

Testimony in Support of 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

Good afternoon, Senator Bailey, Representative Perry and members of the Committee on Health Coverage, Insurance, and Financial Services. My name is Rick Petrie, and I am a Paramedic who has worked in the Maine EMS system for 42 years. I am now the Chief Operations Officer for North East Mobile Health, a for-profit Ambulance Service based in Scarborough Maine and the Program Director for the Jackman Paramedic project.

I was also fortunate to serve as a member of the EMS Blue-Ribbon Committee whose work supports the foundation for this, and other, legislation supporting Emergency Medical Services in Maine.

As the Blue-Ribbon Committee heard very clearly, EMS needs help not only strengthening our reimbursement system, but also providing the support that will enable us to develop and deliver innovative Community Paramedicine programs that will save the health care system in Maine, and Maine Residents, potentially millions of dollars annually. This legislation came about as the result of a thoughtful review of the financial status of our system and will help accomplish the goals established by that committee.

We need to make sure that the gains we made in the last Legislative session with private insurance carrier reimbursement does not expire and includes all ambulance transports.

We were also able to identify that between 20 – 30% of the calls that we respond to are no-transports, meaning that there is either no patient there when we arrive at the scene, or the patient is assessed, sometimes treated, but then refuses transport. For each of these calls there is an ambulance dispatched with a crew, and they are unavailable anywhere from 30 – 60 minutes on average while assessing/treating a patient. Because the reimbursement system is set up to generally only provide reimbursement when a patient is transported to a hospital, we can't bill for the majority of these calls. Medicare and Medicaid will provide some limited reimbursement for some of the calls at a reduced rate, but it doesn't come close to covering the actual cost of providing the service.

Community Paramedicine is a growing field within EMS that allows for more efficient utilization of EMS providers as well as helping to fill healthcare gaps in Maine Communities. The program is developed and delivered in conjunction with local family physicians and Home Health Care, and is a supportive program designed to reduce hospital visits and re-admissions. Unfortunately, there is no consistent, reliable reimbursement system, placing the cost burden directly on the local EMS agency.

The last thing this bill does is put a cost reporting system in place. The EMS system in Maine has been loosely organized in Maine, with local communities developing systems to meet their needs, and many relying heavily on volunteers. This is no longer sustainable. However, to move forward, we need to know exactly how much the system that is in place costs, and how much a sustainable response and transfer system will cost in the future.

Thank you for your consideration, and I am happy to answer any questions you may have.

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