

## **Blue Ribbon Commission to Study Emergency Medical Services in the State**

**Monday, December 11, 2023**

Time: 1:00 p.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>

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### **AGENDA**

- 1:00 p.m.      Introductions**
- 1:05 p.m.      Updates regarding implementation of Emergency Medical Services  
Stabilization and Sustainability Program**  
➤ *Michael Sauschuck, Commissioner of Public Safety*
- 1:30 p.m.      Commission member review and discussion of and final voting on draft  
commission report**
- 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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### I. Introduction

The Blue Ribbon Commission to Study Emergency Medical Services in the State, referred to in this report as “the commission,” was established by Resolve 2023, chapter 99 (Appendix ??). Pursuant to the resolve, the commission consisted of 17 members:

- Two members of the Senate, including one member of the party holding the largest number of seats in the Legislature and one member of the party holding the 2nd largest number of seats in the Legislature;
- Two members who are employed or volunteer in the field of emergency medical services, including one member who represents a community of 10,000 residents or more and one member who represents a community of fewer than 10,000 residents;
- One member who represents a statewide association of emergency medical services providers;
- One member who represents a private, for-profit ambulance service;
- One member who represents a statewide association of municipalities;
- Four members of the House of Representatives, including 2 members of the party holding the largest number of seats in the Legislature and 2 members of the party holding the 2nd largest number of seats in the Legislature;
- One member who represents a tribal emergency medical service;
- One member who represents a volunteer emergency medical service;
- One member who represents a county government;
- One member who represents a statewide association of hospitals;
- The Commissioner of Health and Human Services or the commissioner's designee; and
- The Director of Maine Emergency Medical Services within the Department of Public Safety or the director's designee.

A list of commission members may be found in Appendix ??.

The duties of the commission are set forth in Resolve 2023, chapter 99 (Appendix ??) and charged the commission to examine and make recommendations on the structure, support and delivery of emergency medical services in the State and to maintain communication and coordinate with Maine Emergency Medical Services so that Maine Emergency Medical Services is informed of the work of the commission and the commission is informed of the strategic planning work of Maine Emergency Medical Services. The commission was authorized to look

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at all aspects of emergency medical services, including but not limited to workforce development, training, compensation, retention, costs, reimbursement rates, organization and local and state support.

The commission was directed to submit a report, with findings and recommendations, including suggested legislation, to the Joint Standing Committee on Criminal Justice and Public Safety.

### **II. Background Information**

General background information regarding the EMS system in Maine can be found in the 2022 commission's final report, which is included as [Appendix ??](#).

#### **A. 2022 Commission Process**

The establishment of this commission was one of a number of legislatively-implemented recommendations of the 2022 Blue Ribbon Commission to Study Emergency Medical Services in the State. Although the 2022 commission made a number of substantive recommendations in its final report, most of which were considered by the Legislature in 2023 and many enacted into law, the members of that commission believed there were still outstanding issues to be addressed to ensure the short-term and long-term sustainability of emergency medical services (EMS) in Maine. To that end, a majority of the members of the 2022 commission recommended reestablishing the commission in 2023 to continue the important work it had begun.

Additional information regarding the process and recommendations of the 2022 commission can be found in the 2022 commission's final report, which is included as [Appendix ??](#).

#### **B. 2023 Legislative Actions**

The 2022 commission in its final report made a number of specific recommendations, all of which resulted in legislation introduced during the 2023 sessions of the 131st Legislature. In addition, many other proposals concerning or relating to the EMS system and EMS entities were considered by the Legislature in 2023. A chart outlining each of these proposals and their respective dispositions, prepared by commission staff and distributed at the October 23, 2023 commission meeting, is included as [Appendix ??](#).

### **III. Commission Process**

In conducting its work, the commission held five meetings on the following dates: October 23rd, November 6th, November 13th, November 27th and December 11th. Meetings were conducted using a hybrid format, through which commission members could choose to attend each meeting in person or remotely. Members of the public were afforded an opportunity to attend each meeting in person or view a livestream or archived video recording of each meeting through Legislature's website. Meeting materials, including meeting agendas and other materials can be

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found at: <https://legislature.maine.gov/blue-ribbon-commission-to-study-emergency-medical-services-in-the-state>.

The first meeting of the commission took place on October 23rd. Members began by introducing themselves, their involvement or experience with EMS in Maine, the organization or interests they are representing on the commission and their goals for the commission's work this year. Following introductions, commission staff reviewed the commission's authorizing legislation and duties and the study commission process generally. Staff also reviewed the final report and recommendations of the 2022 Blue Ribbon Commission to Study Emergency Medical Services in the State and highlighted legislation proposed in 2023 that was related to that report or to EMS generally.

Commission member and Maine EMS Director Sam Hurley next provided an update on the process for disbursement of funding under the newly established Emergency Medical Services Stabilization and Sustainability Program, reviewed the strategic plan published by Maine EMS earlier that year and subsequently adopted by the EMS Board and highlighted the Maine EMS Connectivity and Roadway Safety Project. The commission next received a presentation from Bill Montejo, the commission member representing the Department of Health and Human Services, regarding that department's role generally in supporting the EMS system in Maine and in the administration of the new Emergency Medical Services Stabilization and Sustainability Program. The meeting concluded with commission member discussion regarding desired outcomes for the commission's work this year and identification of additional information the commission should receive or review at future meetings.

The second meeting of the commission took place on November 6th. The meeting began with commission staff providing an analysis and discussion of how different states address what it means for EMS to be an "essential service" and how those other states structure and fund their EMS systems. The commission next received a presentation from commission member and Maine EMS Deputy Director Anthony Roberts regarding EMS system structure, details regarding implementation of the Maine EMS strategic plan and providing various data and information regarding EMS response, patient care and other information requested by commission members at the prior meeting. Commission member Joe Kellner next provided a presentation discussing the costs associated with providing EMS services, updating a similar presentation given to the 2022 commission.

The commission also received a presentation from Michael Colleran, Chief Operating Officer and General Counsel of the Maine Public Employees Retirement System (MainePERS), regarding the legal issues with allowing EMS providers to participate in government employee retirement plans, as has been proposed in LD 822, "An Act to Allow Nonmunicipal Emergency Medical Services Providers to Be Considered State Employees for Purposes of Certain Benefits," introduced in and voted "ought not to pass" by the 131st Legislature in 2023. Finally, the commission on November 6th received two presentations on different regional EMS models, one from commission member Kevin Howell regarding a public-private partnership model (see [Appendix ??](#)) and the other from commission member Mike Senecal regarding a hospital-operated ambulance service model (see [Appendix ??](#)).

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As described by commission member Kevin Howell, the Town of Carmel in 2018 entered into an agreement with Northern Light Health to address identified region-wide EMS issues, including insufficient call volumes, staff recruitment and retention, funding shortfalls, long response times and contractual limitations on response areas. Under that agreement, Northern Light provides some EMT staffing to the Carmel during normal business hours and EMS training to Carmel's EMS staff. Carmel provides all other needs for the operation of its ambulance service and provides an additional EMS response in the Towns of Dixmont and Newburgh, with secondary support provided by Northern Light. Carmel receives all revenues from its Carmel area responses and a split percentage of revenues for all other responses.

