Written Testimony to the Joint Standing Committee on Health and Human Services
LD 2119: An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport
11 February 2026

Senator Ingwersen, Representative Meyer, and Members of the Committee:

My name is Dr. B. Benjamin Lowry, and I am a resident of St. George, Maine. I am an Emergency Medicine physician at PenBay Hospital in Rockport. Since 2019, I have served as Medical Director for the St. George Community Paramedicine service—one of the original pilot programs established in 2012. I have been a member of the Maine EMS Community Paramedicine Advisory Committee since 2019 and have served as its chair since 2021. I am testifying today as an individual resident of St. George, not on behalf of Maine EMS, though I reference my role with the committee to provide context for my observations of the statewide program.

I am writing to express my strong support for LD 2119.

COMMUNITY PARAMEDICINE WORKS

Community paramedicine reduces costly ED visits and hospitalizations. Lincoln County's program saved $2,578 per patient annually: $439 in avoided ED costs and $2,139 in avoided hospitalizations.[1] One 72-year-old Medicare patient went from three ED visits monthly to zero after CP enrollment, saving $6,000.

Maine data from 2016-2018 shows consistent ED utilization declines following CP enrollment.[2] Nationally, 400 EMS agencies operate CP programs[3] addressing the CDC finding that 40% of ED visits could be managed elsewhere.[4] Rural Nova Scotia cut ED trips 40% and dropped costs from $2,380 to $1,375 per person annually.[5] Rural Ontario saw 24% fewer 911 calls, 20% fewer ED visits, and 55% fewer hospital admissions.[6]

THE RURAL CRISIS IN ST. GEORGE

St. George spans 117 square miles with 2,594 residents has and no healthcare services within our catchment area. Our median age of 63.1 years compounds the transportation barrier. Many patients cannot access routine wound care, post-surgical follow-ups, or chronic disease management.

Since 2015, St. George Community Paramedicine has brought professional-level care into homes: medication reconciliation, chronic disease monitoring, fall risk assessments, wound care, vital signs. For a decade we've operated on donations, volunteer effort, and municipal support. We previously received grants, only to have federal funding terminated in 2025. While temporarily restored, this demonstrates the fundamental instability we face.

THE STATEWIDE CRISIS

As chair of the Maine EMS Community Paramedicine Advisory Committee, I work with program leaders statewide—from EMS chiefs, to healthcare professionals in adjoining fields. We've been working to grow Community Paramedicine practice in Maine. We recently formalized the legislative structure of the program with LD 883's home health exemption[7] and

established scope of practice, educational standards, and three licensure levels (CP-Affiliate, CP-Technician, CP-Clinician).[8] Last year we held a community paramedicine conference in Augusta attracting EMS leaders, community health organizers, and academics from across Maine and neighboring states. All of this builds the infrastructure for controlled, safe expansion.

Yet 21 agencies serving 569 patients annually[9] face the same barrier. Despite technical authorization in Maine law, no reimbursement rates or billing procedures exist. Programs aren't being reimbursed. They survive on federal grants,[10] donations, and limited municipal support.

At the conference and in committee meetings, everyone says the same thing: without reimbursement, Community Paramedicine is stalled. New agencies cannot convince their towns to support them without pointing to steady funding. Existing agencies face more demand than they can meet. They have interested EMTs, but cannot expand because licensure levels rightly require education and training, all of which costs money. Without reliable funding, budgets are impossible to plan. Maine municipalities and private healthcare organizations express interest in starting Community Paramedicine programs, then balk when learning it's essentially a volunteer service.

The healthcare crisis deepens: 200-300 patients stuck daily in Maine hospitals with nowhere to go.[11] Fifty nursing homes lost in a decade.[12] Nearly half of rural hospitals at financial risk.[13] Community Paramedicine provides an essential relief for these and many other of the crises that plague the Maine healthcare landscape currently. But without reimbursement, we are not sustainable.

WHY LD 2119 IS ESSENTIAL

After 13 years of pilot programs and 8 years of permanent authorization, we have proven community paramedicine works. We have demonstrated cost savings to the healthcare system. We have shown that these programs can keep vulnerable Mainers in their homes and out of expensive emergency departments and hospitals.

What we lack is sustainable funding.

LD 2119 provides exactly what has been missing: mandatory reimbursement under MaineCare and private insurance, with requirements that DHHS establish the billing codes and procedures needed to make reimbursement work in practice. This bill would finally require reimbursement for most community paramedicine services.

This is not theoretical. Fifty-eight percent of CP patients between 2018-2022 were MaineCare members.[14] These programs serve exactly the population MaineCare covers, and they save MaineCare money by preventing expensive ED visits and hospitalizations.

Without this legislation, programs will continue to close or scale back services. The patients we serve—elderly Mainers aging in place, chronically ill patients managing complex conditions, urban and unhoused families, post-surgical patients needing wound care—will have nowhere else to turn except the emergency department.

CONCLUSION

Community paramedicine represents a proven, cost-effective solution to some of Maine's most pressing healthcare challenges: rural access gaps, aging population needs, ED overcrowding, and

hospital capacity constraints. But we cannot sustain these programs on donations and temporary grants.

LD 2119 provides the reimbursement framework necessary to ensure these programs can continue serving Maine's most vulnerable residents. I urge you to support this legislation.

Thank you for your time and consideration. I am happy to answer any questions.

Respectfully submitted,

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