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Testimony of the Maine Municipal Association

In Support For

LD 583 – An Act to Support Informed Community Self-determination in Emergency Medical Services Planning

March 3, 2025

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Criminal Justice and Public Safety Committee, my name is Rebecca Graham, and I am testifying in support for LD 583, at the direction of MMA’s Legislative Policy Committee (LPC). Our LPC is made up of individuals from across Maine with municipal officials elected by their peers across Maine’s 35 Senate districts representing communities with very different access to available enforcement resources and local capacity.

This effort was an important approach that began and was originally funded in 2022, however the funds were only made available for the program in the previous couple of months a full two years later. This has functionally stalled the effort which is constructed with clear understanding of the culture of Maine and the importance of local agency for decision making. While this is unfortunate, LD 583 presents an opportunity to reaffirm a process that has worked both nationally, and in Maine through fundraising efforts historically.

Informed Community Self-Determination (ICSD) is intended to help a community whose ambulance service is experiencing difficulty in providing adequate and reliable response. It may be in jeopardy of closing altogether, and there are few if any alternative services from which to easily choose. This is particularly acute in rural areas where the calls for service can never meet the business model needs for services that are not subsidized by municipal property tax are making as provided in detailed testimony heard by this committee on LD 176 just a couple of weeks ago.

ICSD uses the “it takes a village” approach with knowledgeable third party experts facilitating the conversation about what is available, possible and achievable between communities and what that will cost before it is needed and 911 is called. The ICSD program works best for a rural community served by a single ambulance service and consisting of one or a few towns (the smaller the number of towns, the easier the decision-making process will be). Communities that wish to be considered must agree in advance to provide access to operational, staffing, governance, financial and other records of the ambulance service’s operations to date, and to hold such decision-making meetings at the conclusion of the program as are necessary to decide on an option for EMS service in the near future.

This not an agreement to increase the cost of EMS for the community, though that may be an option the community selects. It may be the case that an option is selected that provides a lesser level and cost of EMS; in that case at least the community will know what it will be getting and at what cost. ICSD informs the village who makes decisions on how best to move forward.

The core problem for EMS is that the property taxpayers are left to fund and provide the hours of uncompensated emergency response and care on scene, while other services refocus providing billable only services. This model automatically leaves rural areas far from hospital services out in the cold unless they can continue to convince their local residents to expand their fiduciary obligations, many of which can no longer afford, particularly when in many areas, those living well below federal poverty guidelines are the core property taxpaying demographic. Until care provided on scene is billable in the same way that those same services would be in a doctor's office or emergency room, the model will continue to free out rural communities and look to property tax to pay for the unbillable.

For all these reasons, officials ask you to consider supporting LD 583 as a culturally informed way to put the decision-making power back into the hands of the residents and voters who are paying for services.