This agreement, which included the implementation of a common dispatch protocol, has facilitated improved response times in the covered multi-municipal region by dispatching the closest available resource and has resulted in better resourcing and a manageable financial balance for Carmel. Commission member Howell closed by reiterating that, while identification and empowering of rural hubs for EMS, as in his region, can dramatically improve the efficiency and sustainability of the local EMS system, it is important that each community contribute a fair share of the costs of EMS delivery and that each community control their own destiny when it comes to decisions about the local provision of EMS.

Commission member Mike Senecal next described the regional ambulance service model implemented in greater Franklin County as NorthStar EMS. Starting in 1995, Franklin Memorial Hospital began acquiring and operating a number of small local ambulance services, which were merged in 2003 and ultimately became NorthStar EMS, managed as a single department of the hospital, which is itself part of the MaineHealth system. EMS responses by NorthStar are dispatched from the Franklin County Regional Communication Center, with a goal of providing a paramedic level of staffing on all ambulances by strategically positioning and coordinating ambulance placement. NorthStar has also implemented a community paramedicine program in its service area and has a backcountry medical response team that responds to calls in off-road or hard-to-access areas. In fiscal year 2023, NorthStar ambulances made more than 7,400 runs. It is currently contracted with 29 towns to provide emergency coverage, each of which contribute a municipal subsidy based on demographic data to help offset the service's operating costs. For fiscal year 2023, that combined municipal subsidy totaled \$690,000 and the service operated with a net loss of \$703,356.

In response to these presentations, commission member Robert Chase noted that Med-Care Ambulance, which provides ambulance services to 11 communities in northern Oxford County, is operating using a similar model to that of NorthStar, albeit pursuant to an interlocal agreement. Commission members concluded the second meeting with additional discussion regarding the benefits and barriers to implementation of regional models, the importance of community self-determination in consideration of regionalization efforts and the needs of those communities for State-level support and resources as they engage in such efforts.

The third meeting of the commission took place on November 13th. It began with an opportunity for public comment, during which the commission heard from Donald Sheets of Southern Maine Community College's EMS department, Ben Harris of Goodwin's Mills Fire-Rescue, Jay Bradshaw of Sidney and Jesse Thompson of Union Fire Rescue. Those testifying

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each highlighted the obstacles they believe are impeding Maine’s EMS growth and sustainability, including a lack of educators to teach EMT courses, low student demands for such courses and concerns about the efficacy and structure of the EMS Board.

Following public comment, the commission received a presentation on tribal EMS systems in Maine from commission member Mike Hildreth. The remainder of the third meeting was spent with commission members narrowing the focus of discussion to identify potential recommendations for inclusion in the final report. Three broad categories of identified recommendations were: (1) EMS funding; (2) responsibility for the delivery of EMS and regionalization; and (3) the structure of Maine EMS and the EMS Board. Having established these broader categories, commission members engaged in an in-depth discussion to develop recommendations designed to address responsibility for the delivery of EMS and regionalization. Before adjourning, commission chairs requested that commission members submit potential recommendations to staff prior to the next meeting for compilation, distribution and consideration at the fourth commission meeting.

The fourth meeting of the commission was held on November 27th. Although the meeting focused primarily on discussion and development of recommendations for inclusion in the final report, the commission did receive a brief presentation from Alexa Altman of the consulting firm Sellers Dorsey, on behalf of the Maine Ambulance Association, regarding the potential implementation of an intergovernmental transfer program and an ambulance assessment program. The remainder of the meeting was spent with commission members reviewing, discussing and initially voting on the potential recommendations members had identified and submitted to commission staff following the third meeting. At the conclusion of the fourth meeting, commission staff were directed to prepare a draft report that included the recommendations receiving a majority of initial votes from commission members during the meeting, to be reviewed and receive final votes from members during the fifth and final meeting.

The fifth and final meeting of the commission was held on December 11th. The primary focus of the meeting was commission members’ review of the draft report prepared by commission staff and final voting on the recommendations to be included in the commission’s final published report.

### **IV. Recommendations**

#### **A. COSTS AND FUNDING**

In its final report, the 2022 commission recognized that “[t]he primary issue facing EMS is a lack of funding.” That commission subsequently endorsed the following finding: “Recognizing that EMS reimbursements are not keeping pace with the cost of providing services and that current subsidies are increasingly insufficient to fund the gap between those figures, the commission finds that, in addition to existing subsidies, there is a need for \$70 million in funding a year for the next 5 years to supporting transporting EMS services in the State.” As described elsewhere in this report, although the Legislature in 2023 took a number of critical steps towards

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closing that identified funding gap, a continued lack of adequate funding for EMS entities remains a primary and significant issue for the EMS system in Maine.

Indeed, many of this commission’s discussions involved consideration of measures designed to better fund and support the operations of EMS entities and to encourage greater efficiency and sustainability within the EMS system now and into the future. The commission also spent time reviewing existing funding mechanisms and programs and identifying barriers to EMS entities taking maximal advantage of those resources. With these considerations in mind, commission members make the following recommendations relating to the funding of the EMS system in Maine.

**Recommendation A-1: The Legislature should enact emergency legislation in 2024 eliminating from the Emergency Medical Services Stabilization and Sustainability Program the requirement that the EMS Board adopt rules establishing requirements for sustainability grants under that program and should instead stipulate those requirements directly in law.**

The Legislature in 2023 enacted Public Law 2023, chapter 412 (the “biennial budget”), which in Part GGGGG established the Emergency Medical Services Stabilization and Sustainability Program. That program has two primary components. First, the program provides stabilization funding – financial assistance to EMS entities at immediate risk of failing and leaving their communities without access to adequate EMS. Second, the program provides sustainability grants – grants to EMS entities to increase support and develop a plan for sustainability, collaboration and enhancement of efficiency in the delivery of EMS in the State. The biennial budget was enacted as general legislation with an effective date of October 25, 2023.

The Legislature, also as part of the biennial budget (Part A, section A-29), capitalized this program using a one-time General Fund transfer of \$31 million, broken down between the two above-described program components as follows:

- *Stabilization funding* (financial assistance available under 32 MRSA §98(3))
  - For ambulance services - \$10,000,000 in FY 23-24
  - For nontransporting EMS - \$2,000,000 in FY 23-24
- *Sustainability grants* (grant funding available under 32 MRSA §98(4))
  - For ambulance services - \$14,140,161 in FY 23-24
  - For nontransporting EMS - \$3,000,000 in FY 23-24
  - For EMS training centers - \$1,000,000 in FY 23-24

The remaining \$859,839 of the \$31 million transfer was dedicated to establish 4 limited-period positions in FY 23-24 and FY 24-25 at Maine EMS, funded through June 7, 2025, to administer the Emergency Medical Services Stabilization and Sustainability Program.

