

Statement to the Joint Standing Committee on Health and Human Services

In Support of LD 2119

Public Hearing – February 11, 2026

Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

My name is Dennis Russell. I am a resident of Gray, Maine, and I serve as the Operations Manager and Community Paramedicine Manager at United Ambulance Service in Lewiston, Maine. I am also a member of the Maine EMS Community Paramedicine Committee. I am offering this testimony on my own behalf as a Paramedic and Community Paramedic, and on behalf of United Ambulance Service. I am not representing the Maine EMS Community Paramedicine Committee in this testimony.

I am writing in strong support of LD 2119, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine, and Alternate Destination Transport.

LD 2119 recognizes how EMS care is delivered in Maine today, including treatment on scene without transport and care provided through community paramedicine. These services improve patient outcomes and reduce unnecessary emergency department utilization. The bill also establishes a reimbursement framework that makes alternate destination transport possible as systems and protocols are developed.

Data from United Ambulance Service demonstrates that treatment without transport is a consistent and predictable part of EMS operations. Each of these encounters requires full clinical assessment, documentation, and medical oversight, but under current reimbursement models they are typically uncompensated.

For additional context, Appendix A provides monthly EMS non-transport disposition data and community paramedicine visit volume.

For these reasons, I respectfully urge the Committee to support LD 2119 and vote Ought to Pass.

Respectfully submitted,

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LD 2119 – EMS System Data Overview

Prepared by Dennis Russell

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Executive Summary

This report provides operational data supporting LD 2119, demonstrating sustained treatment-in-place activity, growth in Community Paramedicine services, and consistent non-transport EMS encounters. The data illustrate how EMS care is delivered in Maine today and why modernization of reimbursement policy is necessary.

Community Paramedicine Volume

In 2024, United Ambulance Service completed 1295 Community Paramedicine visits. In 2025, total visits increased to 1570, representing a 21.2% year-over-year increase.

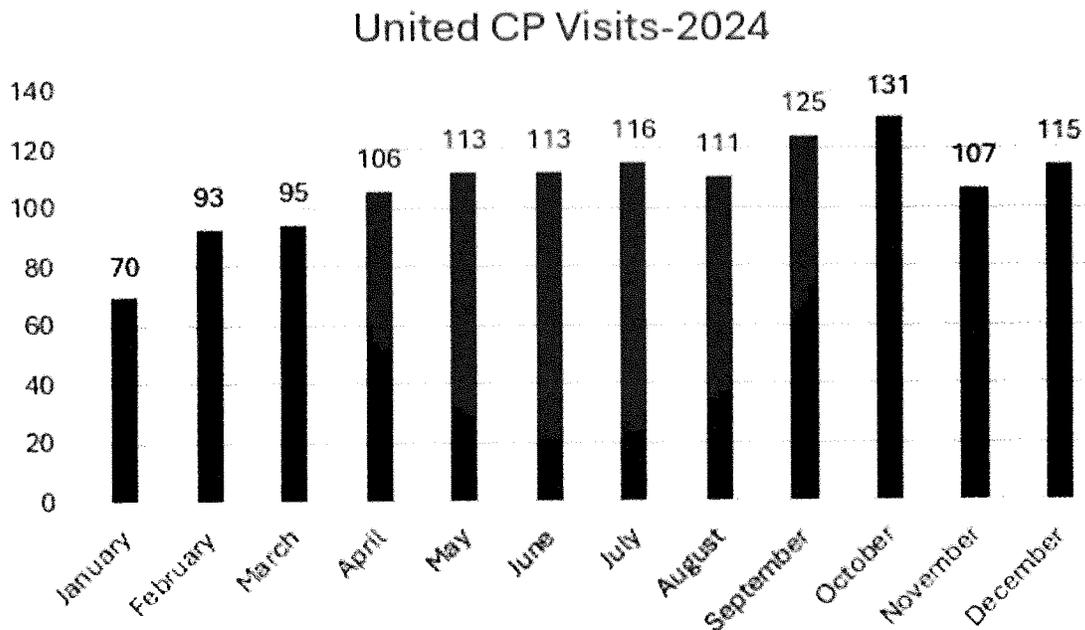


Figure 1. Monthly Community Paramedicine Visits – 2024 (Total: 1295)

