



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
BUREAU OF INSURANCE



Janet T. Mills  
Governor

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April 22, 2025

Senator Donna Bailey, Senate Chair  
Representative Kristi Mathieson, House Chair  
Joint Standing Committee on Health Coverage, Insurance and Financial Services  
100 State House Station  
Augusta, ME 04333-0100

Re: LD 1530, An Act to Improve the Sustainability of Emergency Medical Services in Maine

Dear Senator Bailey, Representative Mathieson, and Members of the Committee:

The Bureau of Insurance is neither for nor against LD 1530. The purpose of this letter is to provide you with background information.

The bill seeks to amend 24-A M.R.S. §4303-F(1) to include coverage for nontransporting emergency medical service (EMS) providers on the same terms, including reimbursement rates, as the coverage currently required for ambulance services. This differs from 24-A M.R.S. §4303-F(1-A), applicable to ambulance services when an enrollee refuses transport to a hospital, because “nontransporting EMS provider” and “ambulance provider” are different license classes; an ambulance provider does not become a “nontransporting provider” when a patient is not ultimately transported in a particular case.

The bill makes a conforming amendment to the final sentence of 24-A M.R.S. §4303-F(1), deleting the word “not” from the statement that carriers are “not required to reimburse an ambulance service provider at the reimbursement rates required in this subsection for covered services delivered through community paramedicine.”<sup>1</sup>

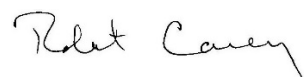
Finally, the bill amends 32 M.R.S. §86 by requiring that both emergency medical treatment and opioid overdose-reversing medications, when provided by ambulance services or nontransporting EMS provider, are “reimbursable care under Title 24-A, section 4303-F.” Structurally, placing an insurance reimbursement requirement in Title 32 is confusing and problematic.

I hope this information is useful to the Committee. Please let me know if I can provide any further assistance.

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<sup>1</sup> 32 M.R.S. § 84(4) defines community paramedicine to mean “the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition.”

Sincerely,



Robert L. Carey  
Superintendent

