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Testimony in Opposition to L.D. 2119
An Act to Expand Reimbursement for Treatment in Place,
Community Paramedicine and Alternative Destination Transport
February 11, 2025

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

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans. Insurance coverages offered or administered by our member plans provide access to care and better outcomes for many of the Mainers who receive coverage through private insurance. Our mission as an association is to improve the health of Maine people by promoting affordable, safe, and coordinated health care.

The Maine Association of Health Plans and its member health plans participated in the Community Paramedicine Stakeholder Group along with other stakeholders in the summer of 2024 to discuss existing opportunities for provider reimbursement and to assess the barriers to expanding coverage for medically necessary and cost-effective community paramedicine.

We are opposed to L.D. 2119 because it is overly broad, costly and because it is not aligned with the ongoing and careful work already underway to improve access and coverage to medically necessary and fully licensed community paramedicine.

Existing and Expanding Coverage for Community-Based Services

Maine's private health plans provide coverage for home health care, basic life and advanced life support services, and "treat-no-transport" services provided by ambulance service providers, and transportation by ambulance service providers to a hospital, between hospitals, and from a hospital to a nursing home, hospice, or other health care facility when medically necessary.¹

The reimbursement rates for treat-no-transport basic life and advanced life support services were set at 200% and 180% of Medicare rates for network and out-of-network ambulance service providers in the 131st Legislature by L.D. 1602.²

Mandate Study Required – Section 3 Coverage Expansions

L.D. 2119 would mandate new coverage of non-emergent, non-urgent services provided by emergency medical service providers through community paramedicine and increase the cost of health insurance. The legislation would also mandate coverage of ambulance transport to any clinically appropriate site, including

¹ <https://legislature.maine.gov/statutes/24-A/title24-Asec4303-F.html>

² <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=103724>

a trip to a federally qualified health center or primary care provider for what could be a routine medical appointment.

If the Committee proceeds with the bill, it must be referred to the Bureau of Insurance for a mandate study to assess impacts on coverage, costs, and other considerations pursuant to Title 24-A §2752.

On-Going Initiatives to Improve Community-Based Access to Care

Maine’s strategic vision for community paramedicine is to establish the practice as an integral, inclusive, and accessible element of patient care by 2030.³ L.D. 2119 is not aligned with the careful and thoughtful progress that is being made to achieve this vision.

Examples of work advancing this session in the HCIFS Committee include:

- **L.D. 1530, An Act to Improve the Sustainability of Emergency Medical Services in Maine:** The Ought to Pass as Amended Report coming from HCIFS on L.D. 1530 would make non-transporting emergency medical service providers eligible for reimbursement for covered services alongside ambulance services. The report sets reimbursement at 160% and 140% of Medicare’s rates for basic life and advanced life support services depending on network status and includes limitations on prior authorization.

The Ought to Pass as Amended Report, which underwent language review on February 3, 2026, also requires health insurance carriers to offer a standard contract to non-transporting emergency medical service providers and makes it clear that a carrier is not required to reimburse twice for the same service if an ambulance service provider and a non-transporting emergency medical service provider respond to the same request for emergency services.

- **L.D. 2133, An Act Regarding Licensing of Community Paramedicine Services and Clinicians:** Later today, HCIFS will be holding a work session on legislation that would add definitions of community paramedicine services and clinicians to law and expand licensure requirements.

According to Maine’s Director of Maine Emergency Medical Services, Wil O’Neal, this bill “provides the necessary statutory definitions and licensing requirements to ensure that community paramedicine is practiced safely and effectively across our state.”⁴

Rulemaking Authority is Overly Broad and Disruptive -- Section 4

The unallocated language in section four would give state agencies the authority to define matters of medical necessity and standards of care that should be determined through evidence-based review and the recommendations of medical experts. The same agencies would establish billing and coding procedures that health plans develop and administer as part of their contracting and reimbursement practices.

Thank you for your consideration and we urge a vote of Ought Not to Pass on L.D. 2119.

³ <https://www.maine.gov/ems/communityparamedicine>

⁴ <https://legislature.maine.gov/backend/app/services/getDocument.aspx?doctype=test&documentId=197112>

