



# BARRY GLASSMAN

HARFORD COUNTY EXECUTIVE

February 08, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
Room 241 House Office Building  
Annapolis, MD 21401

**RE: SB 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement – SUPPORT**

Dear Madam Chair:

Thank you for allowing me the opportunity to express my **SUPPORT** for **SB 295 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement**.

As introduced, this legislation will modify the reimbursement amounts currently available to an emergency services transporter for services provided in response to a 9-1-1-call for service. Current reimbursement rates under Maryland Department of Health directives is \$100 per transport, irrespective of the level of service (Advanced Life Support or Basic Life Support) and any supplies medications, or other services employed. This reimbursement is also contingent upon the patient being transported to a medical facility.

Under current law, both the amount of reimbursement and the rules governing reimbursement have failed to evolve over time. In a number of cases, EMS personnel will respond to emergency requests – such as nursing homes, assisted living facilities, and the like – where transport to a medical facility is either refused, or in a number of cases not warranted. In those situations, reimbursement from governmental coverages such as Medicare and Medicaid do not allow for any reimbursement for costs incurred in response to the 9-1-1- call.

In 2021 Harford County EMS responded to 1,418 9-1-1 calls for service from the roughly 15 facilities where insurance coverage may primarily be Medicare or Medicaid.

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This legislation will help bring Medicaid's reimbursement levels for 9-1-1 EMS responses closer to the actual costs incurred in providing their services.

Along with this long-overdue upgrade to the current reimbursement process for our counties and the numerous Volunteer EMS companies throughout our State, we also support the integration of several additional cost-effective and life-enhancing changes to Maryland's EMS transport and reimbursement protocols as presented in this Bill:

- **REIMBURSEMENT FOR NON-TRANSPORTED CARE AND SERVICES:** With the advanced technology and training available to today's emergency service providers, there are an increasing number of situations where complete care is rendered on-site, with no need for transport to a hospital – be it from opioid reversal, acute first aid, to lift assists at residential facilities. Under current law, these services are not eligible for any reimbursement, and essentially are provided with full cost borne by the EMS provider.
- **NON-HOSPITAL CARE FACILITIES:** Since the establishment of the reimbursement protocols over two decades ago, emergency medical care has evolved substantially from the traditional hospital-only setting. Urgent care facilities, behavioral health and crisis centers, and Mobil Integrated Health services present a viable and cost-efficient alternative to traditional Emergency Department hospital care. Allowing EMS transport (with appropriate reimbursement) to these facilities unquestionably increases the availability of Emergency Department bed space for the more critical, Advanced Life Support cases, thereby avoiding the need to expend valuable time transporting these critical-need patients to hospitals much further away.
- **COST OF CARE REIMBURSEMENT:** Current law allows only for reimbursement of transport services rendered by EMS providers – NOT for the care they render patients. The proposed changes presented here today would recognize a more equitable recognition of the costs borne by our EMS entities.

Your **FAVORABLE** vote on this legislation will help our EMS providers enhance and continue their Service to our constituents.

Thank you for your consideration.

Sincerely,



Barry Glassman  
Harford County Executive