standard offer contract language referenced in this bill could also be appropriately applied to non-emergency (scheduled) transfers.

Section 3 (page 2, line 3) – as will be discussed later, the deadline of December 31, 2023 may need to be extended.

Section 4 (page 2, line 22) – this suggestion came from the insurance carriers and we agree is important. All too often, municipalities or private organizations think that starting and running an ambulance service is a relatively simple process that may reduce subsidies paid to another municipality or ambulance service. However, the costs of running an ambulance service are both considerable and specialized. It was not the intention to create a burdensome Certificate of Need process, but instead to utilize a valid mechanism to collect and evaluate the need and viability of new ambulance services. One example of how this could be accomplished is described in *“Engaging Communities to Preserve Access to Emergency Medical Services in Rural Maine”* (Maine Rural Health Action Network, October 2020).

Section 5 – the US Centers for Medicare and Medicaid Services is in Year Two of a Four Year process to collect ambulance services cost data. Each year, approximately 25% of ambulance services are selected to collect and report data using a reporting tool developed for this process. Due to COVID, Year One participants were delayed from submission; however, the project is still anticipated to complete collection by 2024. Given the extensive work that went into developing the CMS tool, we suggest it would be prudent to approach CMS about using this tool which recognizes the diverse nature of ambulance services and for which there are considerable training resources.

Legislation may help grease the skids with CMS for this purpose.

However, given that the final year of reporting to CMS is 2024, it may be prudent to postpone the repeal date for Section 3 to December 31, 2025.

Section 6 – we suggest that it would be helpful to include the Department of Health and Human services in developing the evaluation models and utilize the Maine Health Data Organization for data analysis.

Thank you for your interest in this important topic.

We will look forward to joining you for your work session and to assist with any questions you may have.