



## Sanford Fire & EMS

972 Main Street  
Sanford, ME 04073

Fire Chief: Scott Susi  
Assistant Fire Chief: Brian Watkins | Assistant Fire Chief: Rick Smith



February 11, 2026

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee:

### Testimony in Support of LD 2119

Thank you for your attention to LD 2119, *An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternate Destination Transport*.

My name is Chief Scott Susi, and I serve as Fire Chief for the City of Sanford, and I am here to express my strong support for this bill.

Sanford Fire & EMS is a career department serving more than 22,000 residents of York County from two stations. Like many communities across Maine, we have adapted continually to meet the growing and changing needs of our citizens and the many visitors who rely on our services.

Each year, it becomes more challenging to provide safe, effective emergency medical services as staffing, equipment, and regulatory costs continue to rise. Yet the reimbursement structure we depend on has not kept pace. Federal Medicare rates—the foundation for ambulance reimbursement—have not increased since 2011. In 2023, the passage of LD 1602 capped private insurance reimbursement at those same outdated Medicare rates. This means we are operating a modern EMS system on a 15-year-old financial formula.

Just as every household has felt the rising costs of heat, electricity, groceries, rent, and mortgages since 2011, municipal services face those same pressures. We must keep the lights on, maintain equipment, heat our stations, and respond to an increasing number of calls.



Sanford's call volume grows by an average of 5% each year. Last year alone, we had more than 7,000 responses, 21% of our population calling for EMS. Eighteen percent of our residents are now age 65 or older, and in 2025 they accounted for 1,987 calls for service. Like many Maine communities, we are seeing more people aging in place and requiring more frequent medical support.

More than 600 of our responses last year resulted in "no transport"—calls where we are required to respond, but the patient either refused, needed a bit of assistance or did not require transport. Under current rules, we receive no reimbursement for these calls, despite the time, personnel, and resources required. Treatment-in-place reimbursement would significantly reduce the burden placed on local taxpayers who currently subsidize these unfunded services.

Maine recognized the need for innovative care models when it launched the Community Paramedicine pilot program in 2017. For departments able to participate, the program has been successful in delivering doctor-ordered care directly in the home, reducing unnecessary hospital visits and easing strain on already overburdened emergency departments. However, despite the program's promise, the State has not yet created a billing code for community paramedicine services. Without a reimbursement mechanism, communities cannot sustain these programs long-term, and the financial burden again falls to local property taxpayers.

Maine requires EMS services to transport all patients regardless of ability to pay—and that is the right thing to do. But municipal fire-based EMS agencies have no profit centers. We cannot access Medicaid disproportionate share hospital payments. Our only revenue comes from insurance reimbursement and local property taxes. When the State mandates universal transport but caps reimbursement at outdated rates, it creates a structural deficit that communities must absorb.

LD 2119 does not expand EMS scope of practice. It does not increase utilization. It simply aligns reimbursement policy with how emergency medical care is already being delivered across Maine. Most importantly, it prevents the continued shifting of State-level healthcare costs onto municipal budgets.



Our firefighters and EMS providers stand ready 24 hours a day, 365 days a year. We never ask how a call will be paid for—we simply respond, hoping for the best outcome for the people we serve. Today, we ask for your support so we can continue providing the lifesaving services Maine communities depend on.

On behalf of the residents, we serve and the EMS professionals who respond every day, I respectfully urge the Committee to support LD 2119. Passage of this bill is essential to sustaining local EMS systems and ensuring that communities like Sanford can continue providing reliable, high-quality emergency medical services.

Thank you for your time and consideration.

Respectfully submitted,

Scott D. Susi  
City of Sanford Fire Chief





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### LD 2119 — Legislative Q&A Talking Points Sanford Fire & EMS | Chief Reference Handout

#### Purpose

This handout is intended to support responses to questions from members of the Health and Human Services Committee following testimony on LD 2119. It provides concise, operationally focused talking points explaining why the bill is essential to Sanford's ability to sustain municipally provided Emergency Medical Services.

