



Office of the
Fire Chief



February 9, 2026

Sen. Ingwersen, Rep. Meyer , and distinguished members of the Committee on Health and Human Services:

My name is Jason Frost, and I have the honor and privilege of serving as the Fire Chief in the City of Waterville. I am here today to submit testimony in strong support of LD 2119, *An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport*.

Health care providers across Maine are struggling to keep up with demand, and the challenges are especially pronounced in central Maine. With the closure of Inland Hospital in Waterville, Waterville residents and surrounding communities have experienced significant strain. Emergency departments are farther away, local services are overextended, and vulnerable populations are left with fewer care options. Our “boots on the ground” services—EMS providers, community paramedicine teams, and home-based care professionals—see the daily, real-world consequences of these gaps.

LD 2119 directly addresses many of these systemic issues. by expanding existing reimbursement requirements for insurance carriers and Maine Care to include:

- Treatment in place, which is treatment provided at the scene of an emergency, even without transport.
- Care delivered through community paramedicine programs, which allow EMS clinicians to provide ongoing, preventive, in-home care and reduce unnecessary ED visits.
- Transport to alternate, clinically appropriate destinations, such as urgent care centers or crisis centers—instead of defaulting to hospital emergency departments.

These changes would be foundational improvements that would modernize Maine’s emergency and community-based health care system. By requiring the Departments of Health and Human Services and Maine Emergency Medical Services to create standards

for reimbursement and implementation, LD 2119 builds a sustainable framework to support these expanded services.

Community Paramedicine, in particular, has emerged as a vital tool in preventing hospital admissions and readmissions. These programs fill the gap between traditional EMS response and ongoing primary care, especially for older adults who want—and deserve—to age in place safely and with dignity.

But these services cost money. Without proper reimbursement, agencies cannot expand or even maintain these programs. Many EMS services in Maine are already operating under severe financial stress and LD 2119 would provide the financial structure to help stabilize and grow these critical supports.

Since the closure of Inland Hospital, our region has seen an increased strain on EMS transporting agencies, longer travel time for emergency care, and reduced access to healthcare for our elderly patients and our patients with increased medical needs.

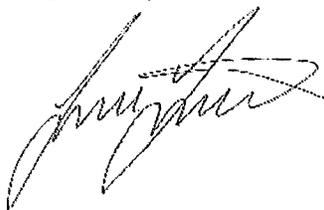
LD 2119 would not reopen Inland Hospital, but it could give our community and communities across Maine the tools needed to adapt. It provides immediate relief by empowering EMS and Community Paramedicine teams to treat patients appropriately, in their homes and receive reimbursement for doing so.

LD 2119 is a practical bill that strengthens Maine's health care system, improves patient outcomes, and supports the professionals who are already doing the work on the ground. It closes long-standing gaps in reimbursement and creates a community-centered care model that will have a positive impact long into the future.

For the health and safety of our elderly population, for overburdened EMS agencies, and for communities still reeling from the loss of key health infrastructures, I urge the Committee to vote Ought to Pass on LD 2119.

Thank you for your time and attention. I would be happy to answer any questions.

Respectfully Submitted

A handwritten signature in black ink, appearing to read "Jason Frost", written in a cursive style.

Jason Frost
Fire Chief