

Blue Ribbon Commission to Study Emergency Medical Services in the State

Monday, October 23, 2023

Time: 1:00 p.m. to 4:00 p.m.

Location: State House, Room 127 (TAX Committee Room) (Hybrid Meeting)

The meeting will be livestreamed at the following link: <https://legislature.maine.gov/Audio/#127>

AGENDA

- 1:00 p.m. Welcome and commission member introductions**
- 1:10 p.m. Overview of commission process and duties, review of 2022 commission report, review of EMS-related legislation proposed in 2023**
Commission staff, Office of Policy and Legal Analysis
- 1:40 p.m. Updates regarding Maine Emergency Medical Services strategic plan and implementation of recently enacted programs, funding and other initiatives**
Sam Hurley, Director, Maine Emergency Medical Services
- 2:40 p.m. Department of Health and Human Services role in support of EMS in Maine**
Bill Montejo, Director, Division of Licensing and Certification, Department of Health and Human Services
- 2:55 p.m. Commission member discussion regarding the charge and duties of the commission, commission goals and desired outcomes**
- 3:55 p.m. Discussion of 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>

Blue Ribbon Commission To Study Emergency Medical Services in the State

Resolve 2023, Chapter 99

Membership List

Name	Representation
Senator Chip Curry (Senate Chair)	Member of the Senate
Speaker of the House Rachel Talbot Ross (House Chair)	Member of the House of Representatives
Senator Brad Farrin	Member of the Senate
Representative Suzanne Salisbury	Member of the House of Representatives
Representative Scott Cyrway	Member of the House of Representatives
Representative Mark Blier	Member of the House of Representatives
Robert Chase	Member who is employed or volunteers in the field of emergency medical services and represents a community of 10,000 residents or more
Scott Dow	Member who is employed or volunteers in the field of emergency medical services and represents a community of fewer than 10,000 residents
Joe Kellner	Member representing a statewide association of emergency medical services providers
Rick Petrie	Member representing a private, for-profit ambulance service
Kevin Howell	Member representing a statewide association of municipalities
Mike Hildreth	Member representing a tribal emergency medical service
Beth-Anne Damon	Member representing a volunteer emergency medical service
Carrie Kipfer	Member representing a county government
Mike Senecal	Member representing a statewide association of hospitals
Bill Montejo	Commissioner of Health and Human Services or the commissioner's designee
Sam Hurley	Director of Maine Emergency Medical Services within the Department of Public Safety or the director's designee

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 1090 - L.D. 1701

**Resolve, to Reestablish and Continue the Work of the Blue Ribbon
Commission to Study Emergency Medical Services in the State**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this resolve reestablishes the Blue Ribbon Commission to Study Emergency Medical Services in the State; and

Whereas, the study must be initiated before the expiration of the 90-day period in order to provide sufficient time for the study to be completed and a report submitted in time for submission to the next legislative session; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Establishment of Blue Ribbon Commission to Study Emergency Medical Services in the State. Resolved: That the Blue Ribbon Commission to Study Emergency Medical Services in the State, referred to in this resolve as "the commission," is established.

Sec. 2. Commission membership. Resolved: That, notwithstanding Joint Rule 353, the commission consists of 17 members:

1. Seven members appointed by the President of the Senate as follows:
 - A. 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;
 - B. 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;
 - C. One member who represents a statewide association of emergency medical services providers;

- D. One member who represents a private, for-profit ambulance service; and
- E. One member who represents a statewide association of municipalities;
- 2. Eight members appointed by the Speaker of the House as follows:
 - A. 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;
 - B. One member who represents a tribal emergency medical service;
 - C. One member who represents a volunteer emergency medical service;
 - D. One member who represents a county government; and
 - E. One member who represents a statewide association of hospitals;
- 3. The Commissioner of Health and Human Services or the commissioner's designee;
and
- 4. The director of Maine Emergency Medical Services within the Department of Public Safety or the director's designee.

Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission.

Sec. 4. Appointments; convening of commission. Resolved: That, notwithstanding Joint Rule 353, all appointments must be made no later than 15 days following the effective date of this Act. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the commission, which must be no later than 30 days following the appointment of all members.

Sec. 5. Duties; meetings. Resolved: That the commission shall examine and make recommendations on the structure, support and delivery of emergency medical services in the State. The commission shall maintain communication and coordinate with Maine Emergency Medical Services as defined in the Maine Revised Statutes, Title 32, section 83, subsection 16-A 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 may look 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 is authorized to hold a maximum of 6 meetings.

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission, except that Legislative Council staff support is not authorized when the Legislature is in regular or special session.

