Sara Gagné-Holmes Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel; (207) 287-2674; Fax (207) 287-2675
TTY: Dial 711 (Maine Relay)

4/22/2025

Senator Bailey, Chair Representative Mathieson, Chair Members, 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

Senator Bailey, Representative Mathieson and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

Thank you for the opportunity to provide information neither for nor against LD 1530, *An Act to Improve the Sustainability of Emergency Medical Services in Maine*.

This bill provides that care that is provided at the scene of an emergency medical services event by an ambulance service or nontransporting emergency medical service is reimbursable care regardless of whether a patient is transported to another facility. This includes the administration of overdose-reversing medications that do not result in patient transport to a facility. Additionally, the bill requires reimbursement for certain services provided through community paramedicine.

The Office of MaineCare Services (OMS) already provides reimbursement for the delivery of non-transport services by an ambulance provider, including the administration of Naloxone or other FDA approved opioid overdose-reversing medications. The reimbursement rate for non-transport emergency medical services delivered by an ambulance provider is \$95, regardless of rurality. Sections 1 and 2 of LD 1530 are not applicable to MaineCare as they amend 24-A MRSA. Should the intention be for these sections to apply to MaineCare, such intention would need to be explicitly stated in the proposed bill language.

In addition, OMS is currently engaged in building a community paramedicine benefit model and corresponding reimbursement methodology. The community paramedicine model would increase reimbursement to ambulance agencies by expanding the scope of reimbursable services and the value of care by addressing health disparities, reducing possibly avoidable hospital inpatient and emergency department services.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Michelle Probert

Director

Office of MaineCare Services

Maine Department of Health and Human Services