

Testimony on Behalf of the Maine State Nurses Association/National Nurses United Before the  
Committee on Health Coverage, Insurance and Financial Services

In CONCERN for: LD 1832, An Act to Require Reimbursement of Fees for Treatment Rendered  
by Public and Private Ambulance Services

Public Hearing: Monday, May 15, 2023 at 10:00 a.m., Cross Building, Room 220

Senator Bailey, Representative Perry and distinguished members of the Committee on Health  
Coverage, Insurance and Financial Services:

My name is Coralie Giles. I am a registered nurse of more than 40 years, President of the Maine  
State Nurses Association, Vice-President of National Nurses United, and a resident of Brewer. I  
am providing testimony in concern regarding LD 1832 on behalf of Maine State Nurses  
Association/National Nurses United (MSNA/NNU), representing 4,000 nurses and caregivers  
across the state of Maine. MSNA/NNU requests that you amend the bill to clarify that  
reimbursement for ambulance services without transport to a hospital do not include caring for  
hospital-at-home patients.

MSNA/NNU is concerned that LD 1832's requirement that carriers reimburse no-transport calls  
could be used to support dangerous hospital-at-home programs. Hospital-at-home programs  
allow hospitals to replace the inpatient hospital care that acute-level patients need, including 24-  
hour care by a registered nurse and immediate emergency response, with two daily visits by  
nurses or community paramedics and a 30-minute emergency response time.<sup>1</sup> Hospital-at-home  
patients are at serious risk of worsening illness or even death, while patients treated in a hospital  
receive regular assessments by nurses and doctors. Additionally, response time is crucial when a  
patient's condition deteriorates. Allowing patients to wait up to 30 minutes for an ambulance to  
arrive could be deadly for patients who are so sick that they require inpatient hospital care. In  
contrast, a patient in a fully operational hospital would receive an immediate emergency  
response.

Maine State Nurses Association/National Nurses United thanks the committee for accepting  
these comments.

Sincerely,



Coralie Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

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<sup>1</sup> For an in-depth discussion of Medicare hospital-at-home programs, see National Nurses United's report at  
[https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0922\\_Medicare\\_HospitalAtHome\\_Report.pdf](https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0922_Medicare_HospitalAtHome_Report.pdf).

Coralie Giles  
Maine State Nurses Association/National Nurses United  
LD 1832

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My name is Coralie Giles. I am a registered nurse of more than 40 years, President of the Maine State Nurses Association, Vice-President of National Nurses United, and a resident of Brewer. I am providing testimony in concern regarding LD 1832 on behalf of Maine State Nurses Association/National Nurses United (MSNA/NNU), representing 4,000 nurses and caregivers across the state of Maine. MSNA/NNU requests that you amend the bill to clarify that reimbursement for ambulance services without transport to a hospital do not include caring for hospital-at-home patients.

MSNA/NNU is concerned that LD 1832's requirement that carriers reimburse no-transport calls could be used to support dangerous hospital-at-home programs. Hospital-at-home programs allow hospitals to replace the inpatient hospital care that acute-level patients need, including 24-hour care by a registered nurse and immediate emergency response, with two daily visits by nurses or community paramedics and a 30-minute emergency response time. Hospital-at-home patients are at serious risk of worsening illness or even death, while patients treated in a hospital receive regular assessments by nurses and doctors. Additionally, response time is crucial when a patient's condition deteriorates. Allowing patients to wait up to 30 minutes for an ambulance to arrive could be deadly for patients who are so sick that they require inpatient hospital care. In contrast, a patient in a fully operational hospital would receive an immediate emergency response.

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Sincerely,

Coralie Giles, RN  
President, Maine State Nurses Association  
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