

MAINE STATE LEGISLATURE

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L.D. 1530

Date: 3/27/26

(Filing No. S-595)

REPORT A

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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

STATE OF MAINE SENATE 132ND LEGISLATURE SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 614, L.D. 1530, "An Act to Improve the Sustainability of Emergency Medical Services in Maine"

Amend the bill by striking out everything after the enacting clause and inserting the following:

Sec. 1. 24-A MRSA §4303-F, as amended by PL 2025, c. 34, §1 and affected by §2, is further amended by amending the section headnote to read:

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

Sec. 2. 24-A MRSA §4303-F, sub-§1-A, ¶D, as enacted by PL 2023, c. 468, §2, is amended to read:

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

Sec. 3. 24-A MRSA §4303-F, sub-§1-B is enacted to read:

1-B. Reimbursement for nontransporting emergency medical services. With respect to a health plan with an effective date on or after January 1, 2027, when a nontransporting emergency medical service provider responds to a call for emergency services, a carrier shall reimburse the nontransporting emergency medical service provider for any covered services as follows.

A. If the nontransporting emergency medical service provider participates in the carrier's network, the carrier shall reimburse the nontransporting emergency medical service provider at the nontransporting emergency medical service provider's rate or 160% of the average of the Medicare rate for basic life support services and the

COMMITTEE AMENDMENT

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Medicare rate for advanced life support services, whichever is less, plus any adjustment required by paragraph C.

B. If the nontransporting emergency medical service provider is an out-of-network provider, the carrier shall reimburse the nontransporting emergency medical service provider at the ambulance service provider's rate or 140% of the average of the Medicare rate for basic life support services and the Medicare rate for advanced life support services, whichever is less, plus any adjustment required by paragraph C.

C. If the nontransporting emergency medical 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 nontransporting emergency medical service provider in the same amount as the additional Medicare reimbursement.

D. If, on the effective date of this subsection, a nontransporting emergency medical service provider's rate for nontransporting emergency medical services is below 160% of the average of the Medicare rate for basic life support services and the Medicare rate for advanced life support services, the nontransporting emergency medical service provider may not increase the rate for that service by more than 5% annually.

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

Sec. 4. 24-A MRSA §4303-F, sub-§2, as amended by PL 2023, c. 468, §2, is further amended to read:

2. Network participation; standard contract. A carrier shall offer a standard contract to all ambulance service providers and nontransporting emergency medical service providers willing to participate in the carrier's provider network with the following provisions:

A. The reimbursement rate paid for ambulance services or nontransporting emergency medical services conforms to the requirements of ~~subsection~~ subsections 1, 1-A and 1-B;

B. The contract term is for a minimum of 24 months;

C. The contract may be terminated as long as the party seeking to terminate the contract provides at least 180 days' prior notice; and

D. The contract provides that an ambulance service provider or nontransporting emergency medical service provider has a minimum of 120 days to submit a claim.

Sec. 5. 24-A MRSA §4303-F, sub-§5 is enacted to read:

5. Reimbursement for administration and dispensing of naloxone hydrochloride. Notwithstanding this section, a carrier shall reimburse an ambulance service provider or nontransporting emergency medical service provider for the administration and dispensing

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1 of naloxone hydrochloride or another opioid overdose-reversing medication as authorized
2 under Title 32, section 86, subsection 4.

3 Sec. 6. 24-A MRSA §4303-F, sub-§6 is enacted to read:

4 6. Dual response to request for emergency services. A carrier may not be required
5 to reimburse twice for covered services under this section when both an ambulance service
6 provider and a nontransporting emergency medical service provider respond to the same
7 request for emergency services.

8 Sec. 7. 24-A MRSA §4303-F, sub-§7 is enacted to read:

9 7. Nontransporting emergency medical service; definition. As used in this section,
10 "nontransporting emergency medical service" has the same meaning as in Title 32, section
11 83, subsection 14.

12 Sec. 8. Application. This Act applies to all policies, contracts and certificates
13 executed, delivered, issued for delivery, continued or renewed in this State on or after
14 January 1, 2027. For purposes of this Act, all contracts are deemed to be renewed no later
15 than the next yearly anniversary of the contract date.'

16 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
17 number to read consecutively.

18 **SUMMARY**

19 This amendment replaces the bill. The amendment requires that, beginning with health
20 plans issued or renewed on or after January 1, 2027, health insurance carriers reimburse
21 nontransporting emergency medical service providers at 160% of the Medicare rate for
22 covered services.

23 The amendment also provides that care that is provided at the scene of an emergency
24 medical services event by an ambulance service or nontransporting emergency medical
25 service is reimbursable care regardless of whether a patient is transported to another
26 facility, including the administration of overdose-reversing medications that do not result
27 in patient transport to a facility. The amendment specifies that a carrier is not required to
28 reimburse twice for the same service when both an ambulance service provider and a
29 nontransporting emergency medical service provider respond to the same request for
30 emergency services.

31 The amendment applies to health plans issued on or after January 1, 2027.

32 **FISCAL NOTE REQUIRED**

33 (See attached)



132nd MAINE LEGISLATURE

LD 1530

LR 1615(02)

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

Fiscal Note for Bill as Amended by Committee Amendment *A(S-595)*
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

	FY 2025-26	FY 2026-27	Projections FY 2027-28	Projections FY 2028-29
Net Cost (Savings)				
General Fund	\$0	\$0	\$22,157	\$22,157
Highway Fund	\$0	\$0	\$7,707	\$7,707
Appropriations/Allocations				
General Fund	\$0	\$0	\$22,157	\$22,157
Highway Fund	\$0	\$0	\$7,707	\$7,707

Fiscal Detail and Notes

This bill expands the coverage of services for emergency medical services provided by an ambulance or nontransporting emergency service, and requires health insurance carriers to reimburse nontransporting emergency service providers at 160% of the Medicare rate for covered services. The requirements of this bill apply to health plans issued or renewed on or after January 1, 2027.

The State Employee Health Plan annual impact will be \$48,168 beginning in fiscal year 2027-28. The annual costs are split across General Fund (\$22,157), Highway Fund (\$7,707), and all other (\$18,304).