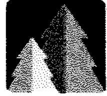
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Testimony of the Maine Municipal Association

In Support For

LD 1530 - *An Act to Improve the Sustainability of Emergency Medical Services in Maine*

April 22, 2025

Sen. Bailey, Rep. Matheson and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Rebecca Graham, and I am submitting testimony in support for LD 1530, *An Act to Improve the Sustainability of Emergency Medical Services in Maine,* which forms one of Maine Municipal Association's platform initiatives, at the direction of our 70 member Legislative Policy Committee (LPC). The Association and its members thank Sen. Curry for his consistent support of municipal and fire response and emergency medical services (EMS) and for sponsoring this bill.

Care that is provided to individuals at the scene of a call for assistance would be reimbursable in any other clinical setting but is not reimbursable for an EMS service. This includes the life saving protocols to administer naloxone hydrochloride which requires the cost of the medicine, response and additional service which rarely results in transportation to an emergency room to be assumed by the ambulance and ultimately the property taxpayers who shoulder the burden to keep a service ready to respond. Only the "leave behind" kits left to those who have been treated and refuse to go to the hospital are supplied to services through the opioid settlement funds.

While municipalities may adopt ordinances to bill for services like lift assists and dressing changes that are frequent requests of transporting and non-transporting services, insurance does not reimburse for that care, though it would in any other setting, or when provided by similarly licensed providers in a clinical setting. This results in the individuals need the care to receive a bill for the service, which helps cover the cost for the municipal service but is one the individuals is unable to use their own health insurance to pay for because they were treated on the side of the road or in their own home. This is extremely challenging as those that are most vulnerable in our communities with the least capacity are the most likely to shoulder these needed but unplanned expenses.

The current reimbursement policy makes it harder for services to adopt a community paramedicine program, sustain services without additional property tax burden to support adjacent communities where great distances are traveled to respond and no transport for reimbursable care results in the response. Older, rural, and limited service communities are the ones most impacted by uncovered care that would be covered in any other setting. Their current choice for the community to absorb the cost or bill the individual and hope that they have the resources to pay the nominal charge.

As drafted, this proposal would allow not only for a path to help make transporting services whole but also allow non-transporting services to bill the health coverage for the expanded care they are now required to provide by statute in many instances. Additionally, it could potentially broaden the care in rural communities that would alleviate pressure on emergency rooms through the expansion of community paramedicine programs that would now be a reimbursable service rather than a fee for service. These programs allow emergency medical technicians to expand their scope of care with clinical

oversight to improve access to primary and preventative care, particularly for underserved populations. These include in-home visits, chronic disease management, and coordination with other healthcare providers that otherwise result in unnecessary emergency room visits.

For all these reasons, officials respectfully ask you to support the community-oriented policy proposed by LD 1530 that elevates care of location of care and treats that valued care equally in all settings.