

February 2, 2026



Honorable Members of the Joint Standing Committee on Health and Human Services:

Community Care Partnership of Maine (CCPM) is pleased to support L.D. 2119, “An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine, and Alternate Destination Transport.” CCPM is a clinically integrated network of 22 not-for-profit healthcare organizations across the state, including 17 federally qualified health centers and 5 community hospitals, and our members work collaboratively to advance population health in Maine.

In furtherance of its mission to improve the health and well-being of communities across Maine, CCPM develops, disseminates, and scales interventions that support local health care teams in delivering high-quality, cost-effective care. One such example is CCPM’s work to implement and expand **community paramedicine** (CP) in Maine.

Community paramedicine is a healthcare delivery model that enables paramedics and EMTs to operate in expanded roles under defined protocols and medical oversight, providing community-based services that complement public health, primary care, and preventive care—particularly for underserved populations. Rural communities can face limited access to primary care, leading some residents to use 911/EMS as an access point for non-emergent needs; CP helps address these needs in a more proactive, efficient way. CP programs commonly support chronic disease monitoring, post-hospital follow-up, connections to primary care and social services, and other care coordination functions that can reduce avoidable utilization and improve patient outcomes.

To support CP expansion in Maine, CCPM administers the “Community Paramedicine Serving Rural Mainers” project, a grant-funded initiative to establish CP services in five rural communities (Bangor, Veazie, Harrington, Mount Desert Island, and the Sacopee Valley area) to improve health, utilization, and quality outcomes. CCPM also sponsors two CP licensure courses that will increase the state’s CP workforce by 42 additional licensees in the next two months alone.

However, long-term sustainability requires reliable reimbursement. While grants can help launch programs, CP services typically need reimbursement pathways with MaineCare and other payers to be maintained and scaled statewide.

L.D. 2119 is a critical step toward financial sustainability for community paramedicine by directing MaineCare reimbursement for CP services and related models that allow care to be delivered in place or through appropriate alternate destinations. CCPM respectfully supports the bill as written, and we request two targeted changes to strengthen implementation statewide:

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- **Add an implementation deadline so MaineCare reimbursement is operational on a clear, predictable timeline.**
- **Ensure the directive applies consistently across all state-managed plans to promote uniform adoption and reduce variation in access across Maine.**



With these enhancements, L.D. 2119 can more effectively support timely, consistent reimbursement mechanisms that sustain existing CP programs and enable expansion where communities need them most. By supporting L.D. 2119, the Legislature has an opportunity to strengthen access to high-quality, community-based care—particularly in rural Maine—and help ensure that all Mainers can benefit from these essential services.

CCPM respectfully urges the Committee to support L.D. 2119.

Respectfully submitted,

A handwritten signature in black ink, reading "Sandy Nesin". The signature is fluid and cursive, with a large, sweeping initial "S".

Sandy Nesin, Esq.
Chief Executive Officer
Community Care Partnership of Maine

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Sandy Nesin
Community Care Partnership of Maine
LD 2119

Please see attached document for written testimony on behalf of Community Care Partnership of Maine.