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Under the Emergency Medical Services Stabilization and Sustainability Program, the disbursement of the \$12 million of stabilization funding does not require the adoption of implementing rules. The law, however, requires the EMS Board to adopt rules to establish the requirements for the issuance of sustainability grants under the program. Commission members were advised by representatives of Maine EMS that the rulemaking necessary to implement the sustainability grant program component could take up to one year to complete and potentially longer.

As discussed by commission members at multiple meetings, this rulemaking requirement presents a potentially significant barrier to the efficient and timely establishment of this program and the associated distribution of the almost \$19 million in available sustainability grant funding. Given this concern and, as representatives of Maine EMS suggested to commission members that rulemaking may not actually be necessary for the implementation of this grant program, commission members recommend the Legislature enact emergency legislation in 2024 to remove the rulemaking requirement for the sustainability grant program and to instead, as necessary and appropriate, stipulate directly in statute the requirements for issuance of those grants.

**Recommendation A-2: The Legislature and Maine EMS should take all actions necessary to ensure the timely and efficient implementation of the Emergency Medical Services Stabilization and Sustainability Program and the distribution of the funding and grants associated with that program.**

As previously described, the Legislature in 2023 established the Emergency Medical Services Stabilization and Sustainability Program and capitalized that program with a one-time General Fund transfer of \$31 million. Of that funding, \$12 million was dedicated to the provision of stabilization funding, which is financial assistance available to EMS entities at immediate risk of failing and leaving their communities without access to adequate EMS, while almost \$19 million was dedicated to the provision of the previously described sustainability grants.

During multiple commission meetings, members requested information from Maine EMS regarding the specific timeline for distribution of this stabilization funding. Based on the information available to the commission as of the date of this report, that specific timeline remains unclear, applications for EMS entities to apply for this funding remain unavailable and none of these funds have been distributed. Many commission members expressed frustration that such critical funding has not yet been made available to EMS entities, many of which continue to experience significant financial difficulties. Further, as previously noted, the statutory requirement that the EMS Board adopt rules to implement the sustainability grant component of this program has the potential to significantly delay the availability of the almost \$19 million in funding dedicated for that separate purpose.

Although commission members expressed strong support and appreciation for the Legislature's establishment of this program and provision of the associated \$31 million in funding, many members remain deeply concerned about the speed and efficiency by which that funding will actually be made available to EMS entities. Accordingly, commission members recommend that the Legislature and Maine EMS take all actions necessary to ensure the timely and efficient implementation of the Emergency Medical Services Stabilization and Sustainability Program and



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the distribution of the \$31 million in funding and grants associated with that program, including, but not limited to, the specific measures identified elsewhere in this report.

The commission understands that, pursuant to Public Law 2023, chapter 412 (the biennial budget), Part GGGGG-3, the EMS Board is required to submit a report regarding the Emergency Medical Services Stabilization and Sustainability Program to the Joint Standing Committee on Criminal Justice and Public Safety no later than January 12, 2024. This report must include information on the actual and planned expenditures and encumbrances and applications submitted and accepted under the program and will provide the Legislature an opportunity to consider the need for additional actions to ensure the program's timely and efficient implementation.

**Recommendation A-3: The Legislature should enact legislation providing ongoing funding to the Maine Emergency Medical Services Community Grant Program and the Legislature and Maine EMS should take all actions necessary to ensure the timely and efficient implementation of that program and the distribution of associated grants.**

The Legislature in 2022 enacted Public Law 2021, chapter 700, which established the Maine Emergency Medical Services Community Grant Program and provided a one-time \$200,000 General Fund appropriation to capitalize that program. The stated purpose of this program is to provide financial assistance to communities that plan to examine or are examining the provision of EMS through a process of informed community self-determination and are considering a new, financially stable structure for delivering EMS that provides high-quality services effectively and efficiently. To implement the program, the EMS Board is required by law to adopt routine technical rules establishing the grant application process. Commission members learned that as of the date of this report, those rules have not yet been adopted and that the funding made under this program is not yet available to EMS entities.

Although not yet fully implemented, commission members believe this grant program represents a critically-important mechanism towards supporting community-driven measures that will increase the efficiency and sustainability of Maine's EMS system. For that reason, commission members recommend that the Legislature enact legislation to provide ongoing funding to this program at an appropriate level and that the Legislature and Maine EMS take all necessary steps to ensure the timely and efficient implementation of the program and the distribution of associated grants.

**Recommendation A-4: The Legislature should enact legislation, as proposed in LD 1751, increasing the reimbursement rates under the MaineCare program for ambulance services, neonatal transport, no-transport calls and community paramedicine.**

LD 1751, "An Act to Maximize Federal Funding in Support of Emergency Medical Services," was introduced to the Legislature in 2023 and referred to the Joint Standing Committee on Health and Human Services (HHS). Among other things, the bill as printed proposes increases to reimbursement rates under the MaineCare program for ambulance services, neonatal transport, no-transport calls and community paramedicine. The HHS Committee ultimately decided to carry the bill over to the 2024 legislative session.

Although the commission understand that some of the proposals included in LD 1751, as printed, have been or are being considered as part of other legislative proposals, commission members generally express support for enactment of proposals represented in LD 1751 that are designed to maximize federal funding by increasing reimbursement rates under the MaineCare program for ambulance services, neonatal transport, no-transport calls and community paramedicine.

**Recommendation A-5: The Legislature should enact legislation, as proposed in LD 1751, implementing an ambulance assessment program, which would establish an ambulance service assessment fee on non-municipal ambulance service providers to maximize federal funding for reimbursement to those providers under the MaineCare program.**

LD 1751, as previously described, also proposes implementing an ambulance assessment program, which would establish an ambulance service assessment fee on non-municipal ambulance service providers to maximize federal funding for reimbursement to those providers under the MaineCare program. The commission was briefed at its November 27, 2023 meeting by Alexa Altman, a representative of the consulting firm Sellers Dorsey, on behalf of the Maine Ambulance Association regarding the potential benefits to be achieved through the implementation of such a program.

The commission understands that this program would benefit non-municipal ambulance services by requiring the State to collect an assessment from those services and using that money as the State's share for federal Medicaid matching funds, thus increasing Medicaid rates by making supplemental payments to those services. Commission members generally express support for the enactment of such a program, which, like the previous recommendation, will also serve to maximize federal funding for many EMS entities in the State.

**Recommendation A-6: The Legislature should enact legislation, whether as an amendment to LD 1751 or otherwise, to implement an intergovernmental transfer program, which would authorize municipal ambulance service providers to maximize federal funding for reimbursement to those providers under the MaineCare program through provider payment of the non-federal cost share.**

As previously noted, the commission was briefed at its November 27, 2023 meeting by Alexa Altman, a representative of the consulting firm Sellers Dorsey, on behalf of the Maine Ambulance Association, who also described the scope of and potential benefits to be derived through the implementation of an intergovernmental transfer (IGT) program in Maine. The commission understands that an IGT program would authorize municipal ambulance services to use public funds to pay the non-federal cost share portion for federal Medicaid matching funds, thus increasing Medicaid rates by making supplemental payments to those services, similar to the ambulance assessment program described in the prior recommendation. An IGT program would be set up as a voluntary, opt-in program, allowing but not requiring municipal ambulance services to participate and commission members understand that the reimbursement amounts paid under such a program to each participating service would be dependent on, among other things, the level of payment the service is able to dedicate as the non-federal cost share portion.

