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New community paramedicine law signed in Maine

Maine Emergency Medical Services Board will be reviewing proposals for pilot sites and where they will be approved

By Jen Lynds
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PRESQUE ISLE, Maine — An Aroostook County legislator has successfully shepherded a bill through the Legislature that he believes will reduce MaineCare costs, cut down on expensive emergency room visits and better assist those who receive care at home.

State Rep. Mike Willette, R-Presque Isle, sponsored LD 1837, An Act To Authorize the Establishment of Pilot Projects for Community Paramedicine.

It passed unanimously through the Criminal Justice and Public Safety Committee, was approved by both House and Senate, and was signed into law by Gov. Paul LePage on March 29. It will go into effect 90 days after the Legislature adjourns.

The new law will allow the Maine Emergency Medical Services Board to authorize pilot projects in community paramedicine. In the past, an opinion handed down by the Maine Attorney General's Office stated that the board did not have the authority to implement such a pilot project of this nature. The law changes that.

Willette, who served as an Army combat medic during Desert Storm, said Thursday that he was excited about the bill, which he said would cut MaineCare costs paid by the state for unnecessary ambulance trips to the hospital as well as reduce the costs for expensive procedures that are most times nonessential.

"There are instances when someone calls the ambulance or goes into the emergency room for something that could easily have been handled at a physician's office," he explained. "But someone who does not have a physician or their doctor's office is closed over the weekend ends up using resources that are much more expensive than an office visit."

Jay Bradshaw, director of Maine Emergency Medical Services, said Thursday that community paramedicine has been around for some time and is working successfully in other states. The pilot sites will be referred clients with chronic illnesses who are at a high risk for hospital readmission, as well as patients with recurrent, intensive health care needs.

The patients would be referred by a doctor, emergency room, or other care provider. Paramedicine professionals would maintain a list of referred individuals and then determine appropriate times for visits.

For example, a patient with a chronic lung or breathing disorder who needs regular medication and breathing treatments would be referred to the program by a doctor or health care organization.

The paramedicine professional would then follow up on the referrals with the necessary equipment during downtime at work. The paramedic would evaluate the patients, check vital signs and make sure they are taking their medications and conducting their treatments. Such care will lessen the chances, Bradshaw said, of the individuals in the program needing to access the ER or be hospitalized once again.

"The legislation allows us to have up to 12 pilot projects around the state," he said. "This is not to compete or replace home health care or visiting nurses care any other kind of care. It will help fill a health care gap cost efficiently."

The Maine Emergency Medical Services Board will be reviewing proposals for pilot sites and where they will be approved.

Bradshaw said he did not want to speculate how much money the state could save at this point, but that savings were realized in other states.

Willette said the idea for the bill came from Perry Jackson, manager of The Aroostook Medical Center's Crown Ambulance Service. Jackson said he is on a steering committee that has been working for a year to bring community paramedicine to Maine. In September, Northern Maine Community College in Presque Isle will offer a five-course program to train existing paramedics to become community paramedics. Several TAMC paramedics will complete the program and expect to start providing services in the home this fall.

"I've been in emergency medicine in Maine since 1985," said Jackson. "And we see a number of people who will say, 'Do I really have to go to the hospital or the emergency room for this?' It shows that people want to be cared for at home. This law really allows us to provide the same level of care as we always do, just not in an emergency setting."

He also said the program could help steer patients toward a primary care physician if they do not already have one.

Willette said the program also could improve quality of life and cut down on travel for patients. He said a number of ambulance company officials testified in favor of the bill.

"I think that this project is a good fit for people in Maine," he said. "I really believe we are going to see great results."

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