

Blue Ribbon Commission to Study Emergency Medical Services in the State

Monday, November 27, 2023

Time: 9:00 a.m. to 4:00 p.m.

Location: State House, Room 228 (AFA Committee Room) (Hybrid Meeting)

The meeting will be livestreamed at the following link: <https://legislature.maine.gov/Audio/#228>

AGENDA

- 9:00 a.m. Introductions**
- 9:05 a.m. Commission member discussion and voting on recommendations to be included in final commission report**
- 12:00 p.m. Break for lunch (1 hour)**
- 1:00 p.m. Continued member discussion and voting**
- 3:45 p.m. Next steps**
- 4:00 p.m. Adjourn**

Please note that times are approximate and subject to change

Additional information and materials are available on the Commission's webpage at:
<https://legislature.maine.gov/blue-ribbon-commission-to-study-emergency-medical-services-in-the-state>

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Robert Chase

Recommendations

Further Define Essential Service

1. The Legislature should further define EMS as an essential service, and identify who is responsible for ensuring the service is provided as follows.

“Notwithstanding the method of EMS service delivery, each municipality shall provide for the provision of EMS transportation services at the Basic Life Support Level.”

EMS Board Composition:

2. Legislature should revise the composition of the Maine EMS board to be representative of the composition, both in function and proportion, of EMS services in the State or Maine.

The Maine EMS board should be comprised of for-profits, non-profit, hospital based, volunteer, first responder and Fire based EMS services based on the proportion of EMS services provided by each of these segments.

Sufficiently Fund Maine EMS.

3. The Legislature should require an assessment of the core responsibilities of Maine EMS, the resources needed to meet the responsibilities, and fund Maine EMS sufficiently to provide these services.

Structure

4. Remove procedural obstacles to the efficient administration of the EMS system, and the disbursement of EMS funds. (streamline rule making)
5. Incentivize regional service delivery models by creating a grant program that helps support operational costs for the first three years of a newly established regional EMS service. (Parameters to be defined)

Resources

6. Maximize federal funds in support of EMS in Maine.
 - a. Increase Medicaid reimbursement to maximize federal funds. LD1751 from previous session

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Beth Damon

1. As Commissioner Petrie suggested - we should look at the bills that are in "carry over" status.
2. Maine's declaration of EMS as an essential service wording - it states that the Legislature finds that emergency medical services provided by an ambulance service are essential services. I would suggest a discussion on removing "provided by an ambulance service" as it eliminates non-transporting services, EMDs and other essential parts of EMS.
3. Discussion on how to best support EMS education to produce clinicians who are confident and prepared to provide care to improve retention.
4. Support Maine EMS to implement the initiatives that are already funded. Also a request for regular status reporting/communication.
5. As suggested by D.C. Harris - positive public education on the EMS system.
6. As suggested by Chief Chase - to maximize federal funding - perhaps as W. Virginia used federal coronavirus funds to establish a grant program for training and equipment.

Respectfully submitted,

Beth Damon

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Senator Brad Farrin

Amend 32 M.R.S.A. §85, sub-§7 as follows:

7. Delegation. This chapter may not be construed to prohibit a person licensed as an emergency medical services person from rendering medical services in a hospital or other health care facility setting if those services are:

- A. Rendered in the person's capacity as an employee **OR CONTRACTOR** of the hospital or health care facility; [PL 2021, c. 587, §1 (AMD).]
- B. Authorized by the hospital or health care facility; and [PL 2021, c. 587, §1 (AMD).]
- C. Delegated in accordance with section 2594-A, section 2594-E, subsection 4, section 3270-A or section 3270-E, subsection 4. [PL 2023, c. 132, §1 (AMD).]

The justification for emergency status is that hospitals, health care facilities, and EMS agencies are struggling with staffing. This is expected to continue to worsen and this legislation would be expected to increase available shared staff for everyone.

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Kevin Howell

PROPOSALS FOR EMS BLUE RIBBON COMMISSION RECOMMENDATION

Offered by: Kevin Howell - Member representing the statewide association of municipalities.

Proposal 1:

ESTABLISH GRANT PROGRAM TO FUND THE COST OF MUNICIPAL EMPLOYED FIRST RESPONDERS TO BECOME LICENSED EMT'S INCLUDING, EDUCATION, TESTING, MILEAGE, AND ANY OTHER ASSOCIATED COSTS.