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Commission members recommend that LD 1751, as previously described, be amended to include language directing the Department of Health and Human Services to include an IGT program in its Medicaid State plan and to provide support, resources and education to municipal ambulance services so that they may effectively use the program. To support this recommendation, commission members directed staff to prepare and transmit to the HHS Committee a letter from the commission recommending the addition of this amendment to LD 1751 or another appropriate legislative vehicle. See [Appendix ??](#) for a copy of the letter.

### **Recommendation A-7: The Legislature should enact legislation, whether as an amendment to LD 1832 or otherwise, requiring health insurance carriers to provide coverage and reimbursement for community paramedicine services in state-regulated health plans.**

LD 1832, “An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services,” was introduced in 2023 and referred to the Joint Standing Committee on Health Coverage, Insurance and Financial Services (HCIFS). The bill as printed requires an ambulance service to be reimbursed for the cost of treating a person, regardless of whether the ambulance service transports the person to a hospital. The HCIFS Committee ultimately decided to carry the bill over to the 2024 session.

Commission members learned that the HCIFS Committee carried over LD 1832 specifically as a vehicle for consideration of a proposal to require health insurance carriers to provide coverage and reimbursement for community paramedicine services in state-regulated health plans. This proposal would not apply to MaineCare, Medicare or self-insured group health plans. To that end, the HCIFS Committee requested that the Bureau of Insurance prepare a review and evaluation of LD 1832 based on a proposed committee amendment addressing coverage and reimbursement for community paramedicine services. The review and evaluation is due to the HCIFS Committee no later than January 15, 2024.

As a corollary proposal to the MaineCare-specific reimbursement rate proposal presented in LD 1751, commission members express support for requiring health insurance carriers to provide coverage and reimbursement for community paramedicine services in state-regulated health plans as presented in a proposed committee amendment to LD 1832.

### **Recommendation A-8: The Legislature should enact legislation directing Maine EMS to conduct a funding needs analysis of communities seeking to engage in regional collaborative efforts or in the adoption of a regional model for the delivery of EMS.**

At multiple commission meetings, members discussed the potential benefits of and barriers to community and regional collaborative efforts for the delivery of EMS. The commission received presentations, as previously described, regarding two different regional models implemented in Maine that have enhanced the efficiency and reduced the costs of providing EMS for the participating communities. One of the primary barriers to regionalization efforts identified by commission members is cost – the initial capital, start-up and operating costs of implementing a regional model are often a significant enough barrier to dissuade communities from exploring collaborative options that might ultimately reduce their EMS costs.

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Commission members recognize there have recently been a number of funding sources made available to communities for these purposes, namely the grant funding available under the Maine Emergency Medical Services Community Grant Program and under the Emergency Medical Services Stabilization and Sustainability Program, both of which were described in greater detail earlier in this report. Given the diverse funding and structural needs of municipalities and regions throughout the State and the disparity in EMS available from area to area, it is unclear whether communities seeking to collaborate in the development of a regional model for EMS will have access to the level funding and support necessary for successful implementation of those models.

To that end, commission members recommend the Legislature enact legislation directing Maine EMS to conduct a funding needs analysis of communities seeking to engage in regional collaboration or the adoption of a regional model in the delivery of EMS. The results of that analysis and any accompanying recommendations, which should be reported to the Legislature, will be critical in determining the unfilled community resource needs that must be addressed to effectively support regional collaborative efforts by communities in the delivery of EMS.

**Recommendation A-9: The Legislature should enact legislation, as proposed in LD 1409, establishing a formula by which a municipality can be reimbursed its costs for training a full-time first responder if the first responder is hired by another municipality within a specified period of time after the first municipality’s initial incurrence of those costs.**

LD 1409, “An Act to Require Reimbursement When a Municipality Hires First Responders Whose Training Costs Were Incurred by Another Municipality,” was introduced in 2023 and referred to the Joint Standing Committee on State and Local Government (SLG). The bill as printed, establishes a formula to reimburse municipalities for training costs for training full-time first responders if the first responder is hired by another municipality within 5 years of the first municipality's initial incurrence of training costs. The SLG Committee ultimately decided to carry the bill over to the 2024 session.

Commission members recognize that problems with recruiting, training and retaining EMS providers are significantly impacting the delivery of EMS for many EMS entities, causing delayed response times and contributing to provider stress and burnout. Compounding those issues for municipal EMS entities in particular are where an entity incurs costs in training and credentialing new and existing providers only to have those providers leave for other employment, oftentimes with a different municipal EMS entity. According to the Maine Municipal Association in its testimony on LD 1409, although it is challenging to estimate these types of costs, the average cost to provide all first responder credentialing and on the job training to the point that the provider can work “moderately unsupervised” could be in the range of \$15,000 to \$20,000, much of which represents the salary paid to the provider during the period of on the job training.

As printed, LD 1409 proposes to implement a reimbursement mechanism to address that situation in a similar manner to the law enforcement and corrections officer training cost sharing mechanisms currently provided for in law. As acknowledged by the bill’s sponsor in hearing testimony, while the genesis of the bill was simply “to reimburse a municipality, who has paid

for training in expectation that an employee will continue to work for that municipality, if that employee moves on,” the bill as proposed “isn’t a perfect framework for what is a common-sense policy idea.” Recognizing therefore that this proposal will likely be subject to further legislative discussion during the 2024 session, commission members express general support for implementation of the policy goals raised by LD 1409.

## **B. REGULATION AND OVERSIGHT**

The EMS system in Maine is overseen by Maine EMS, a bureau within the Maine Department of Public Safety, in coordination with the EMS Board, an 18-member entity established pursuant to the Maine Emergency Medical Services Act of 1982. The EMS system is divided into 6 EMS regions, each with its own regional council, office and medical director. At present, Maine EMS contracts with each regional office, which are established as independent not-for-profit 501(c)(3) corporations, to assist in oversight of training, quality assurance, medical directions and systems operation within its respective region. Based on the biennial budget enacted by the Legislature in 2023, Maine EMS is expected to have an operating budget of approximately \$2.3 million in fiscal years 2023-24 and 2024-25, with the bulk of those funds originating from the State’s General Fund.

Given the ongoing and anticipated changes to Maine EMS and the EMS Board, which are described in further detail below, commission members recognize that both entities may require increased funding, staffing and associated resources in future biennia to ensure the proper oversight and support of the EMS system. While Maine EMS and the EMS Board play a critical role in licensing and regulating EMS entities in the State, they must also be able to provide the resources and other support that those licensed entities need to sustainably operate. Furthermore, these two entities must ensure the systemic planning, oversight and stewardship of the EMS system, now and into the future. To support a robust and sustainable governance structure for EMS in Maine, commission members make the following recommendations relating to the regulation and oversight of EMS.

