



Maryland
Hospital Association

March 4, 2020

To: The Honorable Shane E. Pendergrass, Chairman
House Health & Government Operations Committee

From: Erin Dorrien, Director, Policy
Maryland Hospital Association

Re: Letter of Information:

House Bill 779-Maryland Medical Assistance Program-Emergency Service Transporters and
Emergency Medical Services Providers-Reimbursement

House Bill 1485-Maryland Medical Assistance Program-Emergency Service Transporters-
Reimbursement

House Bill 1496-Medical Assistance Program- Emergency Service Transporters-Reimbursement
for Transportation and Medical Services

Dear Chairman Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 779, House Bill 1485, and House Bill 1496. All three pieces of legislation seek to enhance reimbursement for emergency medical services, transportation, or mobile integrated health models. MHA recognizes the value of these proposals and the need to ensure sustainable funding for EMS services.

As the healthcare landscape changes, providers throughout the health care continuum must evolve, and EMS providers must then adapt to the new needs of their communities. To this end, both the state and the federal government are developing new payment opportunities for EMS and EMS providers.

The federal Emergency Triage, Treat and Transport (ET3) Model is a voluntary, five-year payment model providing greater flexibility to ambulance care teams as they address the emergency health care needs of Medicare beneficiaries following 911 calls. Under the ET3 Model the Centers for Medicare & Medicaid Services (CMS) reimburse providers for transport to an alternative care setting, like an urgent care center, and for treatment provided without transportation to a facility, known as treat and release.

Maryland communities are in a good position to access this opportunity as the Maryland Institute for Emergency Medical Services System adopted protocols to allow for transportation to an alternative destination. Further, Baltimore City already has some experience with transportation

to an alternative destination through the Stabilization Center Pilot Program. Three Maryland counties: Baltimore City, Montgomery County, and Charles County are currently developing agreements with CMS to participate in the ET3 Model.

Through the Stakeholder Innovation Group, the Health Services Cost Review Commission (HSCRC) is developing a voluntary “global budget” for EMS services, modeled after the ET3 program. The current proposal allows a hospital and a local EMS provider to enter into an agreement where the EMS provider is held harmless for transportation to an alternative destination or treat and release. The full proposal will be discussed at the SIG meeting on March 13, 2020 and will likely go to HSCRC for approval in May for the 2021 rate year.

Although these models are developing there is still work to be done to ensure EMS providers have opportunities for innovation. Discussions around EMS services reimbursement need to continue. MHA looks forward to participating as these conversations continue.

We appreciate the General Assembly’s leadership and support on issues related to provision of emergency medical services.

For more information, please contact:
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