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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Neither in Support nor Opposition to LD 2119, "An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport"

Before the Joint Standing Committee on Health and Human Services
Hearing: February 11, 2026, 10:00 a.m.

Dear Chair Ingwersen, Chair Meyer, and distinguished members of the Committee on Health and Human 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 2119.

MaineCare should not support alternate destination transportation as a substitute for emergency room assessment.[1] 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 behavioral 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 hypoglycemia, stroke, urinary tract infections (especially in older adults), sepsis, or even simple dehydration.

Studies of alternate destination transportation show significant rates of "under-triage" where EMS personnel incorrectly divert a patient who needs emergency room care.[2] Moreover, alternate destination may have a limited impact on reducing nonemergency care in the

[1] Maine 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.

[2] Sawyer NT, Coburn JD. Community Paramedicine: 911 Alternative Destinations Are a Patient Safety Issue. West J Emerg Med. 2017 Feb;18(2):219-221. doi: 10.5811/westjem.2016.11.32758.

Morganti KG, Alpert A, Margolis G, et al. Should payment policy be changed to allow a wider range of EMS transport options? Ann Emerg Med. 63(5):615–26.e5. doi: 10.1016/j.annemergmed.2013.09.025.

Raven MC, Lowe RA, Maselli J, et al. Comparison of presenting complaint vs discharge diagnosis for Identifying "nonemergency" emergency department visits. JAMA. 2013;309(11):1145–53. doi: 10.1001/jama.2013.1948.

emergency room, as studies suggest that patients arriving by ambulance are more likely to be critically ill than emergency room patients on average.[3]

We have no objection to reimbursing transportation to an appropriate alternate destination after a patient has undergone an in-person medical screening examination by a doctor, nurse practitioner, or a physician associate acting within their scope of practice.

Careful consideration of the scope of community paramedicine in treating patients at home is also important. 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.[4]

We urge you to consider carefully the limits on the use of community paramedics and reject alternate destination transportation that denies patients an in-person medical screening examination by a doctor, nurse practitioner, or a physician associate acting within their scope of practice.

Sincerely,

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

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[3] Sawyer & Coburn (2017).
Ruger, J.P., Richter, C.J. and Lewis, L.M. (2006), Clinical and Economic Factors Associated with Ambulance Use to the Emergency Department. Academic Emergency Medicine, 13: 879-885. https://doi.org/10.1197/j.aem.2006.04.006

[4] 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.