



HOUSE OF REPRESENTATIVES

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February 11, 2026

Testimony of Rep. Flavia DeBrito introducing
**LD 2119, An Act to Expand Reimbursement for Treatment in Place,
Community Paramedicine, and Alternate Destination Transport**
Before the Joint Standing Committee on Health and Human Services

Good morning, Senator Ingwersen, Representative Meyer and colleagues on the Health and Human Services Committee. My name is Flavia DeBrito, and I represent House District 64, which includes parts of Waterville and Winslow. I am honored to be before you today to introduce **LD 2119, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine, and Alternate Destination Transport**. This bill modernizes how Maine pays for emergency medical services (EMS), so our system reflects how care is delivered today, not how it worked decades ago.

Right now, EMS agencies are primarily reimbursed only when a patient is transported to a hospital emergency department. But across Maine, EMS professionals are increasingly treating patients safely on scene, providing community paramedicine services and transporting patients to clinically appropriate alternate destinations, often keeping people out of overwhelmed emergency rooms. Those services save money, they reduce unnecessary hospital utilization and, most importantly, they improve patient outcomes.

Yet today, many of these services are either under-reimbursed or not reimbursed at all, forcing municipalities and taxpayers to absorb the cost or rely on unstable grant funding to keep programs alive. LD 2119 does not mandate new services, nor does it set reimbursement rates or bypass existing clinical or safety standards. Instead, it directs the Department of Health and Human Services (DHHS), in consultation with Maine EMS and other partners, to establish clear rules, billing pathways and quality standards for:

- Treatment provided on scene regardless of transport,
- Community paramedicine services delivered under CP licensure, and
- Transport to clinically appropriate alternate destinations when hospital emergency departments are not the right place.

This approach aligns with what the Department has already shared in its testimony: that community paramedicine is non-emergent, episodic, delivered by licensed providers and distinct from emergency ambulance services and that reimbursement must be built thoughtfully, with appropriate safeguards and documentation standards.

District 64: Parts of Waterville and Winslow

It also recognizes that MaineCare has begun this work, but that waiting until 2030 leaves communities carrying the burden for years longer than they can afford. Across Maine, from urban centers to rural and island communities, EMS agencies are already doing this work. LD 2119 ensures that when they do, there is a sustainable, accountable reimbursement framework to support it.

This bill is about smart care, right care, right place and right time while protecting patient safety and public dollars. I appreciate the collaboration of Maine EMS, DHHS, local fire and EMS departments and my legislative colleagues as this bill moves forward.

Thank you for your time. I ask that you hold your questions for the experts after me.