



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support

LD 2133 - An Act Regarding Licensing of Community Paramedicine Services and Clinicians

Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Tuesday, February 10, 2026

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance and Financial Services, my name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association. I am submitting this testimony in support of LD 2133 - An Act Regarding Licensing of Community Paramedicine Services and Clinicians on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 allopathic and osteopathic physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State. The MMA and MOA's legislative committees have joined to advocate with one voice.

Maine Medical Association had the privilege of convening a stakeholder group to discuss community paramedicine during the Summer of 2024.¹ One part of that discussion was the importance of licensing community paramedics to ensure reimbursement for their care, which is what LD 2133 seeks to finally do.

We have an aging population who deserve to age in the place they call home, but may need support to do so. We have areas where the only access for acute but non-emergency care is a long trip to the hospital. Community paramedicine is a tool that helps to meet these needs.

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<https://mainephysicians.org/wp-content/uploads/2025/02/Community-Paramedicine-Reimbursement-Report.pdf>.

I wanted to share an example from a physician who works with community paramedics.

My patient living with advanced dementia in a rural town over an hour from our clinic developed a cough. His spouse, his primary caregiver, is unable to get him from his home to the car. She therefore must rely on EMS for such situations. Instead of calling 911 to be seen in the ED 45 minutes away for a non-emergent issue, we worked with Emily Hargreaves from MaineHealth's community paramedic program. She went to the home and evaluated the patient, meeting with me via our telehealth platform so that I could ask questions of my patient's spouse, with Emily there to be my eyes and ears. He didn't require any further treatment, just reassurance to his spouse that his vitals were fine, his lungs were clear, and she was doing a great job caring for him.

Obviously, providing care at home or in another setting instead of the ED, when appropriate, reduces costs to the system as a whole. It is critical for us to leverage different parts of our healthcare delivery system.

Thank you for considering the thoughts of Maine's physicians, and I am happy to discuss any questions you may have.

Best,

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Director of Advocacy
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