

Testimony in Support of LD 1832
An Act to Fund the Delivery of Emergency Medical Services

Good morning, Senator Bailey, Representative Perry and members of the Health Coverage Insurance, and Financial Services Committee. My name is Rick Petrie, and I am a Paramedic who has worked in the Maine EMS system for 42 years. I am now the Chief Operations Officer for North East Mobile Health, a for-profit Ambulance Service based in Scarborough Maine and the Program Director for the Jackman Paramedic project.

I was also fortunate to serve as a member of the EMS Blue Ribbon Committee whose work laid the foundation for this, and other, legislation supporting Emergency Medical Services in Maine.

As the Blue-Ribbon Committee heard very clearly, EMS is in trouble. We are inadequately funded, tightly regulated, and under resourced. We have a significant staffing shortage because of poor wages and benefits, long hours, and incredibly difficult working conditions. Yet, every day, EMS providers have found a way to respond, sacrificing time with their families, appropriate rest, and their own mental health. In the past, much of the State relied on volunteers, but those days are coming to an end.

On Average, non-transport make up between 20% - 30% of the call volume for Ambulance Services in Maine. These calls range anywhere from responding to a car accident because the initial caller didn't know whether someone was injured, to diabetic patients where we start IV's and give medications, to Cardiac Arrest calls where we spend upwards of an hour attempting to resuscitate a patient, using a tremendous amount of medications, supplies, and human resources.

While you may hear that insurance pays for no-transport calls, it really is a limited number of calls. Anthem will pay for treat and no-transport at the basic life support (BLS) base rate, but there must be treatment. Medicare and MaineCare will pay for a cardiac arrest call and diabetic calls, but only at the BLS emergency rate. This doesn't help with the thousands of calls we respond to every year where we tie up ambulances and staff responding to, evaluating, and sometimes treating patients.

The public expects that we will respond when they call for help. In order to continue to be available to respond, we need this bill to begin to start to recover the costs associated with readiness and response, even if there is no transport. All payors need to reimburse ambulance services at the BLS and Advanced Life Support (ALS) base rate (as appropriate) for any patient for who they respond, make patient contact, and complete an assessment. The ALS base rate would only apply if they assessed a patient and provide treatment at an ALS level.

We would request that this also include assessment, which can be a very involved process that also keeps a crew from responding to other calls.

This bill would provide some of the help we desperately need to maintain the EMS infrastructure in the State of Maine, as well as provide some breathing room for EMS agencies to rebuild their organizations.

Thank you for your consideration, and I am happy to answer any questions you may have.

Rick Petrie, EMT-P
rpetrie@nemhs.com
207-754-9109