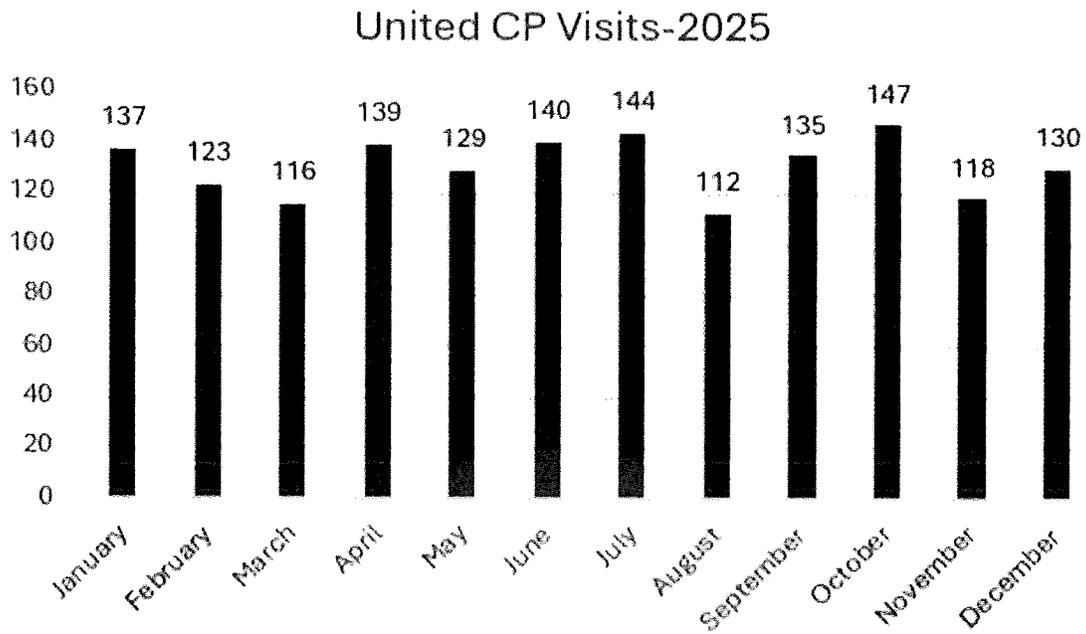


Figure 2. Monthly Community Paramedicine Visits – 2025 (Total: 1570)

Treatment in Place & Non-Transport EMS Activity

EMS disposition data from 2023–2025 demonstrate consistent monthly non-transport activity, including patient refusals after clinical evaluation. These encounters require full assessment, documentation, and medical oversight despite the absence of transport reimbursement.

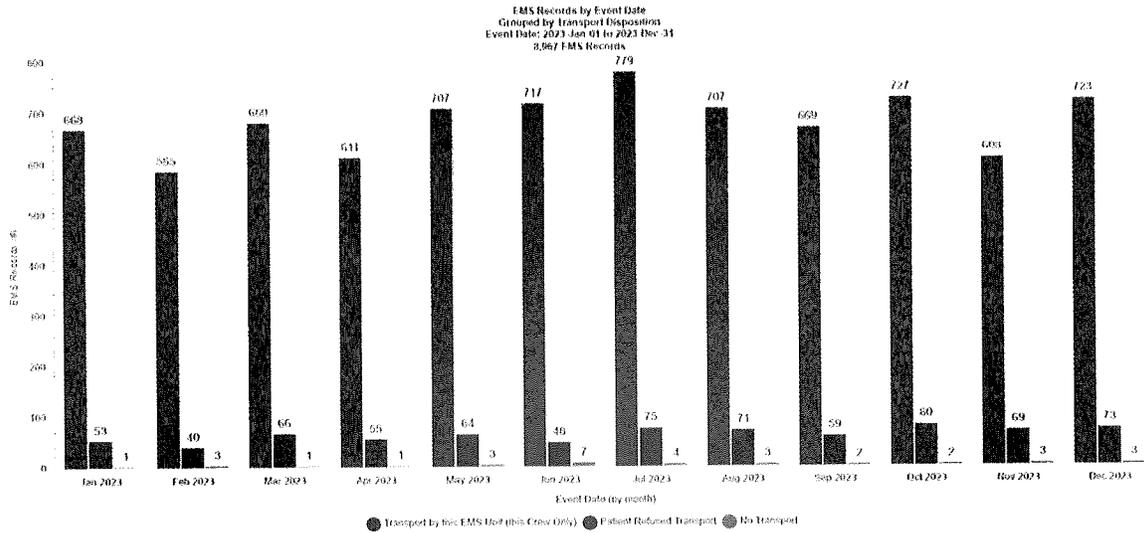


Figure 3. EMS Transport Disposition – 2023

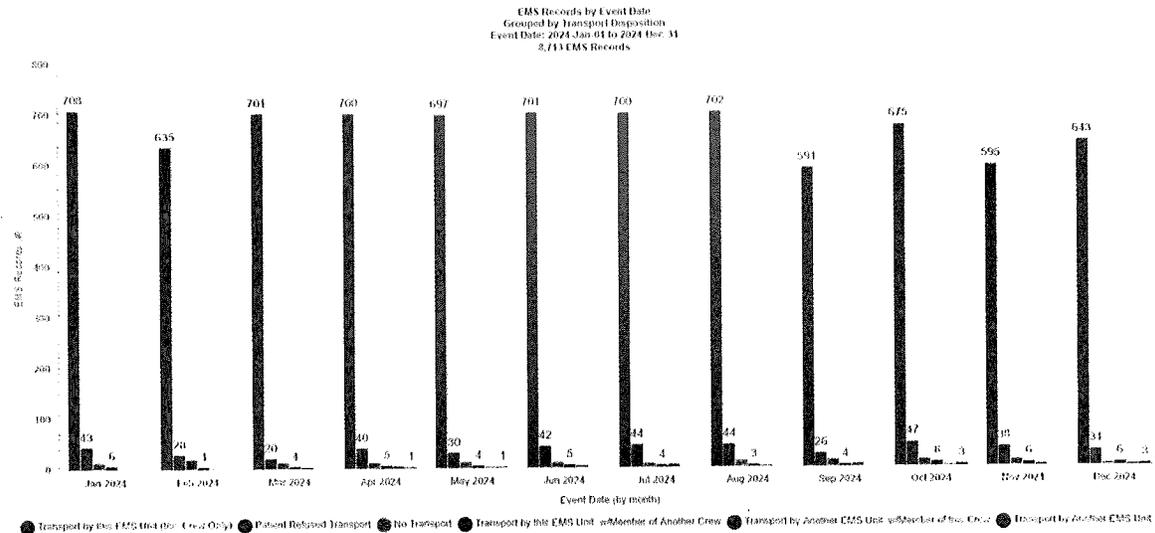


Figure 4. EMS Transport Disposition – 2024

Relevance to LD 2119

LD 2119 recognizes treatment on scene without transport and established Community Paramedicine services. It also creates a reimbursement framework that makes alternate destination transport possible as systems and protocols are developed. The data in this report demonstrate the operational reality supporting that policy change.