



132nd MAINE LEGISLATURE

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Legislative Document

No. 2128

S.P. 817

In Senate, January 7, 2026

**An Act to Reorganize the Emergency Medical Services' Board to
Implement the Recommendations of the Blue Ribbon Commission to
Study Emergency Medical Services in the State**

Submitted by the Department of Public Safety pursuant to Joint Rule 203.
Reference to the Committee on Criminal Justice and Public Safety suggested and ordered
printed.

A handwritten signature in black ink that reads "DAREK M. GRANT".

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BAILEY of York.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 32 MRSA §88, sub-§1, ¶A**, as amended by PL 2019, c. 370, §16, is further
3 amended to read:

4 A. The board has one member representing each region, each of whom is appointed
5 by the representative's regional council, and 42 5 persons in addition. Of the additional
6 persons, one is an emergency physician, one a representative of emergency medical
7 dispatch providers, one a representative of the public, one a representative of for profit
8 ambulance services, one an emergency professional nurse, one a representative of
9 nontransporting emergency medical services, one a representative of hospitals, one a
10 fire chief, one a representative of a statewide association of fire chiefs, one a municipal
11 emergency medical services provider, one a representative of not for profit ambulance
12 services and one a representative in the field of pediatrics. The members that represent
13 for profit ambulance services, nontransporting emergency medical services and not
14 for profit ambulance services must be licensed emergency medical services persons.
15 One of the nonpublic members must be a volunteer emergency medical services
16 provider a representative of an emergency medical dispatch center or emergency
17 medical dispatch provider, one is a representative of a municipal administration, one is
18 a representative of emergency medical services administrators, one is an emergency
19 medical services paramedic licensed in the State and one is an emergency medical
20 technician or advanced emergency medical technician licensed in the State.
21 Appointments are for 3-year terms. Members, except the regional representatives and
22 ex officio members, are appointed by the Governor. The statewide emergency medical
23 services medical director and, the statewide associate emergency medical services
24 medical director and the commissioner or the commissioner's designee are ex officio
25 nonvoting members of the board.

26 **Sec. 2. 32 MRSA §88, sub-§1, ¶B**, as amended by PL 1991, c. 588, §16, is further
27 amended to read:

28 B. The board shall elect its own chair to serve for a 2-year term. The board may adopt
29 internal rules that may include, but are not limited to, termination of board membership
30 as a consequence of irregular attendance. If a board member appointed by the
31 Governor does not serve a full term of appointment, the Governor shall appoint a
32 successor to fill the vacancy for the remainder of the term. If a board member
33 appointed by a regional council does not serve a full term of appointment, the regional
34 council that appointed the board member shall appoint a successor to fill the vacancy
35 for the remainder of the term. Any board member may be removed by the Governor
36 for cause. The board may have a common seal. The board may establish
37 subcommittees as it determines appropriate.

38 **Sec. 3. 32 MRSA §88, sub-§1, ¶C**, as amended by PL 1991, c. 588, §16, is further
39 amended to read:

40 C. The board shall meet at least quarterly, and at the call of its chair or at the request
41 of 7 5 members. When the board meets, members are entitled to compensation
42 according to the provisions of Title 5, chapter 379.

43 **Sec. 4. 32 MRSA §88, sub-§2, ¶M** is enacted to read:

1 M. The board shall by January 1st annually submit a report to the joint standing
2 committee of the Legislature having jurisdiction over emergency medical services
3 matters with any recommendations for changes to this chapter and in related provisions
4 as the board may determine appropriate. The committee may report out legislation
5 related to the recommendations in the report.

6 **Sec. 5. 32 MRSA §89, sub-§1**, as amended by PL 2007, c. 274, §21, is further
7 amended to read:

8 **1. Regions to be established; regional councils.** The board shall delineate regions
9 within the State to carry out the purposes of this chapter. The board shall set out conditions
10 under which an organization in each region may be recognized by the board as the regional
11 council for that region. A regional council shall, at a minimum, provide adequate
12 representation for ambulance services and rescue nontransporting emergency medical
13 services, emergency room physicians and nurses, hospitals emergency medical dispatch
14 centers and emergency medical dispatchers, emergency medical services training centers
15 and the general public. A regional council must be structured to adequately represent each
16 major geographical part of its region. Only one regional council may be recognized in any
17 region.

18 **Sec. 6. 32 MRSA §89, sub-§2, ¶F**, as amended by PL 2007, c. 274, §21, is further
19 amended to read:

20 F. Nominating 2 or more candidates Appointing a candidate from each region for a
21 position on the Emergency Medical Services' Board, from whom the Governor may
22 select a member board; and

23 **Sec. 7. 32 MRSA §89, sub-§2, ¶G**, as enacted by PL 1985, c. 730, §§13 and 16, is
24 amended to read:

25 G. Establishing regional goals to carry out the provisions of this chapter.; and

26 **Sec. 8. 32 MRSA §89, sub-§2, ¶H** is enacted to read:

27 H. Regularly advising the representative to the board on issues, concerns and policies
28 affecting the region that the council represents.

29 **Sec. 9. Transition.** Notwithstanding the Maine Revised Statutes, Title 32, section
30 88, subsection 1, a member of the Emergency Medical Services' Board serving on the
31 effective date of this Act continues to serve until the expiration of that member's term.

32 **SUMMARY**

33 This bill, based on the recommendations of the Blue Ribbon Commission to Study
34 Emergency Medical Services in the State, reduces the number of members appointed to the
35 Emergency Medical Services' Board, other than the members representing regional
36 councils, from 12 to 5, provides for regular feedback and recommendations from each
37 region and requires the board to report annually by January 1st to the joint standing
38 committee of the Legislature having jurisdiction over emergency medical services matters
39 any recommended changes to the Maine Emergency Medical Services Act of 1982 or other
40 necessary changes to improve the provision of emergency medical services and allows the
41 committee to report out legislation based on the board's recommendations.