

# MAINE STATE LEGISLATURE

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# 132nd MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2025

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Legislative Document

No. 1530

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S.P. 614

In Senate, April 8, 2025

### **An Act to Improve the Sustainability of Emergency Medical Services in Maine**

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

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

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator CURRY of Waldo.

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

2 **Sec. 1. 24-A MRSA §4303-F**, as amended by PL 2023, c. 468, §2 and c. 591, §§3  
3 and 4, is further amended by amending the section headnote to read:

4 **§4303-F. Reimbursement for ambulance services and nontransporting emergency**  
5 **medical services; participation of ambulance and nontransporting emergency**  
6 **medical service providers in carrier networks**

7 **Sec. 2. 24-A MRSA §4303-F, sub-§1**, as amended by PL 2023, c. 591, §3, is  
8 further amended to read:

9 **1. Reimbursement for ambulance and nontransporting emergency medical**  
10 **services.** With respect to a bill for covered services rendered by an ambulance service or  
11 nontransporting emergency medical service provider, a carrier shall reimburse the  
12 ambulance service or nontransporting emergency medical service provider or enrollee, as  
13 applicable, as follows.

14 A. If the ambulance service or nontransporting emergency medical service provider  
15 participates in the carrier's network, the carrier shall reimburse at the ambulance service  
16 provider's or nontransporting emergency medical service provider's rate or 200% of the  
17 Medicare rate for that service, whichever is less, plus any adjustment required by  
18 paragraph C.

19 B. If the ambulance service or nontransporting emergency medical service provider is  
20 an out-of-network provider, the carrier shall reimburse at the ambulance service  
21 provider's or nontransporting emergency medical services provider's rate or 180% of  
22 the Medicare rate for that service, whichever is less, plus any adjustment required by  
23 paragraph C.

24 C. If the ambulance service or nontransporting emergency medical service provider is  
25 located in a rural or super rural area as designated by the federal Department of Health  
26 and Human Services, Centers for Medicare and Medicaid Services and eligible for  
27 additional Medicare reimbursement for services that were provided to a Medicare  
28 enrollee, the carrier shall increase the reimbursement to that ambulance service  
29 provider or nontransporting emergency medical service provider in the same amount  
30 as the additional Medicare reimbursement.

31 D. If, on the effective date of this subsection in the case of an ambulance service  
32 provider or on October 1, 2025 in the case of a nontransporting emergency medical  
33 service provider, an ambulance service provider's or a nontransporting emergency  
34 medical service provider's charge for ambulance services is below 200% of the  
35 Medicare rate for that service, the ambulance service provider or nontransporting  
36 emergency medical service provider may not increase the charge for that service by  
37 more than 5% annually.

38 E. A carrier may not require a ground ambulance service provider or nontransporting  
39 emergency medical service provider to obtain prior authorization before transporting  
40 an enrollee to a hospital, between hospitals or from a hospital to a nursing home,  
41 hospice care facility or other health care facility, as defined in Title 22, section 328,  
42 subsection 8. A carrier may not require an air ambulance service provider to obtain

1 prior authorization before transporting an enrollee to a hospital or between hospitals  
2 for urgent care.

3 Notwithstanding this subsection, a carrier is not required to reimburse an ambulance service  
4 provider at the reimbursement rates required in this subsection for covered services  
5 delivered through community paramedicine in accordance with Title 32, section 84,  
6 subsection 4 and a carrier may require an ambulance service provider to obtain prior  
7 authorization before providing services through community paramedicine.

8 As used in this subsection, "nontransporting emergency medical service" has the same  
9 meaning as in Title 32, section 83, subsection 14.

10 **Sec. 3. 32 MRSA §86, sub-§2-A**, as amended by PL 2019, c. 627, Pt. B, §9, is  
11 further amended to read:

12 **2-A. Treatment.** When an ambulance service or nontransporting emergency medical  
13 service is present at an accident or other situation in which a person or persons require  
14 emergency medical treatment, the medical treatment of the patients must be carried out in  
15 accordance with any rules adopted under this chapter, any protocols as defined in section  
16 83, subsection 19 and any orders given by online medical control; and is reimbursable care  
17 under Title 24-A, section 4303-F when provided on scene regardless of transport to another  
18 facility, except that:

19 A. When a patient is already under the supervision of a personal physician or physician  
20 assistant or a nurse practitioner supervised by the physician and the physician,  
21 physician assistant or nurse practitioner assumes the care of the patient, then for as long  
22 as the physician, physician assistant or nurse practitioner remains with the patient, the  
23 patient must be cared for as the physician, physician assistant or nurse practitioner  
24 directs. The emergency medical services persons shall assist to the extent that their  
25 licenses and protocol allow; and

26 B. A patient is not required to accept treatment to which the patient does not consent.

27 **Sec. 4. 32 MRSA §86, sub-§4**, as amended by PL 2023, c. 161, §6, is further  
28 amended to read:

29 **4. Naloxone hydrochloride or another opioid overdose-reversing medication.** An  
30 ambulance service or a nontransporting emergency medical service licensed under this  
31 chapter may dispense naloxone hydrochloride or another opioid overdose-reversing  
32 medication as reimbursable care under Title 24-A, section 4303-F in accordance with Title  
33 22, section 2353, subsection 2-A and the rules adopted and protocols developed for  
34 ambulance services and nontransporting emergency medical services under this chapter.  
35 An opioid overdose-reversing medication referenced in this subsection must be approved  
36 by the federal Food and Drug Administration.

### 37 **SUMMARY**

38 This bill provides that care that is provided at the scene of an emergency medical  
39 services event by an ambulance service or nontransporting emergency medical service is  
40 reimbursable care regardless of whether a patient is transported to another facility. This  
41 includes the administration of overdose-reversing medications that do not result in patient  
42 transport to a facility. Additionally, the bill requires reimbursement for certain services  
43 provided through community paramedicine.