

# MAINE STATE LEGISLATURE

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Date 6/15/23

(Filing No S-338)

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

Reproduced and distributed under the direction of the Secretary of the Senate

**STATE OF MAINE**

**SENATE**

**131ST LEGISLATURE**

**FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to S P 634, L D 1602, "An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board on Financial Health of Ambulance Services"

Amend the bill by striking out all of section 2 and inserting the following

'Sec. 2. 24-A MRS §4303-F, as enacted by PL 2021, c 241, §3, is amended to read

**§4303-F Reimbursement for ambulance services and participation of ambulance service providers in carrier networks**

1. **Reimbursement for ambulance services.** ~~Until December 31, 2023, with~~ With respect to a bill for covered emergency services rendered by an ambulance service provider, a carrier shall reimburse the ambulance service provider or enrollee, as applicable, as follows

A If the ambulance service provider participates in the carrier's network, the carrier shall reimburse at the ambulance service provider's rate or 200% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C

B If the ambulance service provider is an out-of-network provider, the carrier shall reimburse at the ambulance service provider's rate or 180% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C

C If the ambulance service provider is located in a rural or super rural area as designated by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and eligible for additional Medicare reimbursement for services that were provided to a Medicare enrollee, the carrier shall increase the reimbursement to that ambulance service provider in the same amount as the additional Medicare reimbursement

D If, on the effective date of this subsection, an ambulance service provider's charge for ambulance services is below 200% of the Medicare rate for that service, the

**COMMITTEE AMENDMENT**

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COMMITTEE AMENDMENT "A" to S P 634, L D 1602 (S-338)

1 ambulance service provider may not increase the charge for that service by more than  
2 5% annually

3 E A carrier may not require an ambulance service provider to obtain prior  
4 authorization before transporting an enrollee to a hospital, between hospitals or from a  
5 hospital to a nursing home, hospice care facility or other health care facility, as defined  
6 in Title 22, section 328, subsection 8

7 ~~This subsection is repealed December 31, 2023.~~

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

13 **1-A. Reimbursement for nontransport services** With respect to a health plan with  
14 an effective date on or after January 1, 2024, when an ambulance service provider responds  
15 to a call for emergency services and an enrollee refuses transport to a hospital, a carrier  
16 shall reimburse that ambulance service provider for any services other than transport  
17 provided to the enrollee as follows

18 A If the ambulance service provider participates in the carrier's network, the carrier  
19 shall reimburse the ambulance service provider at the ambulance service provider's rate  
20 or 200% of the average of the Medicare rate for basic life support services and the  
21 Medicare rate for advanced life support services, whichever is less, plus any adjustment  
22 required by paragraph C

23 B If the ambulance service provider is an out-of-network provider, the carrier shall  
24 reimburse the ambulance service provider at the ambulance service provider's rate or  
25 180% of the average of the Medicare rate for basic life support services and the  
26 Medicare rate for advanced life support services, whichever is less, plus any adjustment  
27 required by paragraph C

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

34 D If, on the effective date of this subsection, an ambulance service provider's rate for  
35 ambulance services is below 200% of the average of the Medicare rate for basic life  
36 support and advanced life support services, the ambulance service provider may not  
37 increase the rate for that service by more than 5% annually

38 **2. Network participation, standard contract.** A carrier shall offer a standard  
39 contract to all ambulance service providers willing to participate in the carrier's provider  
40 network with the following provisions

41 A The reimbursement rate paid for ambulance services conforms to the requirements  
42 of subsection 1-

43 ~~This paragraph is repealed December 31, 2023,~~

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- 1 B The contract term is for a minimum of 24 months,
- 2 C The contract may be terminated as long as the party seeking to terminate the contract
- 3 provides at least 180 days' prior notice, and
- 4 D The contract provides that an ambulance service provider has a minimum of 120
- 5 days to submit a claim
- 6 **3. Exemption.** This section does not apply to air ambulance services
- 7 **4 Medical necessity.** A carrier shall consider the requirements of the federal
- 8 Department of Health and Human Services, Centers for Medicare and Medicaid Services
- 9 related to medical necessity of ambulance services when establishing the carrier's own
- 10 policies and guidelines related to the medical necessity and reasonableness of covered
- 11 services provided by ambulance service providers '
- 12 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
- 13 number to read consecutively

**SUMMARY**

14  
 15 This amendment specifies the rate at which carriers are required to reimburse  
 16 ambulance service providers for nontransport services The amendment removes the  
 17 provision in the bill requiring carriers to reimburse ambulance service providers for  
 18 covered services delivered through community paramedicine in accordance with the Maine  
 19 Revised Statutes, Title 32, section 84, subsection 4 and provides that, if a carrier provides  
 20 coverage for community paramedicine, the carrier is not required to reimburse an  
 21 ambulance service provider at the reimbursement rates required in the bill The amendment  
 22 also adds a cross-reference to a definition of "health care facility" as it relates to prior  
 23 authorization for transport service of an ambulance service provider

**FISCAL NOTE REQUIRED**

**(See attached)**

25



# 131st MAINE LEGISLATURE

LD 1602

LR 2467(02)

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

**Fiscal Note for Bill as Amended by Committee Amendment "A" (S.338)**  
**Committee: Health Coverage, Insurance and Financial Services**

**Fiscal Note Required: Yes**

## Fiscal Note

	FY 2023-24	FY 2024-25	Projections FY 2025-26	Projections FY 2026-27
<b>Net Cost (Savings)</b>				
General Fund	\$169,000	\$174,248	\$179,663	\$185,777
<b>Appropriations/Allocations</b>				
General Fund	\$169,000	\$174,248	\$179,663	\$185,253

### Fiscal Detail and Notes

The bill includes General Fund appropriations of \$169,000 in fiscal year 2023-24 and \$174,248 in fiscal year 2024-25 to the Department of Public Safety for 2 Management Analyst I positions and related costs to collect and report cost and performance information related to emergency services

Additional costs to the Maine Health Data Organization to include data on ambulance services in reports related to payments for services rendered by health care facilities and practitioners are expected to be minor and can be absorbed within existing budgeted resources