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Testimony of the Maine Ambulance Association Before the Maine Health Coverage and Financial Services Committee in Support of LD 2133

An Act to Regarding Licensing of Community Paramedicine Services and Clinicians

February 3, 2026

Senator Bailey, Representative Mathieson, and Distinguished Committee members of the Health Coverage and Financial Services Committee, thank you for the opportunity to speak today. My name is Michael Senecal, and I serve as President of the Maine Ambulance Association and Senior Director Of MaineHealth EMS. I also had the privilege of serving as a member of the Community Paramedicine Stakeholder Group, convened at the direction of the Legislature to evaluate the current landscape of Community Paramedicine (CP) in Maine and develop recommendations for its future.

I am submitting this testimony in support of LD 2133. This bill is a direct reflection of the work, findings, and consensus reached by the stakeholder group. Among the most significant conclusions of our group was the need for clear statutory definitions and the establishment of licensure standards for community paramedicine clinicians and services. These elements were identified as essential to ensuring consistent quality, appropriate oversight, and future reimbursement across Maine's healthcare and insurance systems. LD 2133 addresses this need by defining "community paramedicine," "community paramedicine clinician," and "community paramedicine service" in statute and establishing licensure requirements with minimum qualifications, training, and safeguards.

A key theme highlighted in the stakeholder report was the urgent challenge of sustainability and reimbursement. Maine's CP programs have operated for more than a decade—originating as pilots in 2012—and have demonstrated clear value to rural, aging, and medically complex populations. Yet they continue to rely heavily on grant funding, municipal subsidy, and volunteerism due to the lack of structured reimbursement pathways. The stakeholder group heard directly from insurers and MaineCare that they cannot build reliable reimbursement models until CP is formally defined and licensed, with clear standards and clinical expectations. LD 2133 provides the regulatory structure they require to move forward. It does not dictate reimbursement—it enables it.

From an operational standpoint, LD 2133 also incorporates several of the specific safeguards and standards identified in the stakeholder report, including background checks, mandatory reporter training, and medical oversight by both an EMS medical director and a primary care medical director. These requirements align directly with stakeholder consensus regarding what is necessary to ensure delivery of safe, high-quality episodic care statewide.

For these reasons, I believe LD 2133 represents the logical and necessary next step in the evolution of community paramedicine in Maine. It faithfully implements the stakeholder group's recommendations, establishes the framework needed for MaineCare and commercial insurers to advance reimbursement models, and provides consistent standards that protect patients and support EMS agencies across the state. I respectfully urge the Committee to support LD 2133.

Thank you for your consideration. I am happy to answer any questions.

Michael Senecal
President
Maine Ambulance Association