Proposal need assessment:

There is a need for volunteers in the Public EMS sector to supplement existing support operations. The opportunity to recruit volunteers in the FIRE/EMS sector once they are in the private sector workforce is problematic. It is vital to engage with and empower local residents at a young age to offer growth opportunities and create long lasting committed relationships. (aka junior fire/ems programs)

Proposal concept:

This proposal is an effort to create a viable pathway to empower prospective EMT's to volunteer for their hometown Fire/EMS Service to help ensure long term sustainability for Municipal EMS Services. First responders are a crucial element of quality EMS service, especially in rural areas that typically have longer ambulance response times.

These future EMT's will potentially enter the larger statewide EMS workforce for larger private or public employers outside of the hometown and further their EMS careers, however, remain engaged in their local FIRE/EMS service on a hybrid volunteer basis.

Proposal Caveat:

Town must apply of behalf of the employee. Employee must remain employed or as an active volunteer for a minimum of 5 years after obtaining EMT status.

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Proposal 2:

ESTABLISH A GRANT PROGRAM TO FUND THE PROCURMENT OF MUNICIPAL OWNED EMS VEHICLES (AMBULANCE OR FIRST RESPONSE VEHICLE) AND ASSOCIATED EQUIPMENT

Proposal need assessment:

The single largest financial burden a municipal EMS service has is the cost of purchasing an ambulance. This increased cost of EMS vehicles over recent years has had a detrimental impact on the sustainability of an EMS service without significant tax burden to towns that are often responsible for EMS service in multiple towns.

Proposal Concept:

This proposal is an effort to offset the most overwhelming fiscal impact on EMS services by offering a pathway to ensure the need for necessary equipment is sustainable.

Proposal Caveat:

Funding for existing established services and vehicles with proven transport and/or response history. Pre-established vehicle/equipment specifications for RFPs. Minimum 25% match required.

Thank you,

Kevin Howell

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Carrie Kipfer

Here are my recommendations for the EMS Commission meeting on 11/27:

1. Encourage passage of LD1751 and LD1832 to maximize funding through all funding sources available – Medicare, Medicaid, Insurance, Private Pay.

One of the top priorities of our Commission is to stabilize funding sources, so the first step is to leverage sources that are easier to increase. These two LDs would help to achieve some success on this step.

2. Remove some of the red tape – As I reviewed the current structure, it feels like Maine EMS is over governed and understaffed. When I read through archived EMS Board minutes, it feels like a bureaucracy black hole.

The Stabilization Program Overview is a good example of this. The last session of the Commission was successful in getting \$31M allocated to EMS providers and this report is 18 pages of reasons why an agency won't apply. The technical roadblocks are overwhelming to read through for the Service Chiefs, many who do not have extra time on their hands to do the research that will be required. Why does this process need to be so burdensome??

3. Set a deadline on when the \$31M needs to be distributed. Looking back, the priority of this money was to “provide financial assistance...to EMS entities at immediate risk of failing.” What have we done to help other than to offer false hope? How many failures have we prevented?

4. Revise the reporting structure for Maine EMS - does Maine EMS best fit within an agency that also oversees Highway Safety and Gambling Control? Are they getting lost in the crowd?

5. Maine EMS needs to refocus on the near term instead of spending so much time on the Vision for 2035. If we fail today, there will be no infrastructure to build upon.

6. Improve the communication to and from Maine EMS. Instead of the Director serving as the face of the agency, do we need a community liaison who can be that voice? Would that give the EMS providers an avenue to communicate with the department in a more productive manner?

7. Provide a template for regional partnerships for those agencies looking to consolidate resources. A possible partner and trusted municipal resource on this could be Maine Municipal Association. A template would help agencies to begin the conversation about creating a partnership without starting from scratch.