Sec. 7. Report. Resolved: That, notwithstanding Joint Rule 353, no later than December 6, 2023, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Criminal Justice and Public Safety.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Bills Related to EMS Considered During the 131st Legislature, First Regular and First Special Sessions

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
EMS FUNDING				
LD 258 , An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024 and June 30, 2025	AFA	Enacted, P.L. 2023, c. 412	Public Law 2023, chapter 438, Part A, section A-38 provides a \$31,000,000 appropriation to fund an Emergency Medical Services Stabilization and Sustainability Program. Part GGGGG establishes the Emergency Medical Services Stabilization and Sustainability Program within the Department of Public Safety, to be administered by Maine Emergency Medical Services in consultation with the Emergency Medical Services' Board and the Department of Health and Human Services, and transfers \$31,000,000 from the unappropriated surplus of the General Fund to the Emergency Medical Services Stabilization and Sustainability Program, Other Special Revenue Funds account. Public Law 2023, chapter 438 broadened eligibility for grants under the program to all entities providing ambulance service or non-transporting emergency medical service or licensed emergency medical services training centers.	Recommendation A-2 Recommendation A-3
LD 526 , An Act to Amend the Laws Governing the Emergency Medical Services Stabilization and Sustainability Program	CJPS	Enacted, P.L. 2023, c. 438	This enacted law amends the definition of “emergency medical services entity” in the Emergency Medical Services Stabilization and Sustainability Program laws to include all ambulance services, nontransporting emergency medical services and emergency medical services training centers licensed under the Maine Emergency Medical Services Act of 1982.	Recommendation A-2 Recommendation A-3
LD 1515 , An Act to Fund Delivery of Emergency Medical Services	CJPS	Carried Over	This bill provides General Fund appropriations to the Department of Public Safety to support existing transportation costs of emergency medical services. These appropriations must be reduced to the maximum extent possible through the use of public and private Medicaid match programs.	Recommendation A-1
LD 1602 , An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board on Financial Health of Ambulance Services	HCIFS	Enacted, P.L. 2023, c. 468	Public Law 2023, chapter 468 makes the following statutory changes related to the financial health of ambulance services based on recommendations from a stakeholder group convened by the Emergency Medical Services' Board pursuant to Public Law 2021, chapter 241. 1. It continues the requirement that health insurance carriers are required to pay specified reimbursement rates for covered services provided by an ambulance service provider and makes clear that carriers may not limit reimbursement to only covered emergency services.	Recommendation A-3

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
			<p>2. Beginning January 1, 2024, it requires health insurance carriers to reimburse ambulance service providers for nontransporting services at the same reimbursement rates for covered services.</p> <p>3. It prohibits health insurance carriers from requiring an ambulance services provider to obtain prior authorization before transporting an enrollee to a hospital, between hospitals or from a hospital to a nursing home, hospice care facility or other health care facility and requires carriers to reimburse for those services.</p> <p>4. It requires health insurance carriers to consider the requirements of the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services related to medical necessity when establishing the carrier’s own policies for medical necessity.</p> <p>5. It specifies the cost and performance metrics for the program for collecting and reporting cost and performance metrics related to emergency services that must be established by the Emergency Medical Services’ Board in rule and adds one limited-period position to the Emergency Medical Services’ Board to facilitate that program.</p> <p>6. It requires the Maine Health Data Organization to report information on payments for ambulance services on its publicly accessible website.</p>	
LD 1751 , An Act to Maximize Federal Funding in Support of Emergency Medical Services	HHS	Carried Over	This bill establishes an ambulance service assessment fee on ambulance service providers in order to maximize federal funding for reimbursement to ambulance service providers under the MaineCare program. It also increases the reimbursement rates under the MaineCare program for ambulance services, neonatal transport, no-transport calls and community paramedicine.	Recommendation A-1
LD 1832 , An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services	HCIFS	Carried Over	This bill 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.	Recommendation A-3
WORKFORCE DEVELOPMENT, EDUCATION AND TRAINING				
LD 244 , Resolve, Directing Maine Emergency Medical Services to Convene a Stakeholder Group to Explore Emergency Medical Services Career Pathways and Educational Opportunities in the State	CJPS	Enacted, P.L. 2023, c. 15	This enacted law directs the Department of Public Safety, Maine Emergency Medical Services to convene a stakeholder group to explore career pathways and educational opportunities for emergency medical services providers in the State. Maine Emergency Medical Services must submit a report to the Joint Standing Committee on Criminal Justice and Public Safety by January 15, 2024 that outlines the activities of the stakeholder group and includes any recommendations or proposed legislation. The committee may report out legislation to the Second Regular Session of the 131st Legislature.	Recommendation B-3

