

TO: Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services

FROM: Daniel Svenson, MSN, APRN, FNP-C, NRP

DATE: February 9, 2026

RE: Support for L.D. 2119 – *An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport*

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

My name is Daniel Svenson. I am a Cardiology Nurse Practitioner and a resident of Windham. I am submitting this testimony in support of L.D. 2119 in my capacity as a member of the Maine EMS Community Paramedicine Committee and as a Technical Advisor for the Portland Fire Department.

The Cycle of Unsustainable Funding

My perspective is deeply informed by my service as a Lieutenant with the Portland Fire Department, where I was involved in the initial formation of our Community Paramedicine (CP) team. At the inception of that program, we identified a critical need for a proactive healthcare model to serve our community. However, we faced a significant hurdle that persists today: the reliance on sporadic, short-term grant funding.

While grants are essential for piloting new initiatives, they are insufficient for maintaining long-term public health infrastructure. I have witnessed firsthand the operational stress placed on departments when grant cycles expire. This "funding cliff" creates a precarious environment for clinicians and, more importantly, disrupts care for the vulnerable patient populations who rely on these services.

Bridging the Gap for Vulnerable Populations

Portland's CP unit, the **Mobile Medical Outreach** team, specifically targets those with the largest barriers to healthcare: the homeless population, who often face substance use disorder. This team provides not only essential medical services but also serves as a critical bridge, actively connecting patients and clients with primary care and substance use treatment whenever possible. These are not just medical interventions; they are lifelines for our most vulnerable citizens. Yet, under the current model, this essential work remains dependent on precarious funding streams rather than being recognized as a standard, reimbursable medical service.

Decompressing Our Emergency Departments

Emergency departments are becoming increasingly overcrowded, with wait times reaching record highs. Allowing EMS to transport to alternative destinations, such as a primary care office or urgent care, which may be more appropriate for the patient's needs or complaints, would help decongest emergency departments and focus attention on the higher-acuity patients who truly need it.

The Solution: Sustainable Reimbursement

L.D. 2119 offers a necessary structural correction by transitioning CP from a grant-dependent model to a sustainable, reimbursable medical service.

- **Cost of Readiness:** Current reimbursement models generally pay only when a patient is transported. This bill recognizes that the expert clinical care provided on-scene is a valuable medical service that warrants reimbursement, regardless of transport.
- **Systemic Relief:** By enabling reimbursement for **Treatment in Place** and **Alternate Destination Transport**, we can effectively triage patients to the most appropriate level of care. This directly alleviates pressure on our overburdened Emergency Departments, reserving those resources for life-threatening emergencies.

National Precedent

By passing this legislation, Maine would join a growing coalition of states that have successfully modernized their EMS reimbursement models:

- **Minnesota:** Codified CP in 2011, establishing a Medicaid reimbursement model that serves as a national standard.
- **Indiana:** Recently authorized reimbursement for Mobile Integrated Health, recognizing EMS providers as essential clinicians.
- **Colorado & Nevada:** Both have implemented robust frameworks for alternate destination transport, resulting in reduced ER volume and lower overall healthcare costs.

Conclusion

As a Nurse Practitioner in cardiology, I see the downstream consequences of delayed access to care daily. Community Paramedicine is our most effective tool for managing chronic conditions and preventing acute crises. However, we cannot expect 21st-century healthcare results using a fragile, temporary funding model.

I strongly urge the committee to vote **Ought to Pass** on L.D. 2119 to provide Maine's EMS agencies with the financial stability required to serve our communities effectively.

Respectfully,

Daniel Svenson, MSN, APRN, FNP-C, NRP

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