



David LaFountain
Senator, District 16

THE MAINE SENATE
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Testimony of Senator Dave LaFountain introducing
**LD 1602, An Act to Implement the Recommendations of the Stakeholder Group
Convened by the Emergency Medical Services' Board on Financial Health of
Ambulance Services**
*before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
May 2, 2023*

Representative Perry and honorable members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Dave LaFountain. I have the honor of representing the good people of Senate District 16, which is the towns of Albion, Fairfield, Oakland, Waterville, and my hometown of Winslow. I am here to testify in support of LD 1602, An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board of Financial Health of Ambulance Services.

I've traveled across the state for the last 30 years teaching fire safety courses, so I can understand the difficulty of having a business model that works in different parts of the state. The following points below, are necessary to ensure a successful working model, as identified by this stakeholder group. Different parts of the state will have to do different things in order to maintain a quality level of service.

For example, if I'm in Washington County, it's going to be much more difficult to maintain the level of service as in Cumberland County. If I have an accident on the interstate and you need 10 ambulances, Portland works, but Waterville will have 2 ambulances for 5 trips each, and who knows in the more rural parts of the state. It might take hours in a situation where we need exigent care in minutes, this is a reality that many departments are currently facing.

1. It removes the repeal date (12/31/2023) for the private carriers to pay ambulance services at 200% of Medicare, and also removes the word "emergency" so that it would apply to transfers as well.
2. Removes the requirement for private carriers to require prior authorization prior to a transport to a hospital, or a transfer between hospitals or a hospital and health care facility.
3. Requires private carriers to pay for no-transport where the patient refuses transport at 200% of the Medicare Base rate (Same as any emergency call). We estimate that no-transport make up between 20% - 30% of the total call volume, and require an ambulance service to commit ambulances and personnel to the call.

4. Requires private carriers to pay for Community Paramedicine visits from approved agencies at 200% of the Medicare Base rate (Same as any non-emergency call). A private carrier can require pre-authorization. This will start to reimburse providers for the cost of providing Community Paramedicine, and has potential to save the Health Care system millions of dollars in unnecessary transport and re-admission costs.
5. Creates a mechanism for cost reporting, which will help us get a better picture of the delivery of EMS in Maine and help us design a more efficient system.

In order to provide the lifesaving care that Mainers expect when they dial 911, we must implement these changes and more. Thank you to Senator Bailey for sponsoring this bill, and I'm happy to answer any questions the committee may have.