



Maine Medical
Association



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support Of

LD 2119 - An Act to Expand Reimbursement for Treatment in Place, Community
Paramedicine, and Alternate Destination Transport

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Wednesday, February 11, 2026

Good Morning, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Amy Madden, and I am a family physician and geriatrician practicing in Belgrade, where I have been providing care for the past 18 years. I am also past president of the Maine Medical Association and serve on the MMA's Board of Directors. I am submitting this testimony in support of LD 2119 - An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport, on behalf of the Maine Medical Association and Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing over 4,300 allopathic and osteopathic physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

As you know, this legislation would ensure that EMS is paid for the work they do, even when a patient does not require ED transport; that community paramedics are paid for their work; and that EMS can transport people to the most appropriate setting for care, not just to the ED. It brings together stakeholders to manage specific details about reimbursement and alternative destination transport. This is an excellent opportunity for our state to leverage services that could improve healthcare access, healthcare costs, and community health.

As medical director of 12 federally qualified health centers in central and western Maine, I am acutely aware of how difficult it can be for people to get care. As you know, there are many parts of rural Maine where home health services are unavailable, even for people who

qualify. We have an aging population who deserve to age in the place they call home, but may need support to do so. We have areas where the only access for acute but non-emergency care is a long trip to the hospital. Community paramedicine is a tool that helps to meet these needs.

A few examples: my patient living with advanced dementia in a rural town over an hour from our clinic developed a cough. His spouse, his primary caregiver, is unable to get him from his home to the car. She therefore must rely on EMS for such situations. Instead of calling 911 to be seen in the ED 45 minutes away for a non-emergent issue, we worked with Emily Hargreaves from MaineHealth's community paramedic program. She went to the home and evaluated the patient, meeting with me via our telehealth platform so that I could ask questions of my patient's spouse, with Emily there to be my eyes and ears. He didn't require any further treatment, just reassurance to his spouse that his vitals were fine, his lungs were clear, and she was doing a great job caring for him.

Similarly, another patient of mine with early dementia and living independently with the support of her daughter nearby needed bloodwork to evaluate some recent medication changes. She is unable to drive and has become less able to leave her home as her dementia has progressed. Our Waterville community paramedic team was able to go to her home, where they not only drew her blood, but also helped assess her home safety. And a less easily measured outcome was the pleasure the patient expressed to her daughter about the ambulance staff who visited and kept her company. That human touch is so important.

Obviously, providing care at home or in another setting instead of the ED, when appropriate, reduces costs to the system as a whole. It is critical for us to leverage different parts of our healthcare delivery system, particularly as we look towards more value-based payments for care. But to help fill the gap between what Mainers need to stay healthy and the services required to do so, we need to sustain EMS services. Providing reimbursement for the care they render, even when transport is not required, helps to further stabilize these services and ensures they remain a viable asset for the communities they serve.

All of these benefits - improved access, avoidance of high-cost settings, supporting aging in place, stabilizing EMS services - help to improve the health of our communities, particularly in the rural parts of our state, which stand to be most impacted by our uncertain healthcare environment.

One suggested amendment to the bill, as drafted, would be to add a timeline to the rulemaking so our EMS partners can better predict when these changes will take effect. Although we want rulemaking to be deliberate and thoughtful, the sooner we can implement these proposed changes, the better for the health of Mainers.

I appreciate the committee's time as you consider this bill, and I urge you to vote LD 2119 Ought To Pass. Please let me know if you have any questions.

Amy Madden, MD