

Testimony of William O'Neal

Director, Maine Bureau of Emergency Medical Services (Maine EMS)

Department of Public Safety

IN SUPPORT of LD 2133

"An Act Regarding Licensing of Community Paramedicine Services and Clinicians"

Presented by Senator BAILEY of York

BEFORE THE JOINT STANDING COMMITTEE ON HEALTH COVERAGE, INSURANCE AND
FINANCIAL SERVICES

Public Hearing: Feb. 3, 2026

Senator Bailey, Representative Mathieson, and honorable members of the Joint Standing Committee On Health Coverage, Insurance and Financial Services

My name is Wil O'Neal, I am the Director of Maine Emergency Medical Services, and I am here today to testify in strong support of our department bill, LD 2133.

This legislation represents a critical step forward in formalizing and safeguarding one of the most innovative sectors of our prehospital healthcare system, Community Paramedicine.

By moving from a pilot-based framework to a formal licensing structure, we are ensuring that these services—which provide episodic, proactive, and preventive care in nonemergency settings—are held to the highest standards of safety, quality and professional oversight.

LD 2133 provides the necessary statutory definitions and licensing requirements to ensure that community paramedicine is practiced safely and effectively across our state.

The bill establishes clear definitions for "Community paramedicine," "Community paramedicine clinician," and "Community paramedicine service", vital requirements in our continued efforts to seek reimbursement for these services on a federal level. EMS clinicians in Maine are already required to be licensed by the Board, LD 2133 ensures they hold a separate but concurrent EMS license and have completed specialized education and training for this expanded role. Having a separate set of standards, certifications, and agency and clinician license, with regulatory oversight, will be the crucial components of any discussion that moves these efforts into formally recognized CMS funded services.

Lastly, and very importantly, this bill emphasizes coordination with our Home Health Partners to ensure care remains episodic and does not duplicate existing general home care relationships.

This structural refinement is not merely administrative; it is an investment in a more responsive and future-ready EMS system that meets Maine citizens where they are. By supporting these technical rules for licensure, we protect the public while allowing this vital field to grow.

I am glad to provide any support for work sessions on this important bill, and I am more than happy to answer any questions you may have. Thank you.

Wil O'Neal Director,

Maine EMS

DRAFT COMMITTEE AMENDMENT:

LD 2133, An Act Regarding Licensing of Community Paramedicine Services and Clinicians

Amend the bill by striking out section 1 of the bill and inserting in its place the following:

Sec. 1. 22 MRSA §2147, sub-§15, as corrected by RR 2023, c. 2, Pt. A, §30, is amended to read:

15. ~~Emergency medical services community~~ Community paramedicine services. ~~Ambulance services and nontransporting emergency medical~~ Community paramedicine services as defined in Title 32, section 83, subsection 9-C and licensed under Title 32, chapter 2-B, that are authorized by the Emergency Medical Services' Board to provide community paramedicine services pursuant to Title 32, section 84, subsection 4. This exemption applies for the express and exclusive purpose of delivering community paramedicine services, as long as:

A. The care is episodic. For the purposes of this paragraph, "episodic" means an encounter with a patient focused on presenting concerns and an identified medical condition in which neither the community paramedic nor the patient has the expectation of an ongoing general home care relationship; and

B. The Emergency Medical Services' Board adopts rules requiring authorized community paramedicine services to:

- (1) Comply with the Maine Background Check Center Act requirements as described in chapter 1691;**
- (2) Conduct initial and ongoing training of all staff regarding their obligations as mandatory reporters;**
- (3) Meet licensing standards consistent with those required by section 2145, subsections 3 and 4; and**
- (4) Coordinate with home health agencies; and**

SUMMARY

This amendment clarifies section 1 of the bill to retain language in current law providing that community paramedicine services must be episodic for purposes of the exemption from the licensing requirements for home health agencies overseen by the Department of Health and Human Services.