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Bill Montejo

Maine EMS Blue Ribbon Legislative Commission

Recommendations for discussion on 11-27-23

1. Recommendation to clarify “essential service” within the statute and add a requirement for the Board to develop a plan to ensure all Maine residents have access to an ambulance for emergencies. Please consider the following for discussion:
 - a. Amend 32 MRS Chapter 2-B §81-A. Statement of purpose as follows:

§81-A. Statement of purpose

It is the purpose of this chapter to promote and provide for a comprehensive and effective emergency medical services system to ensure optimum patient care. The Legislature finds that emergency medical services provided by an ambulance service are essential services. **As an essential service, no ambulance service shall refuse to respond to an emergency when requested as part of a 911 call for help and shall have in place mutual aid agreements with other ambulance services to respond in the event the requested ambulance service is unavailable.** The Legislature finds that the provision of medical assistance in an emergency is a matter of vital concern affecting the health, safety and welfare of the public. **This provision does not preclude an ambulance service from charging reasonable fees for service to patients for the ambulance call. Nor does it preclude the ambulance service from charging a municipality or county with which it does not have a contract or agreement for service, a reasonable fee to cover its expenses in responding to the call and any expenses which the responding ambulance service incurred/or lost as a result of responding to the emergency call (such as a loss of a scheduled interfacility transfer).** [PL 2021, c. 749, §1 (AMD).]

It is the intent of the Legislature to designate that a central agency be responsible for the coordination and integration of all state activities concerning emergency medical services and the overall planning, evaluation, coordination, facilitation and regulation of emergency medical services systems. Further, the Legislature finds that the provision of prompt, efficient and effective emergency medical dispatch and emergency medical care, a well-coordinated trauma care system, effective communication between prehospital care providers and hospitals and the safe handling and transportation, and the treatment and nontransport under appropriate medical guidance, of the sick and injured are key elements of an emergency medical services system. This chapter is intended to promote the public health, safety and welfare by providing for the creation of a statewide emergency medical services system with standards for all providers of emergency medical services. [PL 2021, c. 159, §1 (AMD).]

- b. Amend 32 MRS Chapter 2-B §84 Board: Powers and duties; goals; work plans as follows:

§84. Board: Powers and duties; goals; work plans

1. Powers and duties. The board has the following powers and duties.

A. The board shall conduct an emergency medical services program to fulfill the purposes, requirements and goals of this chapter. The board shall adopt the forms, rules, procedures, testing requirements, policies and records appropriate to carry out the purposes, requirements and goals of this chapter. [PL 1991, c. 588, §6 (AMD) .]

A.1 The Board shall develop a comprehensive plan for a statewide EMS system that ensures all Maine residents will have an ambulance respond to medical emergencies when needed. The Board shall ensure that county and municipal government officials (in municipalities that do not have their own EMS service) are consulted and included in the plan development process, and that at least one of the public members of the board be from a municipality that does not have its own ambulance/EMS service. The Board shall provide an annual update to the Legislature on the plan.

B. Notwithstanding any other provision of law, any rule-making hearing held under this chapter and required by the Maine Administrative Procedure Act, [Title 5, chapter 375](#), must be conducted by the board, the director or other staff as delegated by rule or a person in a major policy-influencing position, as defined in [Title 5, section 931](#), who has responsibility over the subject matter of the proposed rule. [PL 1991, c. 588, §7 (AMD) .]

2. Maine EMS Organizational change.

- a. The draft MEMS organizational change creates 2 EMS Boards which appears to be an attempt to address an excessively large EMS Board composition. I do agree that the Board has become too large with duplicative representation and does appear (currently) to have substantially more professional/career EMS representation than volunteer or rural representation.

There are several Board positions that appear to be somewhat duplicative, and the composition of the MEMS Board representation should be reduced to be more comparable to other state licensing Boards such as the Board of Medicine and the Board of Nurses.

- i. Current Board of EMS composition contains highly qualified EMS individuals but does give a perception of a highly professional/career focus and does not seem to contain representation of rural/volunteer communities or communities which lack EMS services:

- 1. 6 EMS Regional representatives could be reduced to 3 EMS Regions such as the Maine CDC HealthCare Coalition Regions (Maine Healthcare

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Coalition information can be obtained at <https://www.maineccs.com/>). Recommendation includes having a MEMS staff person be designated as the Regional Coordinator and each Region should have a council representative who acts as their voice and representative on the Maine EMS Board.

