



Joseph Baldacci
Senator, District 9

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

Senator Bailey, Representative Mathieson, esteemed colleagues of the Health Coverage, Insurance and Financial Services Committee, my name is Joe Baldacci, and I represent Senate District 9, which includes Bangor and Hermon. I am pleased to present to my bill LD 1192, "An Act to Increase The Commercial Insurance Reimbursement Rate for Ambulance Services in Maine."

Here in Maine we have a highly integrated yet completely fragile health care system. Having served the last 4 years on the Health and Human Services committee, I have seen much of it first-hand. Patients, hospitals, nursing homes, nurses, doctors, support staff, assisted living facilities, in-home direct care workers, and on and on.

They are all vital and important.

But one equally valuable service is regularly overlooked or given short shrift by policymakers. Ambulance and Emergency Medical Services.

In May of 2024, Maine EMS released its 2035 EMS Vision & Plan, outlining what it sees as the steps needed to achieve true sustainability over the next decade for the state's roughly 275 EMS providers that are operating at a loss or barely breaking even.

Many EMS providers are struggling due to a host of factors, including lagging reimbursement rates, recruitment and retention challenges, training and an aging and rural population.

As a result, some services are routinely "out of service" when an ambulance can't be fully staffed. Some other providers, as reported in the press, such as Petit Manan in Washington County, which served Milbridge and Steuben, have ceased operations.

Historically EMS has operated in an environment of scarcity and without the financial resources to make EMS truly sustainable. Historically EMS has been made sustainable through the sacrifice and generosity of EMS clinicians and other EMS professionals.

The 2035 EMS Vision Plan wants us to plan now for 2035. In 2035 Maine's EMS system would be fully and sustainably funded. The system would no longer operate from a place of scarcity. EMS in 20235 would be viewed, understood and valued as an essential service and common good that must be funded in a manner that is commensurate with its mission. Costs and revenue sources are understood. The sustainability of EMS is no longer dependent upon the subsidy of donated (volunteer) and low-paid labor. The funding of EMS is a focus accompanying all discussions at every level. Funding comes from a variety of sources and

ensures EMS is sustainable and the financial burden is appropriately shared. The public, communities, governments and healthcare systems expect to support EMS.

According to this strategic plan, to be sustainable, EMS must maximize reimbursement revenues and therefore must continually place pressure on payers.

In 2035 the Maine EMS system would have maximized the revenue local EMS agencies collect in reimbursement from private insurance, Medicare, Medicaid and other players. This maximization is the result of accurate cost reporting, the accurate documentation of services, advocacy, a deep understanding of the billing process and taking full advantage of available reimbursements.

A University of Southern Maine national study released in May by the Maine Rural Health Research Center revealed that 15 of the 16 Maine counties have so-called ambulance deserts, where people are located more than 25 minutes from an ambulance station. In the Northeast, Maine has ranked as the second-worst ambulance desert state, behind only Vermont, where every county contains at least one.

According to the Maine Rural Health Report only Androscoggin County has an adequate number of ambulance stations to provide reliable, fast responses. Even higher-density counties such as Cumberland, encompassing Portland and its environs, and Penobscot, which includes Bangor, have pockets that lack adequate ambulance response times, according to the MRHRC geographic disparities study.

Rick Petrie, an interim director for Atlantic Partnership EMS statewide collaborative, said in a 2024 news article that he has heard from the service chief for “a fairly large metropolitan department in the state,” saying they were drowning in overtime expenses trying to cover the increasing number of calls and mutual aid requests.

He said that the situation in rural communities is ever more dire. Petrie said he knows that in places like Washington County and Aroostook County—virtually anywhere north of Augusta—EMS departments are “barely there” and doing everything they can to hold on.

This bill seeks to help address this important issue affecting the lives and quality of health care, and health care access for tens of thousands of Mainers mostly in rural areas and small towns across the state.

This bill or a reasonable facsimile of it must pass during this session of the Legislature if we want to keep ambulance and emergency medical services available to some of our most vulnerable citizens.

