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Testimony of Representative Jack Ducharme Supporting LD 2119

An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport.

Good afternoon, Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee. I am Jack Ducharme, and I proudly represent the people of Madison, Norridgewock, and Cornville in Maine House District 71. Thank you for the opportunity to testify today in strong support of LD 2119, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport, a bipartisan bill that I am pleased to cosponsor.

Our health care system is in crisis, on the verge of collapse, particularly in rural Maine. Maine where residents wait weeks and months for doctors' appointments for minor issues. Those wait times, often turn minor health challenges into full-blown medical crises that require hospitalization and much more expensive treatment.

The bill as proposed would help mitigate some of those situations by utilizing medical professionals who are available where the patients are rather than transporting them to some distant medical center. Treatment-In-Place is roughly 25% of the calls for many EMS agencies. However, current reimbursement policies for EMS providers does not permit payment for services UNLESS the patient is transported to an emergency department.

Here's the scenario; Mr. Smith calls 911 for a medical emergency at his home. XYZ EMS responds to the call. When they arrive, Mr. Smith has an issue that the on-scene paramedic or EMT can handle on site and does. Once the emergent situation is under control, the EMS personnel determine that there is no need to transport Mr. Smith to the emergency room that is 15 miles away. Mr. Smith is stabilized and can safely remain in his home or may be effectively served at the local urgent care facility. HOWEVER, because Mr. Smith does not NEED to be transported to an emergency department, XYZ EMS won't get paid for the call. To get reimbursed for the call, the XYZ must transport Mr. Smith to the emergency department and bill for that service. Once Mr. Smith is

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transported, the ER reviews the on-scene actions, perhaps repeats those actions and bills for those services. XYZ EMS gets paid for the transport, the ER gets paid for their services as if Mr. Smith had walked in on his own.

I understand that this scenario is a simplification of the issue that we face, but this makes no sense! We can change this with LD 2119. This bill proposes to allow EMS agencies to bill for medical services rendered on site rather than requiring transport to allow for the billing by the EMS provider.

EMS providers tell me that these “no transport” situations occur in roughly 25% of their 911 calls. Insurance companies almost never reimburse these calls. The response and assessment is occurring in 100% of these 911 calls and that service warrants compensation to help EMS agencies fund their operations.

Most people expect an ambulance to be ready to roll when they need it. However, many people fail to understand the cost of that “readiness to roll” in real life. Roughly 60% of our EMS agencies see 300 or less calls per year. The gap between the cost of readiness and medical insurance reimbursement is as high as \$2,500 per 911 call according to the recent Blue Ribbon commission report. This bill works to shrink that gap.

This bill also asks to reimburse our EMS agencies to help fill the gaps in our rural health care coverage. Access to healthcare in Maine is an acute problem in many areas of the state. Community Paramedicine can help fill those gaps in our system, but we must authorize them and pay for them. It seems to make sense to me that since many EMS agencies are handling an average of 1 call a day, they have capacity to help in our communities with some routine health care. This would help fill in some coverage and access gaps in our rural communities and provide financial support to help sustain the readiness of our EMS responders while not creating a new “system” that can be costly and may not work. The Jackman area is using a Community Paramedicine approach to provide health care in that remote area and this system seems to be working. We should make sure that they are getting compensated for this service and look to expand this type of service in some of the more rural areas of our state.

Alternate destination transportation is another area that needs to be addressed in terms of compensation for our EMS agencies. Currently, there is no ability for an agency to get reimbursed to transport a patient to a local primary care facility that does not have an emergency department. There is no reimbursement provision for transport to an urgent care facility or behavioral health, or substance use clinics or facilities.

Make no mistake, the appropriate destination for true emergencies is clearly the emergency department. However, for less acute complaints it makes sense to allow EMS to transport to more appropriate destinations. Sending a minor complaint to the emergency department costs insurance companies and patients more for the same care that can be provided at less expensive destinations. This is done in other areas of the

nation. We are simply asking to catch up with more efficient and innovative EMS systems.

I am not an expert on all these various EMS things. However, I have some experience in the EMS world having served for 9 years as a board member of Anson Madison Starks Emergency Services. While on that board, we continually wrestled with how to provide appropriate service to the residents of the area at a cost that they could afford. When reimbursements for necessary services are not available from insurers or Medicaid, these agencies must reach out to municipalities for support in the way of a per capita assessment. While adding a per capita assessment to the municipal property tax may help offset some of the readiness costs, it usually does not cover those costs fully. Further, in a time when property taxes are crushing local citizens in many areas, we must look for alternative ways of funding these services. When payment for services fails to cover the cost of the services, it creates a gap in financing for these agencies that will cause them to fail, unless it is addressed. This bill, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport will help us fill that gap, particularly in our rural areas. Your support for this bill will help us fill some of the funding gaps in our rural health care system.

Thank you for listening to this and other testimonies in support of this bill. If you have questions, I'm happy to try and answer or will put the committee in touch with others that may be better able to answer those questions.

Cordially,

Jack Ducharme