**Recommendation B-1: The Legislature should provide Maine EMS with the funding, staffing and associated resources necessary to properly support its core functions and responsibilities: licensing and regulation of EMS entities; provision of resources and other support to licensed EMS entities; and systemic planning, oversight and stewardship of the statewide EMS system.**

Maine EMS is currently in the process of implementing a long-term strategic plan, which will involve substantial changes to the structure of the agency and the EMS Board, as well as to the general governance structure of the EMS system. The implementation of these changes is expected to require, among other things, the provision of additional funding and resources, including increased staffing support. The commission believes that this restructuring provides an important opportunity to examine, reinforce and support the core functions and responsibilities of the agency.

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Commission members believe that these core governance functions and responsibilities of Maine EMS and the EMS Board fall within three primary areas: (1) oversight of the licensing and regulation of EMS entities; (2) the provision of resources and other support to licensed EMS entities; and (3) the systemic planning, oversight and stewardship of the statewide EMS system. Supporting each of these core functions is critical to the future of the EMS system and commission members recognize that Maine EMS must be provided with the funding, staffing and associated resources necessary to successfully implement its strategic plan. The commission accordingly supports the Legislature in its consideration of any future funding and resource requests made by Maine EMS relating to the implementation of its strategic plan.

**Recommendation B-2: The Legislature should enact legislation to facilitate the timely appointment of vacant seats and reappointment of expired seats on the EMS Board, including by shifting the appointing authority for some board members to the President of the Senate and the Speaker of the House of Representatives.**

The Maine Emergency Medical Services Act of 1982, in 32 MRSA §88, establishes the composition of the EMS Board. The EMS Board is comprised of 18 members, one for each of the 6 regions represented by regional councils, and the remaining 12 members are as follows: an emergency physician, a representative of emergency medical dispatch providers, a representative of the public, a representative of for-profit ambulance services, an emergency professional nurse, a representative of nontransporting EMS, a representative of hospitals, a fire chief, a representative of a statewide association of fire chiefs, a municipal EMS provider, a representative of not-for-profit ambulance services and a representative in the field of pediatrics. All 18 members are appointed by the Governor and serve 3-year terms. A majority of EMS Board members appointed and currently serving constitutes a quorum for all purposes.

As commission members learned, at present 6 of the 18 board seats are currently vacant (the seats representing South Maine Region/Region 1; Northeast Region/Region 4; nontransporting EMS representative; for-profit ambulance services representative; emergency professional nurse member; and pediatrics representative). Moreover, the appointment terms for the 12 non-vacant seats are all expired as of July 2023, with at least one term having expired as early as December 2020. Many commission members expressed frustration with these unfilled vacancies and lack of reappointments as necessary to support the activities of an entity that is so critically involved with the regulation and oversight of the EMS system. Commission members recognize that, as part of the implementation of the Maine EMS strategic plan, described later this report, the EMS Board will be reconfigured and its membership reduced to create a separate licensing board. While the time frame for those changes is unclear, commission members are concerned that the present iteration of the EMS Board, with its 6 vacancies, may be frustrating its ability to effectively regulate the EMS system.

To this end, commission members recommend the Legislature enact legislation to facilitate the timely appointment of vacant seats and reappointment of expired seats on the EMS Board. One mechanism for achieving this goal, which the commission supports, is to shift the appointing authority for some board seats from the Governor to the President of the Senate and to the Speaker of the House of Representatives. Commission members believe this to be a reasonable and appropriate mechanism by which the Legislature can facilitate the timely achievement of a

fully appointed board. Moreover, given the Legislative Council’s approval of a new legislative proposal for 2024 titled “An Act to Fill All Vacant Seats on the Emergency Medical Services’ Board” (LR 2840, sponsored by Senator Matthew Harrington), the commission anticipates a robust legislative discussion during the Second Regular Session regarding the EMS Board and its current composition.

**Recommendation B-3: The Legislature should support the proposed reorganization of the EMS Board, which would establish a 9-member EMS Board charged with the strategic direction and oversight of the EMS system as well as a 9-member EMS Licensing Board, charged with the regulation of EMS licensing.**

Commission members understand that, as part of the implementation of the Maine EMS strategic plan, the EMS Board is expected to undergo a significant reorganization, which the current board has endorsed (see **Appendix ??**). That proposal would reduce the size of the current EMS Board from 18 to 9 members and charge that smaller board with ensuring the strategic direction and oversight of the EMS system. That board’s responsibilities would include: (1) continued implementation of the strategic plan; (2) coordinating rulemaking activities not related to personnel licensing; (3) hearing and deciding service-licensing waiver requests and appeals of disciplinary actions; and (4) approving and confirming the Maine EMS director position.

At the same time, the proposal would establish a new 9-member EMS Licensing Board and charge that board with ensuring the regulation of licensed EMS persons. That board’s responsibilities would include: (1) coordinating rulemaking activities relating to personnel licensing; (2) considering disciplinary action for licensed personnel, including entering of consent agreements; (3) granting, suspending or revoking a personnel license; (4) investigating complaints or allegations of violations; (5) conducting disciplinary and administrative hearings; and (6) evaluating licensing waiver requests.

Commission members recommend that the Legislature support this proposed reorganization of the EMS Board, understanding that many of the critical details, such as the diversity of representation on these two boards, will undergo further development with public discussion, input and legislative consideration prior to implementation.

**Recommendation B-4: The Legislature should charge the reorganized EMS Board with taking all actions necessary to ensure that individuals in all areas of the State have access to basic life support transporting ambulance services, with particular focus given to those areas identified as unserved or underserved by EMS.**

As commission members repeatedly discussed, in many areas of the State, residents lack access to a timely or sufficient EMS response, often leading to significant, negative health outcomes. EMS entities, particularly in rural areas, are often stretched very thin, with limited resources and staffing issues contributing to increased response times, not to mention provider stress and burnout. As discussed later in this report, commission members believe that the minimum standard for EMS delivery to be achieved for all residents of Maine is access to basic life support (BLS) transporting EMS.

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Achieving this goal in the areas of the State that are underserved or unserved by EMS – the so-called “ambulance deserts” – may prove challenging. But the recent implementation by the Legislature of a number of different programs and initiatives along with many of the recommendations in this report will undoubtedly help to better identify the “ambulance deserts” in Maine and the needs of underserved and unserved communities as well as to provide much-needed funding to support a more efficient and sustainable EMS system statewide.

Recognizing, therefore, that the previously described reorganization of the EMS Board will provide additional opportunity to consider its core purposes and functions, commission members recommend the Legislature charge the reorganized EMS Board with taking all actions necessary to ensure that residents in all areas of the State have access to BLS transporting ambulance services, with particular focus given to those areas identified as unserved or underserved by EMS.

