MSNA Maine State Nurses Association
National Nurses Organizing Committee
National Nurses United
OUR PATIENTS. OUR UNION. OUR VOICE.

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Testimony of Brynne O'Neal
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LD 2133, "An Act Regarding Licensing of Community Paramedicine Services and Clinicians"

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
Hearing: February 3, 2026, 1:00 p.m.

Dear Chair Bailey, Chair Mathieson, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

On behalf of more than 4,000 registered nurses and health care professionals providing direct patient care in our state, the Maine State Nurses Association/National Nurses United (MSNA) writes to express concern about potential patient safety risks that could arise under LD 2133.

Community paramedicine is dangerous when it substitutes care by paramedics, who typically have limited education and clinical training requirements, for the expertise of registered nurses, who have the necessary education to recognize the wide variety of conditions that can arise in preventative care, treatment of chronic illness, or post-discharge care situations. In addition, the evidence on the impact on patient health of Maine community paramedicine programs is limited. The primary study of community paramedicine in Maine focused on a single county and only measured emergency room visits and hospital readmissions, with no other metrics on patient health outcomes.[1]

Importantly, neither community paramedicine nor alternate destination transportation should be seen as a substitute for emergency room assessment.[2] While avoiding the emergency room may save money, without the assessment expertise of a registered nurse or physician, it is possible to make deadly mistakes. Altered mental status is a common type of medical emergency, yet misdiagnosis of its cause is also common due to the overlapping symptoms between psychiatric and medical conditions. Patients may only appear to be experiencing a behavioral health crisis, but instead have underlying, and in some cases undiagnosed, medical conditions, such as

[1] Rosingana K., Ali E., Pearson K., 2020, *Lincoln County Community Paramedicine Data Collection Initiative*, https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1022&context=substance-use-research-and-evaluation.

[2] Note that stakeholders discuss the possibility of sending a community paramedic instead of providing emergent care when a patient calls 911 in a focus group study. Community Paramedicine Stakeholder Focus Group Summary. Sept 2023. https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/202309-CP-Stakeholder-Summary-Final.pdf.

hypoglycemia, stroke, urinary tract infections (especially in older adults), sepsis, or even simple dehydration.

Several stakeholders have pointed out that the distinction between community paramedicine and home health services, and when each is appropriate, is unclear.[3] MSNA also is concerned about this issue. We urge you to consider carefully the limits on the appropriate use of community paramedics.

Sincerely,

Brynne O'Neal
Regulatory Policy Specialist, Maine State Nurses Association / National Nurses United

[3] *See* Letter from the Maine Medical Association to the Health Coverage, Insurance and Financial Services Committee, Sept 24, 2024, RE: Final Report of the Community Paramedicine Stakeholder Group, https://mainephysicians.org/wp-content/uploads/2025/02/Community-Paramedicine-Reimbursement-Report.pdf.