

# MAINE STATE LEGISLATURE

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L.D. 1530

Date: 3/27/26

(Filing No. S-596)

REPORT C

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 "B" 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, as amended by PL 2025, c. 34, §1 and affected by §2, is further amended to read:

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

A. If the ambulance service or nontransporting emergency medical service provider participates in the carrier's network, the carrier shall reimburse at the ambulance service provider's or nontransporting emergency medical service provider's rate or ~~200%~~ 300% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C.

B. If the ambulance service or nontransporting emergency medical service provider is an out-of-network provider, the carrier shall reimburse at the ambulance service provider's or nontransporting emergency medical service provider's rate or ~~180%~~ 280% of the Medicare rate for that service, whichever is less, plus any adjustment required by paragraph C.

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

D. If, on the effective date of this subsection in the case of an ambulance service provider or, on or after January 1, 2027 in the case of a nontransporting emergency medical service provider, an ambulance service provider's or a nontransporting emergency medical service provider's charge for ambulance services is below ~~200%~~ 300% of the Medicare rate for that service, the ambulance service provider or nontransporting emergency medical service provider may not increase the charge for that service by more than 5% annually.

E. A carrier may not require a ground ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital, between hospitals or from a hospital to a nursing home, hospice care facility or other health care facility, as defined in Title 22, section 328, subsection 8. A carrier may not require an air ambulance service provider that is a nonprofit organization to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care.

F. Notwithstanding this subsection, a carrier shall reimburse an ambulance service provider or nontransporting emergency medical service provider for the administration and dispensing of naloxone hydrochloride or another opioid overdose-reversing medication as authorized under Title 32, section 86, subsection 4.

G. A carrier may not be required to reimburse twice for covered services when both an ambulance service provider and a nontransporting emergency medical service provider respond to the same request for emergency services.

Notwithstanding this subsection, a carrier is not required to reimburse an ambulance 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 an ambulance service provider to obtain prior authorization before providing services through community paramedicine.

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

**Sec. 3. Application.** This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2027. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.'

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

**SUMMARY**

This amendment replaces the bill. The amendment provides that care that is provided at the scene of an emergency medical services event by an ambulance service or

**COMMITTEE AMENDMENT**

ROS

COMMITTEE AMENDMENT "B" to S.P. 614, L.D. 1530 (S-596)

1 nontransporting emergency medical service is reimbursable care regardless of whether a  
2 patient is transported to another facility, including the administration of overdose-reversing  
3 medications that do not result in patient transport to a facility. The amendment specifies  
4 that a carrier is not required to reimburse twice for the same request for emergency services.

5 The amendment also increases the reimbursement rate paid to ambulance service  
6 providers and nontransporting emergency medical service providers from 200% of the  
7 Medicare rate to 300% of the Medicare rate for covered services.

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

9 **FISCAL NOTE REQUIRED**

10 (See attached)



# 132nd MAINE LEGISLATURE

LD 1530

LR 1615(03)

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

Fiscal Note for Bill as Amended by Committee Amendment "B" (5596)  
 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
<b>Net Cost (Savings)</b>				
General Fund	\$0	\$0	\$31,020	\$31,020
Highway Fund	\$0	\$0	\$10,790	\$10,790
<b>Appropriations/Allocations</b>				
General Fund	\$0	\$0	\$31,020	\$31,020
Highway Fund	\$0	\$0	\$10,790	\$10,790

### 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 300% 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 \$67,435 beginning in fiscal year 2027-28. The annual costs are split across General Fund (\$31,020), Highway Fund (\$10,790), and all other (\$25,625).