**Recommendation B-5: The Legislature should enact legislation requiring Maine EMS to report when the EMS Board has failed to commence an initial rulemaking required by law within 90 days of the relevant effective date and to stipulate, for new programs or initiatives, that any required rulemaking be commenced within 90 days of the relevant effective date.**

Under the Maine Emergency Medical Services Act of 1982, in 32 MRSA §84, the EMS Board is charged with the adoption of rules necessary to carry out the purposes, requirements and goals of that law. As members learned during the first commission meeting, a rulemaking by the EMS Board to adopt the framework necessary to implement the Maine Emergency Medical Services Community Grant Program recently failed final adoption due, at least in part, to an apparent failure to meet the rulemaking time frames set forth in the Maine Administrative Procedure Act (MAPA). As a result, the EMS Board will need to formally re-initiate rulemaking to adopt implementing rules for a program the Legislature established and funded in 2022.

Described elsewhere in this report, the newly enacted Emergency Medical Services Stabilization and Sustainability Program also requires the adoption of implementing rules for sustainability grants under that program – a process Maine EMS estimates could take one year or more. Many commission members expressed frustration with the ability of Maine EMS and the EMS Board to efficiently and timely initiate the rulemakings necessary to implement critical funding programs like these. Commission members learned that that, when accounting for the additional time necessary to develop a proposed rule, an EMS Board rulemaking often takes a year or more, much of which does not involve the formal rulemaking process stipulated by the MAPA.

Given these recent difficulties by Maine EMS and the EMS Board in timely developing and adopting rules for critical programs, as directed by the Legislature, commission members expressed support for enacting legislation requiring Maine EMS to report to the Legislature when the EMS Board has failed to commence an initial rulemaking required by law within 90 days of the effective date of that law. That report should specify the reasons for the delay in commencement of rulemaking and the Board’s plans for completion of the rulemaking process. Commission members also recommend that, for any new statutory programs or initiatives to be



implemented by Maine EMS and the EMS Board with required rulemaking, the Legislature stipulate that the rulemaking be commenced within 90 days of the effective date of the proposal.

**Recommendation B-6: The Government Oversight Committee should direct the Office of Program Evaluation and Government Accountability to conduct a review of recent rulemaking activities undertaken by the EMS Board to determine the barriers to and reasons for its repeated difficulties in timely developing and adopting rules as required by the Legislature.**

As noted in the prior recommendation, the commission learned that the EMS Board has for a number of years struggled to timely and efficiently develop and adopt rules to implement various legislatively-established programs or directives. On at least one occasion in the recent past, commission members understand that an initiated rulemaking failed final adoption under the MAPA due, at least in part, to a failure to adhere to the required time frames for rule adoption under that law.

With concern that these repeated rulemaking difficulties have become more of the norm than an exception for Maine EMS and the EMS Board, commission members recommend that the Legislature’s Government Oversight Committee direct the Office of Program Evaluation and Government Accountability to conduct a review of the EMS Board’s recent rulemaking activities to determine the barriers to and reasons for these difficulties in timely developing and adopting legislatively-directed rules consistent with the MAPA.

### **C. SYSTEM RESILIENCE AND SUSTAINABILITY**

While many of the measures recommended and discussed by this commission focused on the immediate short-term needs of the EMS system, the commission’s members recognized that ensuring the long-term resilience and sustainability of EMS in Maine is just as critical. As previously described, following the adoption this year of a strategic plan, Maine EMS and the EMS Board are now currently engaged in a long-term reorganization of the EMS governance structure. While those organizational changes are designed to support a more resilient and sustainable EMS system, commission members recognized that there are many issues facing the EMS system beyond just its funding and governance structure.

Indeed, the commission devoted a significant amount of time to discussions regarding such issues, including: (1) the essentiality of EMS; (2) the implications posed by unserved and underserved areas, the so-called “ambulance deserts”; (3) the decline in volunteerism, especially within the EMS field; (4) the efficiencies and benefits that can be realized through the adoption of community or regional collaborative efforts in the delivery of EMS; and (5) other barriers to, as well as opportunities for, improving the resilience and sustainability of the EMS system in Maine. While the commission’s previously described recommendations are unquestionably critical to ensuring a bright future for EMS in Maine, the following recommendations, targeted at improving the resilience and sustainability of the EMS system, are no less important.

**Recommendation C-1: The Legislature should enact legislation requiring each municipality in the State to adopt a plan for the delivery of basic life support transporting EMS within the municipality.**

The Legislature in 2022 enacted Public Law 2021, chapter 749. In addition to establishing the 2022 commission, that law also amended the “statement of purpose” of the Maine Emergency Medical Services Act of 1982 to add the following language: “The Legislature finds that emergency medical services provided by an ambulance service are essential services.”

Commission members discussed at multiple meetings what it means to designate ambulance services or EMS as “essential services” and reviewed the approaches to such essential service designation taken by other states and the funding mechanisms for EMS implemented in those states (see [Appendix ??](#) for chart of other state actions).

Recognizing that no entity in the State currently has a legal responsibility to provide or ensure the provision of EMS within a particular municipality or community, commission members discussed what the scope of that responsibility might be and who might be the appropriate entity to charge with that responsibility. Ultimately, commission members agreed that EMS is typically addressed and funded first and foremost at the local level and that each community is best positioned to decide how and at what level EMS is provided within that community. Commission members considered the implications of mandating municipalities at a minimum provide or facilitate the provision of basic life support (BLS) transporting EMS within a municipality and the barriers to achieving that goal, particularly in very rural areas of the State and in the unorganized and deorganized areas that lack the governance structure of organized municipalities.

Commission members generally agreed that most if not almost all organized municipalities in the State have in place some type of plan for providing BLS transporting EMS, even if they are not directly providing or funding that service. Accordingly, commission members recommend that the Legislature enact legislation requiring each municipality in the State to adopt a plan for the delivery of BLS transporting EMS within the municipality. In addition to reinforcing the essentiality of EMS within each community, commission members believe such a requirement will help to better identify those areas of the State that are underserved or unserved by EMS – the so-called “ambulance deserts.” Collection of the information generated through the enactment of this requirement will undoubtedly assist the Legislature and Maine EMS in better targeting available funding to those areas of critical need.

**Recommendation C-2: The Legislature should enact legislation establishing a permanent EMS commission, to be charged with monitoring and evaluating the statewide EMS system on a continuing basis and providing recommendations to Maine EMS and the Legislature regarding necessary changes to that system.**

As previously described, the establishment of this commission was one of a number of implemented recommendations of the 2022 commission. While the work done by both commissions has been critical in addressing many of the significant needs of the EMS system in Maine and in highlighting the scope of the problems faced by many EMS entities, due to the nature of legislative study commissions, the two commissions’ time and resources were

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necessarily limited. Indeed, during each iteration of the commission, significant issues identified by commission members remained unresolved often due to a lack of time necessary to address. Recognizing that there exists a continued need for this level of discussion by a diverse group of stakeholders regarding the issues facing and the future of the EMS system in Maine, commission members recommend that the Legislature enact legislation establishing a permanent EMS commission.

