

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

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**

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

**Sec. 1. 22 MRSA §8712, sub-§2**, as amended by PL 2021, c. 423, Pt. A, §6, is further amended to read:

**2. Payments.** The organization shall create a publicly accessible interactive website that presents reports related to payments for services rendered by health care facilities and practitioners to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology, surgical services, ambulance services, comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance or are underinsured. The website must also be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors. Beginning October 1, 2012, price information posted on the website must be posted semiannually and beginning October 1, 2022 must be posted annually, must display the date of posting and, when posted, must be current to within 12 months of the date of submission of the information. Payment reports and price information posted on the website must include data submitted by payors with regard to all health care facilities and practitioners that provide comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A or services for which the organization reports data pertaining to the statewide average price pursuant to this subsection or Title 24-A, section 4318-B. Upon notice made by a health care facility or practitioner that data posted by the organization pertaining to that facility or practitioner is inaccurate or incomplete, the organization shall remedy the inaccurate or incomplete data within the earlier of 30 days of receipt of the notice and the next posting date.

**Sec. 2. 24-A MRSA §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 ambulance service provider may not increase the charge for that service by more than 5% annually.

E. A carrier may not require an 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.

~~This subsection is repealed December 31, 2023.~~

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.

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

A. If the ambulance service provider participates in the carrier's network, the carrier shall reimburse the ambulance service provider at the ambulance service provider's rate or 200% 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.

B. If the ambulance service provider is an out-of-network provider, the carrier shall reimburse the ambulance service provider at the ambulance service provider's rate or 180% 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 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 rate for ambulance services is below 200% of the average of the Medicare rate for basic life support and advanced life support services, the ambulance service provider may not increase the rate for that service by more than 5% annually.

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

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

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

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 has a minimum of 120 days to submit a claim.

**3. Exemption.** This section does not apply to air ambulance services.

**4. Medical necessity.** A carrier shall consider the requirements of the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services related to medical necessity of ambulance services when establishing the carrier's own policies and guidelines related to the medical necessity and reasonableness of covered services provided by ambulance service providers.

**Sec. 3. 32 MRSA §88, sub-§2, ¶L,** as enacted by PL 2021, c. 241, §5 and reallocated by RR 2021, c. 2, Pt. A, §113, is amended to read:

L. The board shall establish by rule a program for collecting and reporting cost and performance metrics related to emergency medical treatment services, including ambulance services. The cost and performance metrics for ambulance services adopted in rule must include, at a minimum, data on the volume of services provided per capita and per square mile of geographic area, the type of entity, the payer mix, the impact on length of stay in a health care facility due to lack of available ambulance transport, demographics on personnel and level of licensure, the number of vacancies and the number of volunteer hours dedicated to emergency medical services. Rules adopted

pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

**Sec. 4. Appropriations and allocations.** The following appropriations and allocations are made.

**PUBLIC SAFETY, DEPARTMENT OF**

**Emergency Medical Services 0485**

Initiative: Establishes one limited-period Management Analyst I position and provides appropriations for related costs to collect and report cost and performance information related to emergency services. This position begins November 1, 2023 and ends June 7, 2025.

<b>GENERAL FUND</b>	<b>2023-24</b>	<b>2024-25</b>
Personal Services	\$51,878	\$82,151
All Other	\$5,000	\$5,000
<b>GENERAL FUND TOTAL</b>	<b>\$56,878</b>	<b>\$87,151</b>