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**LD238 – An Act to Protect Emergency Medical Services Persons' Right to Work in  
Multiple Health Care Settings  
February 4, 2025**

**--Support--**

Dear Senator Bailey, Representative Mathieson, and Members of the Committee,

On behalf of the Maine Ambulance Association, I submit this testimony in strong support of LD238, which strengthens partnerships between ambulance services and healthcare facilities—a critical step in ensuring financial sustainability for EMS agencies and supporting rural healthcare providers.

Across Maine, rural hospitals, community health clinics, and critical access facilities are struggling with staffing shortages and financial challenges. At the same time, many EMS agencies operate on razor-thin margins, relying only on unpredictable 911 transport revenue and local tax subsidies to stay afloat. LD238 offers a practical solution by allowing EMS providers to form partnerships with healthcare facilities, ensuring both financial stability for ambulance services and improved staffing support for healthcare providers.

**Strengthening Healthcare and EMS Partnerships**

Allowing ambulance services to contract with hospitals, clinics, and long-term care facilities is a win-win for Maine's healthcare system:

- **Financial Stability for EMS Agencies:** Rural EMS services often struggle to remain viable due to low call volumes and inconsistent reimbursements. LD238 allows EMS agencies to partner with local healthcare entities, creating new revenue streams while ensuring ambulance services remain operational for emergency response.
- **Workforce Relief for Rural Health Clinics and Critical Access Hospitals:** Many small hospitals and rural clinics operate with limited staff, often struggling to fill shifts for urgent care, triage, and outpatient services. By partnering with EMS agencies, these facilities gain access to skilled, licensed medical providers who can assist under physician supervision.
- **Local Access to Care:** Many rural communities lack adequate healthcare resources, which are rapidly shrinking in numbers, forcing residents to travel long distances for medical care. By embedding EMS professionals into local clinics and hospitals, LD238 helps keep care within the community while reducing unnecessary emergency room visits.

## **How LD238 Aligns with EMS Agenda 2050**

The EMS Agenda 2050 envisions a future where EMS professionals play an expanded role in healthcare delivery beyond traditional emergency response. LD238 supports this vision by:

- **Creating a Sustainable and Efficient EMS System:** Rural ambulance services cannot survive on emergency calls alone. LD238 enables EMS providers to contribute to community healthcare delivery, strengthening the financial viability of EMS agencies while improving patient access to care.
- **Fostering Integrated and Seamless Care:** EMS providers work at the intersection of emergency and outpatient medicine. By partnering with hospitals and clinics, they help ensure better care coordination and reduce unnecessary hospitalizations.
- **Supporting an Adaptable and Innovative Workforce:** LD238 expands career pathways for EMS professionals, allowing them to apply their training in clinical settings while maintaining their role in emergency response.

## **Oversight and Accountability Are Already in Place**

Some have raised concerns about regulatory oversight, but these concerns are not supported by the facts:

- Maine's Board of Licensure in Medicine (BOLIM) has long allowed physician delegation for EMS professionals and physicians remain responsible for any delegated tasks, just as they are for medical assistants.
- EMS personnel working in healthcare facilities follow the same medical supervision rules as other healthcare providers. There is no regulatory gap—just an outdated restriction that limits hospitals and clinics from fully utilizing EMS professionals.

## **Conclusion: LD238 Strengthens EMS, Healthcare Partnerships, and Patient Care**

Maine's healthcare facilities and EMS agencies must work together to sustain critical services, especially in rural areas. LD238 removes unnecessary barriers, allowing ambulance services and healthcare providers to collaborate, ensuring stronger local healthcare, a more stable EMS workforce, and improved patient outcomes.

We urge you to support LD238 and allow Maine's EMS professionals and healthcare facilities to build the partnerships needed to sustain our healthcare system.

Butch Russell, Executive Director  
Maine Ambulance Association