

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

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

Sec. 1 32 MRSA §86, sub-§2-A, as amended by PL 2019, c. 627, Pt. B, §9, is further amended to read:

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

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

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

Sec. 2 32 MRSA §86, sub-§4, as amended by PL 2023, c. 161, §6, is further amended to read:

4. Naloxone hydrochloride or another opioid overdose-reversing medication. An ambulance service or a nontransporting emergency medical service licensed under this chapter may dispense naloxone hydrochloride or another opioid overdose-reversing medication as reimbursable care under 24-A MRSA §4303-F regardless of any resulting transport in accordance with Title 22, section 2353, subsection 2-A and the rules adopted and protocols developed for ambulance services and nontransporting emergency medical services under this chapter. An opioid overdose-reversing medication referenced in this subsection must be approved by the federal Food and Drug Administration.

Sec. 3. 24-A MRSA §4303-F sub-§1, as enacted by PL 2021, c. 241, §3 and amended by PL 2023, c. 591, §3 is further amended to read:

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

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

A. If the ambulance service or non-transporting emergency medical services 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 or non-transporting emergency medical services 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 or non-transporting emergency medical services 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 or non-transporting emergency medical services provider's charge for ambulance services is below 200% of the Medicare rate for that service, the ambulance 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 or non-transporting emergency medical services 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 to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care.

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.

Summary

This bill allows for care that would be billable when provided in an emergency room or doctor's office and that is provided at the scene of an emergency medical services event by licensed providers under the supervision of a medical control license to be reimbursable care regardless of a patient's refusal to allow ambulance transport to an emergency room. This includes the administration of overdose reversal drugs under implied consent that do not result in patient transport to an emergency setting. Additionally, this bill amends current law, by requiring reimbursement for services provided through a community paramedicine program that are otherwise billable under existing home health services but are either impossible to provide or unavailable and would result in a delay in a patient's discharge from a hospital setting.