



Testimony in Opposition

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

Kimberly Cook, Esq.

May 5, 2025

Senator Bailey and Representative Mathieson and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Kim Cook and I am an attorney with Government Strategies, testifying in opposition to LD 1530 on behalf of Community Health Options. Community Health Options is Maine's nonprofit CO-OP health insurance company and exists for the benefit of its Members and its mission which is to provide affordable, high-quality benefits that promote health and wellbeing.

Emergency medical services are a vital component of our healthcare system. Community Health Options seeks to support providers of emergency medical services (EMS) and agrees that reimbursement for covered emergency services, including the administration of naloxone, rendered by nontransporting EMS providers is appropriate. If the bill was limited to this scenario, we would support the bill. However, we have several concerns with the language and scope of the bill as drafted.

First, we urge the Committee to amend the bill to ensure that patients and health plans are not billed twice when both a nontransporting EMS provider and an ambulance provider respond and render services to the same patient in succession.

Second, we oppose the requirement in the bill (line 3, page 3) that carriers reimburse ambulance service providers for community paramedicine at 180% or 200% of Medicare. In the 131st Legislature, this Committee considered LD 1832, An Act to Continue the Study of Community Paramedicine and to Make Changes Related to Health Insurance Coverage and Prior Authorization Requirements for Certain Ambulance Service Providers, and asked the Bureau of Insurance to conduct a mandate study for community paramedicine. After

considering the mandate study¹ last year, the Committee asked stakeholders to further study reimbursement by state-regulated health plans and report back to the Committee, rather than adopt this new mandated benefit. The report was presented to this Committee on February 5, 2025. We urge the Committee to reject this portion of LD 1530. If the Committee wishes to move forward with mandating coverage of community paramedicine, we encourage consideration of a Committee bill, which you authorized under LD 1832.

Third, we urge the Committee to strike the addition of **nontransporting** EMS provider in lines 38-39, page 1 of the bill (24-A MRSA §4303-F(1)(E)) as this section is related to prior authorization prior to **transporting** a patient.

Finally, this bill appears to mandate coverage for a new class of providers, nontransporting emergency medical service providers, and hence, if the Committee is interested in moving forward with this bill, we urge the Committee to send it to the Bureau of Insurance for a mandate study pursuant to Title 24-A, Section 2752.

We appreciate your consideration of our testimony.

¹ A Report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services of the 131st Maine Legislature, Review and Evaluation of Amendment to LD 1832, An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services, January 2024, *available at* https://www.maine.gov/pfr/sites/maine.gov/pfr/files/inline-files/LD-1832-Paramedicine-Report_0.pdf