Thank you,

Joseph M. Baldacci
State Senate District 9

Ambulance Deserts

Geographic Disparities in the
Provision of Ambulance Services



Maine
Rural Health
Research Center

May 2023

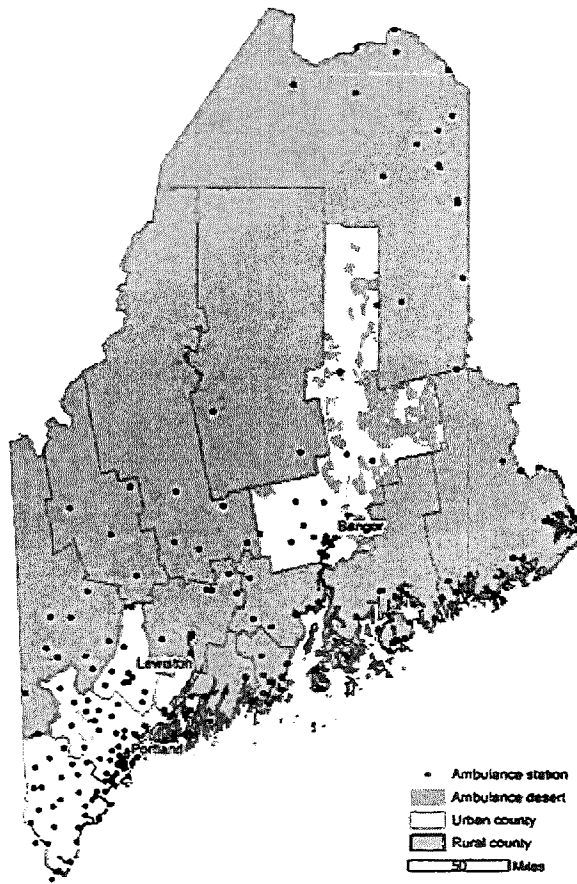
RHRC

Rural Health Research
& Policy Centers

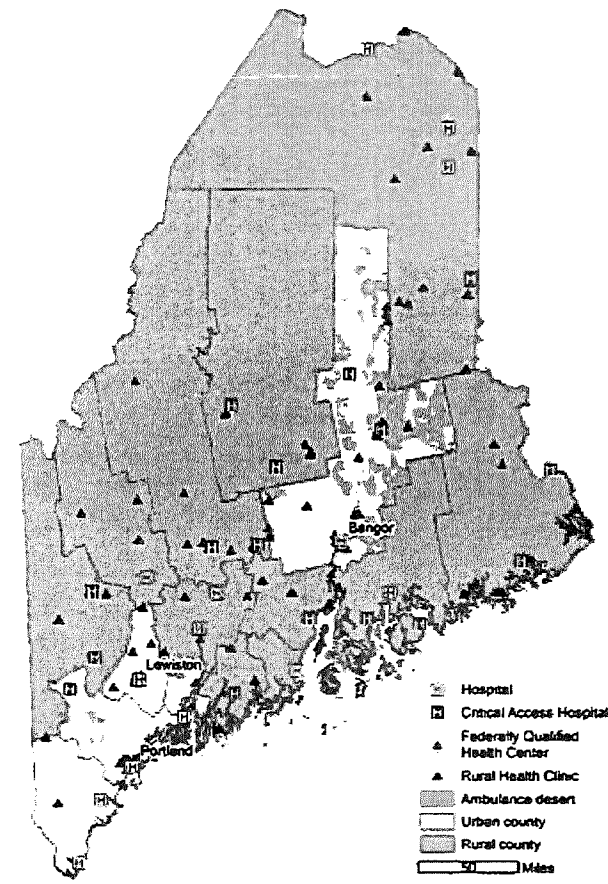
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

MAINE

Ambulance Locations and Deserts



Ambulance Deserts and Health Care Facilities



Ambulance stations		Ambulance desert population		Rural county ambulance desert population	
n		n	% of state pop.	n	% of rural county pop. % of total desert pop.
215		82,346	6.0%	54,278	9.9% 65.9%

Data sources: Maine EMS; Esri; US Census Bureau; Health Resources & Services Administration; USDA Economic Research Service.