



HOUSE OF REPRESENTATIVES

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AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Suzanne Salisbury

134 Park Road
Westbrook, ME 04092
Residence: (207) 899-6863
Suzanne.Salisbury@legislature.maine.gov

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Testimony of Representative Suzanne Salisbury in support of
**LD 1751, An Act to Maximize Federal Funding in Support of Emergency
Medical Services**

Before the Joint Standing Committee on Health and Human Services

Senator Bailey, Representative Perry and esteemed members of the Joint Standing Committee on Health and Human Services, my name is Sue Salisbury. I represent House District 128, which is part of the town of Westbrook. I am happy to offer testimony in support of **LD 1751, An Act to Maximize Federal Funding in Support of Emergency Medical Services.**

This past year, as the Blue-Ribbon Commission to study Emergency Medical Services (EMS) in Maine met, we heard over and over again that one of the biggest barriers facing emergency medicine services across Maine is inadequate reimbursement rates from Medicare and Medicaid.

Below is a segment of a graph produced by the Blue Ribbon Commission report¹ estimating the difference between the cost-per-call and reimbursement-per-call:

Call Volume	300	600	900	1200	1500	1800	2100
Cost per Call	\$2,522.06	\$1301.37	\$894.47	\$1,177.20	\$958.99	\$813.51	\$709.60
Reimbursement per call	\$491.99	\$491.99	\$491.99	\$491.99	\$491.99	\$491.99	\$491.99
Loss Per transport	\$2,030.00	\$809.00	\$402.00	\$685.00	\$467.00	\$322.00	\$218.00
Total Gap	\$609,020.97	\$485,625.81	\$362,230.61	\$822,253.61	\$700,496.45	\$578,739.29	\$456,982.13

Cost per call varies statewide with the biggest variable being the overall number of calls a service responds to. According to findings from the commission, cost per call is much greater for services with low call volume, the reimbursement per call remains the same, and even for those services with the greatest call volume, the reimbursement is still not sufficient to cover the costs. The process of determining reimbursement rates through Medicare and Medicaid is antiquated

¹ <https://legislature.maine.gov/doc/9404>

and woefully inadequate, and it is made worse in a state as rural and geographically diverse as Maine.

Maine cannot wait for a federal study on Medicare and Medicaid reimbursement rates which could take four to five years. The changes proposed in this bill will go a long way towards addressing the funding gap that services are facing, allowing services to rely less on volunteer workers and municipal subsidies.

Thank you for the opportunity to provide testimony on this critical component of our EMS workforce shortage solution.