2. The Board contains multiple positions that represent the interests of the fire service such (noted below) which could be consolidated into a single position.
 - a. Fire Chiefs Representative
 - b. Fire Chiefs Association Representative
 - c. Municipal EMS Providers (currently held by a Deputy Fire Chief)
3. Physician Representation could also be consolidated to a single position:
 - a. State Medical Director (non-voting but able to impact discussion and decisions of the Board)
 - b. Associate State Medical Director (non-voting but able to impact discussion and decisions of the Board)
 - c. Emergency Physician Representative
4. Not-for-profit ambulance service should be clarified to be a rural or regional service representative.
5. Pediatrics -Currently Vacant and would recommend converting this to a DHHS Commissioner Designee to enhance collaboration and since a majority of grant funding is provided in collaboration with the DHHS.
6. Public – Should clarify that that the public member should be of a community that has no EMS ambulance service to obtain their perspective and voice.
7. Should add a county/ rural municipal representative from a municipality that does not have an ambulance service to obtain their voice in development of a statewide EMS system to ensure all Maine residents have access to ambulance services.
 - b. Add a duty/responsibility that clarifies the Board of EMS is responsible to develop a plan to ensure all Maine residents have access to ambulance responses in emergencies.
3. Recommend that the Maine EMS Board include in the comprehensive EMS coverage plan optional models/considerations of regional/cooperative funding models that address ways to share the costs associated with EMS readiness comparable to county hazardous materials response systems or how counties fund school systems and county sheriffs.
4. Recommend that the duties and responsibilities of the Board be clarified to be the higher-level systems development and statewide EMS planning to ensure Maine has an EMS system that affords every resident with access to an ambulance service response thus meeting the intent of an essential service for Maine residents. Our State EMS Office and EMS Board are the subject matter experts to develop an EMS system plan that ensures all Maine residents have access to ambulance service responses in times of emergency. There should also be an expectation from

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the Legislature that the Legislature will receive regular (at least annually) updates on the plan/system development and the reasonable resources needed to make this a reality. Instead of a second, smaller EMS Board, day to day individual EMS licensure actions should be delegated to staff with a process for appeal of licensure actions to the Board, a subset of the Board, or to a separate hearings division. The Rules should be revised to regulatory violation sanctions and enforcement actions that are clear and progressive in nature so that licensure action is clear and the enforcement actions are standardized.

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Rick Petrie

Emergency Medical Services – Maine

Blue Ribbon Commission

Final Report Recommendations for Consideration – Rick Petrie, Commission Member

1. *Establish a permanent EMS Commission that has statutory authority to submit legislation.*

The purpose of the EMS Commission is to work collaboratively with the Maine EMS Board to monitor and evaluate the State's Emergency Medical Services system on a continuing basis and to provide recommendations to the appropriate state agencies and to the Legislature regarding necessary changes in the Emergency Medical Services system.

I would propose the following commission composition of 22 members as a starting point for discussion:

- (A) Two members of the Senate who sit on the joint standing committee of the Legislature having jurisdiction over Emergency Medical Services, appointed by the President of the Senate;
- (B) Two members of the House of Representatives who sit on the joint standing committee of the Legislature having jurisdiction over Emergency Medical Services, appointed by the Speaker of the House of Representatives;
- (C) The Director of Maine Emergency Medical Services or their designee;
- (D) The Chair of the Maine EMS Board or their Designee;
- (E) One Representative from the Department of Health and Human Services (DHHS) appointed by the DHHS Commissioner
- (F) One representative of American College of Emergency Physicians (ACEP), Maine Chapter, appointed by Maine ACEP;
- (G) One representative of the Maine Hospital Association appointed by the Maine Hospital Association;
- (H) One Representative of the Maine Ambulance Association appointed by the Maine Ambulance Association
- (I) One EMS Chief, or their designee, representing the following licensed EMS agencies, appointed by the Governor. At least two of the Chiefs must represent rural communities;
 - (1) Fire Department providing EMS transport;
 - (2) Hospital-based EMS;
 - (3) Community-based for-profit or non-profit EMS agency;
 - (4) Non-transport EMS agency;

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(J) Four EMS providers, appointed by the Governor (At least 2 of which must be from rural services):

- (1) One licensed Paramedic, currently working as an EMS clinician in a prehospital setting, appointed by the Governor; and
- (2) One licensed AEMT, currently working as an EMS clinician in a prehospital setting, appointed by the Governor; and
- (3) One licensed EMT, currently working as an EMS clinician in a prehospital setting, appointed by the Governor; and
- (4) One licensed EMS provider, currently working as volunteer EMS clinician in a prehospital setting, appointed by the Governor;

(K) One representative of the Maine Community College System Emergency Medical Services program, designated by the MCCS; and

(L) Three persons appointed by the Governor, including:

- (1) One member representing the Governor's office;
- (2) One public member; and
- (3) One member representing the insurance industry.

