

Testimony in support of LD 2119 - An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport

Catherine Ryder, Senior Director of Strategic Initiatives, Spurwink
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Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

My name is Catherine Ryder, and I serve as the Senior Director of Strategic Initiatives at Spurwink, having formerly served as the CEO of Tri-County Mental Health Services until our organizations joined in April of 2024. I am submitting testimony in Support of LD 2119 - An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport.

While at Tri-County, I partnered directly with United Ambulance's Community Paramedicine program through grants supported by the United Way and the Maine Health Access Foundation. This collaboration allowed us to bring clinical care into the community for three high-risk populations.

First, we served individuals with opioid use disorder by providing buprenorphine induction directly in the field, with rapid transition to our clinicians for ongoing treatment. Second, we worked with people living with serious mental illness who were frequent emergency-department users, offering structured in-home assessment and stabilization. And third, we focused on older adults with complex medical and psychiatric needs, providing community-based evaluation to avoid unnecessary acute care admissions. Each initiative produced exceptional outcomes and demonstrated that community paramedicine is critical to improving access, ensuring high-quality care, and reducing healthcare costs.

In my current role with Spurwink, we are exploring new ways to collaborate with community paramedicine programs to enhance community health and reduce strain on already overburdened hospital systems. Spurwink is proud to operate a Crisis Receiving Center in Portland, with a second site in Lewiston scheduled to open in July of this year. For years, providers and EMS have recognized the need for alternate destination transport, particularly for behavioral health crises where in many instances we can be part of the solution to preventing unnecessary hospitalization or incarceration.

Community paramedicine is not merely promising—it is evidence-based and highly effective. A few data points include:

- 40% of U.S. emergency department (ED) visits are non-urgent, indicating strong potential for diversion to CP programs. [cdc.gov]

- Community paramedics improve chronic disease outcomes through home visits, education, and preventive care, reducing exacerbations linked to poor primary care access. [cdc.gov]
- CP Programs enhance access for rural, older, and high-risk populations, addressing social determinants such as transportation, scheduling, and health system navigation. [cdc.gov]
- At least 7 state Medicaid programs and 14 states reimburse community paramedicine or “treat-without-transport” services. [ncsl.org]

This legislation is timely and necessary as Maine faces widening gaps in primary care access, significant needs in rural communities, and increasing pressures on EMS and hospital systems. It also establishes the reimbursement mechanisms needed to make alternate destination transport viable as protocols are built.

I strongly urge you to pass LD 2119. Community paramedicine works. It reduces unnecessary emergency department use, improves outcomes, lowers costs, and reaches people who would otherwise fall through the cracks of our healthcare system.

Thank you for your time and your leadership.

Respectfully submitted,
Catherine R. Ryder, LCPC, NCC, MSED