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Testimony of the Maine Municipal Association

In Support For

LD 1751 - *An Act to Maximize Federal Funding in Support of Emergency Medical Services*

May 1, 2023

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Sen. Baldacci, Rep. Meyer and distinguished members of the Health and Human Services Committee, my name is Rebecca Graham, and I am providing testimony in support of LD 1204 on behalf of Maine Municipal Association which represents the interests of municipal government before the state and federal government. The positions of the Association are formed at the direction of our 70-member Legislative Policy Committee, (LPC) who are elected by the selectboards and council of the municipalities in each of the 35 Senate districts in Maine.

Municipal officials greatly appreciate the provisions in section 2 of the bill that expand coverage for community paramedicine and non-transport calls. First responders and Ambulance services have spent a considerable amount of time administering treatment such as naloxone to individuals who later refuse transport services. Falls, lift assistance, the administration of medicine that also do not result in a transport to a hospital have significant benefits to the individuals requesting the services, but no ability to be reimbursed through any insurance process. This leaves the costs to be shouldered by the property taxpayers who additionally shoulder the burden of the costs to keep the ambulance and staff on standby for universal availability at any hour.

These community administered services also divert costs from the hospital system when no transport is involved, but without receipt from the same insurance systems that would be triggered when the recipient is simply dropped off at the emergency room. The act of transportation alone should not be a qualifying act that allows for reimbursement of the costs for care. While such on scene care saves hospitals from the bureaucracy of billing, it simultaneously removes the ability for the service to recoup their costs establishing an unequal and adversarial care system at property taxpayer expense.

Naloxone administration by police, volunteer fire departments and EMS services are providing lifesaving care of value to entire state, while the cost of that is shouldered by the few property taxpayers rather than state-wide revenue sources.

Insurance bureaucracy is challenging for many services, particularly in rural areas, or for non-transporting services who may have the same licensed level of care responding, but do not transport thus are not eligible for reimbursement. Jumping through complicated administrative hoops for service provided by volunteers with no administrative staff should be avoided. For this reason, officials have some concern with regard to the added bureaucracy and fees outlined in Sec. 1 of the bill.

Officials ask that the committee make sure the rulemaking process delegated to the department, should this initiative pass, include additional language to guarantee that reporting and reimbursement requests be established to be easily achieved by a parttime service with no administrative staff and require very little additional reporting beyond current requirements.

Overall, municipal officials support the intent of the bill and ask that the committee consider additional language to remove all possible barriers to accessing reimbursement for the fees charged with the rural service and property taxpayer in mind.