2. Advocate for the enactment of the Bills carried over from the last session.

- (A) Increase MaineCare reimbursement to 200% of Medicare allowable. LD1752
- (B) MaineCare reimbursement for Community Paramedicine. LD 1751
- (C) MaineCare reimbursement for no-transport when assessment and medical care has been provided. LD1832
- (D) LD1751- maximizing federal funding

3. Amend Title 32, SS 85, 7(a) to add "or contractor".

7. Delegation. This chapter may not be construed to prohibit a person licensed as an emergency medical services person from rendering medical services in a hospital or other health care facility setting if those services are:

- a. Rendered in the person's capacity as an employee *or contractor* of the hospital or health care facility

4. Place the responsibility for ensuring a plan to provide EMS transport services for the community on the municipality or political subdivision.

- a. Emergency Medical Services is an essential service for the residents of, and visitors to, the State of Maine. Each municipality or political subdivision in Maine is required to adopt a plan for the provision of Emergency Medical response and Transport.
- b. Consider an incentive program to encourage communities with low call volume to regionalize.

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5. ***Fund the development and implementation of a statewide Public Safety Recruitment Campaign.*** (Approximately 5 Million dollars)
6. ***Increase Funding for the administration of Community College EMS programs commensurate with other Community College Health Care Programs.***
7. ***Change the laws regarding Community Self Determination and EMS Stabilization Sustainability program to remove the sections requiring a rules process for distribution.***
8. ***Recommend to the Maine EMS Board that they re-work their proposed organizational chart to include 2 major divisions; Regulatory (Licensure, rules, investigations, etc.) and Resource (Data, Regional Councils, Regional Medical Directors, Education, etc.)***

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Anthony Roberts, Deputy Director Maine EMS

1. Recommend supporting the Two (2) Year Plan approved by the EMS Board.
2. Recommend supporting the organizational structure approved by the EMS Board.
3. Defining what Essential Service means concerning EMS in Maine.

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Representative Suzanne Salisbury

EMS next steps

First and foremost, we need to remove any barriers between allocated funds to EMS and the services receiving them. This includes the pilot program for self-determination from the last session (\$200,000) [LD 1859](#) and the funds allocated this session (\$31M) [LD 526](#).

- Fully staffing the EMS board-currently 12 out of 18 are open
- Changes to rulemaking requirements
- Staffing related to funding

EMS as an essential service: Chapter 2-B §81-A. Statement of purpose

- Municipalities will be responsible for establishing a coordinated EMS system in collaboration with surrounding communities.
- Regional Dispatch centers will coordinate with local hospitals and long-term care facilities to arrange interfacility transports.

Review of Maines connection to National registry-review data of pass/fail rate. Is this really a good fit for the State?

Education for Service Leaders- expanded opportunities

Certificate of Need has been in statute but is not currently in use. This will prevent new services from opening that put a strain on already taxed resources.

Maine EMS:

- The new order chart should include a resource component similar to Safety Works at DOL.
- The number of regional offices should not change until the structure of the Maine EMS office is changed. The EMS regions will need all the support they can get during this process.

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Mike Hildreth

1. The possibility of Community Colleges and Training Centers hiring full time EMS instructors to teach all levels of EMS. This would allow for classes to be scheduled ahead of time, and run from certain dates and times with consistency. This will also allow for the College or Training Center to have oversight and be responsible for accountability. This offers students a consistent educational opportunity that can be applied for well in advance, with an acceptance letter to the student to allow for planning for the period of time the class will be taking place. From the volunteer provider to the career provider, this would allow for much needed planning for peoples lives to be arranged in advance. All too often it appears that things are arranged last minute and people have to scramble to plan accordingly. If we are serious about getting people to take interest in this profession, then the opportunity needs to be put out there and needs to follow the same consistency that is required of the students.
2. With the pass/fail rate of the National Registry, do we need to continue to make this the standard? I would recommend a standardized test to pass for State of Maine licensure. If a student chooses to obtain National Registry, that is a choice of the individual, but lets have a test that is Maine Protocol based for licensure in Maine. As it is, we require everyone to pass the National Registry, but don't require anyone to keep it past the initial two years.
3. Funding, Funding, Funding. If we want to attract people into a profession with long hours, sleepless nights and witnessing people who are experiencing the worse times of their lives, then we need to provide good pay and benefits to these providers so that they can enjoy the time that they have away from the job!