Such a permanent commission should be set up in a manner similar to the Maine Fire Protection Services Commission and generally be charged with monitoring and evaluating the statewide EMS system on a continuing basis and providing recommendations to Maine EMS and the Legislature regarding necessary changes to that system. Commission members believe that this permanent commission should have as diverse a membership as possible and that the Legislature should consider including as members any or all of the following: legislators, Maine EMS, the EMS Board, the Department of Health and Human Services, the Maine Chapter of the American College of Emergency Physicians, the Maine Hospital Association, the Maine Ambulance Association, licensed EMS entities from both rural and non-rural areas, licensed EMS providers, Maine Municipal Association, the Maine County Commissioners Association, the Maine Community College System, the Governor's Office, the insurance industry and the public.

**Recommendation C-3: The Legislature should enact legislation providing the necessary funding for and directing Maine EMS to develop and implement a public informational campaign designed to increase public awareness of and appreciation for the essential services provided by EMS providers in Maine.**

Commission members noted in discussions that, while most individuals expect to receive timely assistance with a medical issue after placing a 911 call requesting EMS, much of the public do not adequately understand or appreciate how that assistance is delivered, how the EMS system is designed or funded or the essentiality of the services provided by EMS entities in Maine. The commission recognized that one method of increasing public awareness of and appreciation for EMS in Maine is the development and implementation of a properly funded public informational campaign.

Commission members accordingly recommend that the Legislature enact legislation directing Maine EMS to develop and implement such a campaign and provide the necessary resources for that agency to do so. Alternatively, if the Legislature establishes a permanent EMS commission, as previously recommended, it may consider instead charging that permanent commission, in consultation with Maine EMS, with the development and implementation of the informational campaign described in this recommendation, provided that the necessary funding to support those efforts is made available to the commission.

**Recommendation C-4: The Legislature should enact legislation directing Maine EMS to collaborate with Volunteer Maine to evaluate opportunities for funding or otherwise facilitating volunteer management and leadership training for volunteer EMS providers and to support recruitment of volunteer EMS providers in Maine.**

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As recognized by commission members, volunteer EMS providers and volunteer EMS entities provide a critical means of accessing EMS in many different communities throughout the State, particularly in many rural and hard-to-access areas. The barriers to entry, however, into the volunteer EMS field are in some ways more significant than for paid EMS and the recruitment, retention and training of volunteer EMS providers, especially those in leadership or management positions, present additional, substantial challenges.

To better address these issues and needs, commission members recommend the Legislature enact legislation directing Maine EMS to collaborate with Volunteer Maine to evaluate opportunities for funding or otherwise facilitating volunteer management and leadership training for volunteer EMS providers and to support recruitment of volunteer EMS providers in Maine.

Volunteer Maine, established in statute as the Maine Commission for Community Service, describes its mission as building capacity and sustainability in Maine's volunteer and service communities by funding programs, developing managers of volunteers, raising awareness of sector issues and promoting service as a strategy. Commission members believe Volunteer Maine is uniquely positioned to help identify and acquire available funding and resources and to assist in the implementation of strategies for leadership and management training and recruitment of volunteer EMS providers in Maine.

### **Recommendation C-5: The Legislature should support and provide funding for community collaboration in the development and implementation of mobile paramedic programs.**

As identified by commission members in discussion, one particular issue faced by EMS entities is the costs and challenges associated with staffing and maintaining a paramedic level EMS. Although there exists a very real demand across the EMS system for paramedical services, many EMS calls require a lower response level. Committee members discussed opportunities for community collaboration in addressing this issue, specifically the development of mobile paramedic programs within a group of municipalities or region, whereby one or more paramedic providers are shared within that service area. This type of program allows the EMS entities operating in a multi-community area or region to more efficiently and cost-effectively target the use of paramedic level EMS to those calls where paramedical services are actually required.

While these programs hold significant potential in increasing the efficiency and sustainability of one important facet of the EMS system in Maine, the initial capital, start-up and operational costs for implementation can potentially be prohibitive. Accordingly, commission members recommend the Legislature support community collaboration in the development and implementation of mobile paramedic programs through the provision of grant funding. The Legislature should consider the availability of such grant funding for that purpose under the existing Maine Emergency Medical Services Community Grant Program and Emergency Medical Services Stabilization and Sustainability Program and implement any statutory amendments it determines necessary to ensure that funding is available for the development and implementation of mobile paramedic programs.

**Recommendation C-6: The Legislature should enact legislation amending 32 MRSA §85(7) to authorize an EMS provider to render EMS within a hospital or health care facility where the EMS provider is a contractor of the hospital or facility but not an employee.**

The Legislature in 2023 enacted Public Law 2023, chapter 132, which clarified a number of laws regarding the delegating authority of a physician or physician assistant to EMS personnel or others as a medical assistant. That law, among other things, amended the Maine Emergency Medical Services Act of 1982, in 32 MRSA §85(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 of the hospital or health care facility;
- B. Authorized by the hospital or health care facility; and
- C. Delegated in accordance with section 2594-A or, section 2594-E, subsection 4, section 3270-A or section 3270-E, subsection 4.

Unless otherwise provided by law, an emergency medical services person licensed under this chapter may not simultaneously act as a licensee under this chapter and an assistant performing medical services delegated by a physician in accordance with section 2594-A or section 3270-A or by a physician assistant in accordance with section 2594-E, subsection 4 or section 3270-E, subsection 4.

Commission members were notified during the commission process that an additional amendment to this section of law may be necessary to allow EMS providers who are contractors but not employees of a hospital or health care facility to render EMS within that hospital or facility. While acknowledging there might be potential concerns or unintended consequences of implementing such an amendment, which would undoubtedly be evaluated as part of the legislative process, commission members believe such a change could better support the retention of EMS providers by EMS entities and potentially in some cases benefit both the hospital and EMS system by better facilitating interfacility transfers.

Accordingly, commission members recommend the Legislature enact legislation amending 32 MRSA §85(7)(A) as follows to authorize an EMS provider to render EMS within a hospital or other health care facility setting where the EMS provider is a contractor of the hospital or facility but not an employee:

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**Sec. 1. 32 MRSA §85, sub-§7, ¶A** is amended to read:

A. Rendered in the person's capacity as an employee or contractor of the hospital or health care facility;

**Recommendation C-7: Using LD 1515 or other available legislative instruments, the Legislature should enact legislation necessary to better support and fund the EMS system and to better facilitate the efficient and sustainable delivery of EMS services in Maine.**

LD 1515, An Act to Fund Delivery of Emergency Medical Services, was introduced in 2023 and referred to the Joint Standing Committee on Criminal Justice and Public Safety (CJPS). The bill as printed provides General Fund appropriations to the Department of Public Safety to support existing transportation costs of EMS, which must be reduced to the maximum extent possible through the use of public and private Medicaid match programs. The CJPS Committee ultimately decided to carry the bill over to the 2024 session and the commission understands the bill is intended to be used as a potential vehicle for proposals relating to the EMS system that will be considered and discussed during the 2024 session.

As described in this report, the commission has proposed a variety of measures designed to better support and fund the EMS system and to better facilitate the efficient and sustainable delivery of EMS services in Maine. Moreover, as previously described, there are a number of other proposals that will be under consideration by the Legislature in 2024 that commission members support legislative action on. Although the commission recognizes that the CJPS Committee, upon receipt of this report, is authorized to report out a committee bill to implement the recommendations set forth in this report, commission members recommend that the Legislature consider all potential options, including use of bills like LD 1515, in evaluating those recommendations and in taking actions to support and fund the EMS system.

