

Colleen Brown
Whiting
LD 2119

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

My name is Colleen Brown. I am a Maine resident, taxpayer, and long-time advocate for practical, front-end solutions that reduce strain on emergency departments, law enforcement, and hospitals while improving outcomes for individuals in crisis.

I am submitting testimony in support of LD 2119.

This bill addresses a structural flaw in Maine's emergency response and reimbursement system: we currently pay almost exclusively for transport, not for appropriate care. As a result, people experiencing behavioral health crises, substance-related emergencies, or acute but non-life-threatening medical issues are often transported to emergency departments by default, even when that is not the best or safest option for them or for the system.

Treatment in place, community paramedicine, and alternate destination transport are not experimental concepts. They are proven models that reduce unnecessary emergency department utilization, lower overall costs, and improve patient outcomes when implemented with clear protocols and accountability. Maine's reimbursement structure has simply failed to keep pace with these realities.

From a systems perspective, LD 2119 is a cost-containment and capacity bill. Emergency departments are overwhelmed, inpatient beds are scarce, and first responders are stretched thin. Allowing reimbursement for appropriate on-scene care or transport to more suitable destinations keeps resources available for true emergencies and reduces avoidable bottlenecks downstream.

From a rural perspective, this bill is especially important. In many parts of Maine, transport to a hospital can take hours, and emergency departments may already be operating beyond capacity. Community paramedicine and treatment-in-place models offer flexibility that rural communities desperately need.

I would encourage the committee, as this bill moves forward, to ensure that expanded reimbursement is paired with:

- Clear clinical criteria and medical oversight
- Strong data collection and outcome tracking
- Coordination with existing behavioral health and crisis response systems
- Guardrails to prevent cost-shifting without measurable benefit

If implemented thoughtfully, LD 2119 has the potential to reduce costs, improve access to care, and relieve pressure across Maine's emergency response system.

For these reasons, I urge the committee to support LD 2119.

Thank you for your time and consideration.

Respectfully submitted,
Colleen Brown
Whiting, Maine