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February 11, 2026

Senator Ingwersen, Chair
Meyer, Chair
Members, Joint Standing Committee on Health and Human Services

Augusta, ME 04333-0100

Re: LD 2119 – *An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine, and Alternate Destination Transport*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information neither for nor against LD 2119, *An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine, and Alternate Destination Transport*.

This bill intends to expand existing requirements for insurance carriers and the MaineCare program to provide reimbursement for ambulance services to include:

- treatment provided on the scene in response to an emergency call regardless of transport;
- care provided by an emergency medical services provider through Community Paramedicine (CP); and
- alternate destination transport to clinically appropriate facilities other than hospital emergency departments.

The bill directs the Department of Health and Human Services (the Department) to adopt rules to implement these coverage/reimbursement changes in consultation with the specified partners to establish clinical and documentation standards; billing and coding procedures; and quality assurance and patient safety requirements.

MaineCare already provides reimbursement for the delivery of non-transport emergency medical services by an ambulance provider at the rate of \$95 per call. All other ground ambulance services factor response, treatment, and transportation into the corresponding base rate. If the intention of the bill is to create a new and different rate specific to treatment, regardless of transport, the Department would need to reassess and redefine all other impacted rates and develop new system codes. In addition to gaining stakeholder feedback, the MaineCare rate determination process requirements set forth in 22 M.R.S. § 3173-J would need to be observed.

Regarding Community Paramedicine, the Department would like to emphasize the distinction between emergency ambulance services and CP services. CP services are episodic, non-emergent in nature, and delivered by licensed paramedicine providers. CP services never involve transport and are initiated by a referral from a healthcare provider. Ambulance services, as covered by MaineCare,



are emergency treatment and transport services that are initiated by 911 dispatch and delivered by licensed ambulance providers. The current language and placement of this bill in statute gives the impression that CP services are additional ambulance agency services that MaineCare is being directed to cover. The Department recommends that LD 2119 be amended to separate out the CP requirement to distinguish that CP services are delivered under CP licensure, not ambulance services licensure.

The Department is currently engaged in building a CP service for MaineCare coverage, inclusive of new provider enrollment processes, covered services, and corresponding reimbursement methodology. The CP model, once implemented, would provide reimbursement to licensed CP agencies who employ licensed CP providers for the delivery of services aimed at improving health outcomes and reducing avoidable healthcare utilization such as hospital inpatient readmission and emergency department utilization. The rate determination process for CP services is already in process, and this service continues to be on the Calendar Year 2026 Rate Determination Schedule.

Maine has included activities related to CP in its Rural Health Transformation Program (RHTP), culminating with a goal of MaineCare reimbursement of this service in 2030. The Department recommends using the RHTP funding source and pathway to advance CP work in Maine. The Department notes that this bill does not have a specified effective date or deadline for adopting rule changes, and we recommend ensuring the bill provisions are effective only with sufficient appropriations and approval for the corresponding State Plan Amendment from the federal Department of Health and Human Services, Centers for Medicare & Medicaid Services.

For the last provision related to transporting a patient to an alternate destination, for MaineCare to reimburse an ambulance provider for transport, the destination must be an appropriate medical facility with receiving agreements and appropriate Emergency Medical Services protocols in place.

The Department would be happy to provide additional information and further discuss LD 2119 and related efforts. Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert".

Michelle Probert
Director
Office of MaineCare Services
Maine Department of Health and Human Services