### V. Conclusion

While the publication of this report brings to an end the work of this Blue Ribbon Commission to Study Emergency Medical Services in the State, commission members recognize that the need to better fund, support and plan the EMS system in Maine will continue. The many recommendations included in this report will help to ensure a more efficient and resilient EMS system and a more sustainable future for EMS entities. Accordingly, commission members remain committed to ensuring the consideration and implementation of these critical reforms and initiatives by the Legislature, by Maine EMS and the EMS Board and within their respective communities.

The commission would like to extend its thanks to its members for committing their time, expertise and guidance in tackling the many complex issues facing the EMS system. The development and refinement of the recommendations included in this report would not have been possible without their diverse perspectives and vital input. Lastly, the commission would like to thank the EMS providers and entities that tirelessly dedicate their time and energy to ensuring the continued success of the EMS system in their respective communities and across the State.

Representative Erin Sheehan, Chair  
Senator Anne Carney  
Amy Beveridge  
Jonathan Bolton  
Hon. Justin Chenette  
Lynda Clancy  
Linda Cohen  
Chief Michael Gahagan



Julia Finn  
Betsy Fitzgerald  
Kevin Martin  
Judy Meyer  
Hon. Kimberly Monaghan  
Tim Moore  
Cheryl Saniuk-Heinig  
Eric Stout  
Victoria Wallack

## STATE OF MAINE

### RIGHT TO KNOW ADVISORY COMMITTEE

December 11, 2023

Sen. Chip Curry, Senate Chair  
Speaker Rachel Talbot Ross, House Chair  
Blue Ribbon Commission to Study Emergency Medical Services in the State

Re: Review of request for a new public records exception for certain information included in grant applications under the Emergency Medical Services Stabilization and Sustainability Program

Dear Sen. Curry and Speaker Talbot Ross:

On behalf of the Right to Know Advisory Committee, I want to share our comments related to a request that the Advisory Committee consider whether to recommend the enactment of a public records exception to protect from public disclosure certain information included in grant applications under the Emergency Medical Services Stabilization and Sustainability Program, enacted as part of the biennial budget law, Public Law 2023, chapter 412, Part GGGGG. As you know, the Emergency Medical Services Stabilization and Sustainability Program was enacted by the Legislature to provide financial assistance to emergency medical services entities based in the State that are facing immediate risk of failing and leaving their communities without access to adequate emergency medical services.

The Advisory Committee was asked to consider recommending in its report to the Legislature that a public records exception be added to protect as confidential financial statements required to be included in grant applications for funding under the program. The request was made by one of our Advisory Committee members, Sen. Anne Carney, after a discussion with staff in the Speaker's Office. Under the law enacted by the Legislature, emergency medical services entities applying for financial assistance must submit a financial statement for the most recent year. The Advisory Committee referred the issue to its Public Records Exceptions Subcommittee for initial discussion and then considered the issue at its final meeting on December 4<sup>th</sup>.

While members of the Advisory Committee appreciate that certain emergency medical services entities may have concerns about releasing this information to the public because it may create a competitive disadvantage to those entities, the Advisory Committee concluded that there is no need for a public records exception at this time given that this financial information would already be public for many emergency medical services entities. The Advisory Committee

reasoned that there should be a level-playing field between municipal emergency medical services programs which are funded by taxpayers and whose records are public and other non-profit or for-profit entities who are competing for these grants. These organizations regularly share information about their financial position with the public and disclosure of that information is not protected under the Freedom of Access Act. Further, financial information related to nonprofit entities is also available to the public. The Advisory Committee also noted that there is an existing public records exception that protects trade secrets as confidential; emergency medical services entities applying for grants that are concerned about the public disclosure of their financial statements may invoke that exception when submitting records with any grant application. Because financial assistance will be provided by Maine taxpayers, the members believe that the public interest in the information provided to support an application for assistance outweighs any proprietary business interest in maintaining the confidentiality of that information.

Thank you for your consideration of these comments.

Sincerely,

A handwritten signature in blue ink, appearing to be 'ES', with a long horizontal line extending to the right.

Representative Erin Sheehan, Chair  
Right to Know Advisory Committee

cc: Members, Blue Ribbon Commission to Study Emergency Medical Services in the State  
Members, Right to Know Advisory Committee



# EMS Stabilization Application Posting Timeline and Information

- Wednesday December 13<sup>th</sup> - Rule is posted by the Secretary of State.
- An email is immediately sent to all EMS agencies with the application link.
- The Maine EMS website goes live and will include the following.
  1. A link to the application.
  2. Program Overview, Rule, and Legislation.
  3. Frequently Asked Questions.
  4. A video example of the application being completed.

Home Page  
[www.maine.gov/ems](http://www.maine.gov/ems)

The screenshot shows the MAINE EMS website. At the top left is the MAINE EMS logo. At the top right are links for Contact Us, Help/Support, and Sitemap, along with a search bar containing the text "Search EMS" and a "SEARCH" button. Below this is a dark blue navigation bar with the following menu items: About, Licensing, Protocols, Boards & Committees, Education, Testing & CEH, Policies, Rules & Resources, EMS Regions, EMD, EMS for Children, Stay Healthy in EMS, EMS Week, What is EMS?, and MEFIRS. The main content area features a large blue banner with the MAINE EMS logo on the left and a stethoscope on a light blue background on the right. Below the banner is a green bar with five icons and their corresponding labels: an ambulance icon for "MEFIRS", a person icon for "Licensing", a magnifying glass icon for "Look Up A License", a first aid kit icon for "Protocols", and a graduation cap icon for "MEMSEd". Below this is a dark blue bar with the text "Have a question, or want to leave feedback?" and a "Send us a message" button. At the bottom is a red bar with the text "Emergency Medical Services Stabilization & Sustainability Program" and a "Click here for Application & Resources" button.

## Emergency Medical Services Stabilization & Sustainability Program

[Enabling Legislation](#)

[Program Rule](#)

[Program Overview](#)

[Instructions to Apply / FAQ](#)

[Blank Program Application \(For Preparation - DO NOT SUBMIT\)](#)

Please review the instructions (above) and have ALL materials ready before applying for the Program

[Apply for the Program](#)

For questions on the program, please contact [Maine EMS Grants](#)

Application &  
Resources  
Page Draft



[Contact Us](#) | [Help/Support](#) | [Sitemap](#)

[About](#) ▾

[Licensing](#) ▾

[Protocols](#)

[Boards & Committees](#) ▾

[Education, Testing & CEH](#) ▾

[Policies, Rules & Resources](#) ▾

[EMS Regions](#)

[EMD](#) ▾

[EMS for Children](#)

[Stay Healthy in EMS](#)

[EMS Week](#)

[What is EMS?](#)

[MEFIRS](#)

[Stabilization & Sustainability Program](#)

On all Maine  
EMS web  
pages