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#### Core Issue: EMS Costs vs. Reimbursement Reality

- EMS operating costs have risen steadily over the past decade due to staffing, training, equipment, fuel, utilities, and regulatory requirements.
- Medicare ambulance reimbursement rates — which serve as the foundation for both public and private payment — have not meaningfully increased since 2011.
- In 2023, LD 1602 capped private insurance reimbursement at Medicare rates, reinforcing reliance on an outdated payment structure.
- Municipal EMS agencies are now delivering modern, medically complex care using a reimbursement model more than 15 years out of date.

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#### Sanford-Specific Operational Pressures

- Approximately 7,000 responses annually
- Average annual call growth of 5%
- 21% of Sanford's population utilized EMS services last year
- 18% of residents are age 65 or older
- 1,987 EMS calls from residents age 65+ in 2025



- More than 600 no-transport EMS responses annually

An aging population aging in place increases EMS utilization without increasing transport-based reimbursement.

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### **Treatment-in-Place: Unpaid but Required Care**

- Sanford Fire & EMS must respond to all 911 medical calls, regardless of outcome.
- “No transport” does not mean “no care.” Crews assess, treat, stabilize, and often resolve the medical issue on scene.
- These responses require trained personnel, medical equipment, and system readiness.
- Under current law, no transport results in no reimbursement.
- The cost of more than 600 no-transport calls each year is absorbed entirely by the municipal budget.

#### **LD 2119 Impact:**

Allows reimbursement for clinically appropriate treatment delivered on scene, aligning payment with services already being provided and reducing unfunded mandates.

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### **Community Paramedicine: Proven Model, Missing Reimbursement**

- Maine launched the Community Paramedicine pilot program in 2017.
- The model delivers physician-directed care in the home, reducing unnecessary emergency department use and repeat 911 calls.
- Despite its success, no MaineCare billing code currently exists for community paramedicine services.
- Without reimbursement, municipal departments cannot sustain participation long-term.

#### **LD 2119 Impact:**

Creates a reimbursement pathway through MaineCare, making community paramedicine financially sustainable and scalable.

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## **Alternate Destination Transport: Right Care, Right Place**

- Not every EMS patient requires transport to a hospital emergency department.
- Clinically appropriate alternatives may include urgent care centers, primary care practices, behavioral health crisis centers, or substance use treatment facilities.
- Current reimbursement rules may penalize EMS agencies for transporting patients to the most appropriate destination.

### **LD 2119 Impact:**

Encourages appropriate care decisions, reduces emergency department crowding, and improves patient outcomes without expanding EMS scope of practice.

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## **MaineCare Policy and Municipal Impact**

- Municipal fire-based EMS agencies must provide service regardless of ability to pay.
- Departments cannot deny service, limit response, or adjust reimbursement rates.
- When MaineCare does not reimburse certain services, the cost shifts directly to municipalities.

LD 2119 aligns State healthcare reimbursement policy with the realities of local EMS delivery.

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## **Property Tax Cost Shift (Neutral Framing)**

- Sanford Fire & EMS has no profit center and no access to hospital-based supplemental payments.
- Revenue shortfalls are absorbed through municipal budgets and the property tax levy.
- LD 2119 does not increase utilization; it determines whether the State or local taxpayers bear the cost of care already being delivered.



## **What LD 2119 Does Not Do**

- Does not expand EMS scope of practice
- Does not mandate new services
- Does not require participation in community paramedicine
- Does not increase call volume
- Does not reduce patient protections

The bill modernizes reimbursement for existing services.

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## **Bottom Line for Sanford**

LD 2119 is essential to sustaining municipally provided EMS services in Sanford. The bill supports appropriate care delivery, reduces unfunded mandates, protects local taxpayers, and helps ensure EMS remains available, responsive, and reliable for the community.

