Good morning HHS Chairs, Sen. Ingwersen, Rep. Meyer, and members of the HHS Committee. My name is Everett Flannery, EMS Deputy Chief of the Waterville Fire Department. I have 25 years of EMS experience, 22 of those as a paramedic, along with a degree in public administration and experience in teaching, quality assurance, and policy work to improve EMS at local and regional levels. Today, I'm speaking in support of community paramedicine and LD 2119 as a critical funding mechanism.

When I was hired three years ago to direct the ambulance program, one of my core tasks was establishing a community paramedicine program. While new to the specialty, I understood its role in community health. In 2023, Waterville faced a significant homeless encampment and record overdose numbers. Through a coordinated effort between fire, police, and our developing community paramedicine program, we were able to bring vulnerable individuals indoors during winter and connect many to needed services. In 2024, we saw multiple success stories—unhoused patients with substance use issues and chronic medical problems who had no primary care. We connected them to providers, secured appropriate medications, and stabilized their conditions. These interventions were lifesaving.

After the closure of Inland Hospital, Waterville experienced several months where many high-risk patients had no primary care access. When healthcare systems fail, EMS and emergency departments absorb the impact. Our community paramedicine program became a stop-gap—checking vitals, ensuring medication access, and coordinating refills through Northern Light until patients could re-establish care. These were simple interventions with profound consequences. They prevented ER visits, hospital admissions, and serious medical events.

Today, we continue to serve Waterville and much of northern Kennebec County as the region's only active community paramedicine agency. We support aging-in-place by monitoring patients at home, ensuring medication compliance, and reporting concerns back to their primary providers. We conduct in-home blood draws for individuals with mobility or transportation barriers. We perform simple wound care and provide the episodic attention that many patients need but do not qualify to receive through home health. We are not a home health agency, but we are often the only bridge available during critical periods after hospital discharge. Delays or lack of access to care in rural Maine increase the burden on EMS, ERs, and hospitals.

All of this work is currently funded through grants. To sustain these services, we need a reliable financial pathway. Maine EMS has elevated training and licensure requirements to professionalize community paramedicine, but these come with increased costs—costs we cannot meet without reimbursement. Waterville is only fourteen square miles with a

limited tax base, and we are already understaffed compared to other fire departments with similar call volume. We know community paramedicine saves money for Medicare and MaineCare by preventing avoidable ER visits. Nearly one-quarter of our EMS call volume involves MaineCare recipients, and the average ER visit costs MaineCare more than $600. A quarter of those visits are considered low acuity, and more appropriate for walk-in care, or a doctor's office, OR a visit from a community paramedicine provider for a much smaller nominal cost. Due to barriers, it is simply easier to call for an ambulance for a trip to the ER. We are already preventing many of these unnecessary trips—we simply need support to continue doing so.

I urge you to prioritize the health of Maine people by voting Ought to Pass on LD 2119. Community paramedicine fills critical healthcare gaps, and we ask for your leadership in sustaining this essential work. Thank you.

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