



# HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0002  
(207) 287-1400  
TTY: MAINE RELAY 711

**Suzanne Salisbury**

Phone: (207) 899-6863

[Suzanne.Salisbury@legislature.maine.gov](mailto:Suzanne.Salisbury@legislature.maine.gov)

February 11, 2026

*Testimony of Rep. Sue Salisbury in support of*

## **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*

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sue Salisbury, and I represent House District 128, which includes part of Westbrook. I am here to testify in support of **LD 2119, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport**.

In the past few Legislatures, we have made significant investments in Maine's emergency medical services (EMS), both financially and through policy development. In the 130<sup>th</sup> Legislature, we deemed EMS to be an essential service. In the 131<sup>st</sup> Legislature, we allocated a historic \$34 million to help struggling EMS providers keep the lights on and plan for the future.

Along the way, we have learned the struggles that EMS providers face day in and day out to provide essential services to our communities. With the cost of healthcare rising and hospitals closing across the state, healthcare for our sick and injured neighbors is falling on EMS in ways we could never have imagined. It is time for us to meet the moment and help fill the gaps left by services that go unpaid.

Data from the Maine EMS website show that in 2024, there were 52,020 cases in which patients refused transport.<sup>1</sup> MaineCare will provide a small reimbursement to patients for whom treatment was provided, but transport was refused.<sup>2</sup> Medicare will also reimburse a nominal amount for cardiac arrest and diabetic calls where treatment was provided.<sup>3</sup> In other calls where further treatment is refused, such as an overdose, a minor car accident, or a fall, no reimbursement for care is provided.<sup>4</sup>

This bill recognizes that these types of calls are increasing and that the critical treatment options that are becoming more common by community paramedicine need to be reimbursed by insurance carries.

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<sup>1</sup> <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/2024-MEMS-Annual-Data-Report.pdf>

<sup>2</sup> <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/2024-MEMS-Annual-Data-Report.pdf>

<sup>3</sup> <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/2024-MEMS-Annual-Data-Report.pdf>

<sup>4</sup> <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/2024-MEMS-Annual-Data-Report.pdf>

To reiterate the goal of this bill, it expands existing requirements for insurance carriers and the MaineCare 16 program to provide reimbursement for ambulance services.

1. Treatment provided on the scene in response to an emergency call, regardless of transport;
2. Care provided by an emergency medical services provider through community paramedicine; and
3. Alternate destination transport to clinically appropriate facilities other than hospital emergency departments.

This is a significant step to meeting EMS providers at a moment when they need our help to provide crucial care as they step into a larger role in patient care. I urge you to vote "Ought to Pass" and provide the much needed support by our EMS providers. Thank you for your time and consideration, I am happy to answer any questions you may have.