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
LD 588 , An Act to Promote Public Safety and Retain Essential First Responders by Funding the Maine Length of Service Award Program	CJPS	Enacted, P.L. 2023, c. 439	This enacted law provides one-time funding in the amount of \$500,000 in fiscal year 2024-25 for the Maine Length of Service Award Program, which provides length of service awards to eligible volunteer firefighters and emergency medical services personnel.	Recommendation B-2
LD 882 , An Act to Allow Nonmunicipal Emergency Medical Services Providers to Be Considered State Employees for Purposes of Certain Benefits	LBHS	ONTP	This bill proposed to allow an ambulance service or nontransporting emergency medical service to participate in the State's Participating Local District Consolidated Retirement Plan as a local district so that its employees who are emergency medical services providers may receive state retirement benefits, death benefits and disability retirement benefits. The bill also proposed to allow these employees to be eligible for the state group health plan.	Recommendation B-1
LD 981 , An Act to Require All Emergency Medical Services Persons to Be Trained to Administer and Dispense Naloxone Hydrochloride	CJPS	Enacted, P.L. 2023, c. 92	Effective July 1, 2024, Public Law 2023, chapter 92 requires an emergency medical services person to administer and dispense naloxone hydrochloride in compliance with protocols and training.	Not related to a specific report recommendation
LD 1409 , An Act to Require Reimbursement When a Municipality Hires First Responders Whose Training Costs Were Incurred by Another Municipality	SLG	Carried Over	This bill 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 4 years of the first municipality's initial incurrence of training costs.	Not related to a specific report recommendation
LD 1859 , An Act to Reimburse Training Costs for Emergency Medical and Public Safety Dispatchers	CJPS	Majority ONTP Report Accepted	This bill proposed to require the Emergency Medical Services' Board in consultation with the Public Utilities Commission, Emergency Services Communication Bureau to establish a reimbursement schedule for the cost of training an emergency medical dispatcher or a public safety dispatcher when the dispatcher is hired by another governmental entity as an emergency medical dispatcher or public safety dispatcher within 5 years of the first governmental entity's incurring expenditures for the training. The bill also proposed to require a governmental entity to provide reimbursement for training costs in accordance with the reimbursement schedule.	Not related to a specific report recommendation
COMMUNITY PARAMEDICINE				
LD 883 , An Act to Exempt Emergency Medical Services Community Paramedicine Programs from Home Health Care Provider Licensing Requirements Under Certain Circumstances	HHS	Enacted, P.L. 2023, c. 195	This enacted law adds community paramedicine services to the list of services exempted from home health licensing and includes conditions for the exemption. It also directs the Emergency Medical Services Board to adopt rules consistent with the home health exemption conditions.	Recommendation C-1

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
CONTINUED STUDY OF EMS				
LD 1701 , Resolve, to Reestablish and Continue the Work of the Blue Ribbon Commission to Study Emergency Medical Services in the State	CJPS	Enacted, P.L. 2023, c. 99	Resolve 2023, chapter 99 reestablishes the Blue Ribbon Commission to Study Emergency Medical Services in the State for the purpose of examining and making recommendations on the structure, support and delivery of emergency medical services in the State. Resolve 2023, chapter 99 was finally passed as an emergency measure effective July 19, 2023.	Recommendation D-1
OTHER EMS RELATED BILLS				
LD 47 , An Act to Amend the Law Governing Licensing Actions of the Emergency Medical Services' Board	CJPS	Enacted, P.L. 2023, c. 111	This enacted law removes an outdated reference to the revocation of a license in the laws governing the licensing actions of the Emergency Medical Services' Board.	Not related to a specific report recommendation
LD 439 , An Act to Allow Death by Suicide to Be Considered a Death While in the Line of Duty	CJPS	Enacted, P.L. 2023, c. 433	This enacted law requires the applicable authority, when determining whether a law enforcement officer, firefighter, emergency medical services person, Department of Corrections law enforcement office or corrections officer has died while in the line of duty, to evaluate whether an individual who died by suicide has died as a result of events or actions experienced by the individual while in the line of duty. It also gives the Commissioner of Corrections rather than the Chief of the State Police the authority to make that determination for Department of Corrections law enforcement officers.	Not related to a specific report recommendation
LD 601 , An Act to Reduce the Shortage of Municipal Emergency Medical Services Personnel by Removing Certain Vaccination Requirements	HHS	Died on Adjournment	This bill proposed to allow emergency medical services persons to provide treatment within the scope of their licenses without having been vaccinated against the COVID-19 virus or the influenza virus	Not related to a specific report recommendation
LD 727 , An Act Regarding Workers' Compensation Benefits for First Responders Injured in the Line of Duty	LBHS	ONTP	This bill proposed to amend the Maine Workers' Compensation Act of 1992 to provide that if an employee employed as a first responder is injured and is also employed at an additional place of employment, the employee's average weekly wages are computed by combining the wages, earnings or salary received by the employee from each place of employment.	Not related to a specific report recommendation
LD 783 , An Act to Protect Certain Private Emergency Services Personnel from Liability Under the Maine Tort Claims Act	JUD	Enacted, P.L. 2023, c. 311	This enacted law adds “mutual aid emergency response personnel” to the definition of “employee” under the Maine Tort Claims Act and also creates a definition of “mutual aid emergency response employer” under the Maine Tort Claims Act. The law provides that mutual aid emergency response personnel employed by the Bath Iron Works Corporation or its successor are considered employees for the purposes of the Maine Tort Claims Act, and also provides protection for the Bath Iron Works Corporation or its	Not related to a specific report recommendation

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
			successor under the Maine Tort Claims Act, only when the personnel are acting pursuant to a mutual aid agreement with a state or municipal entity or in response to a request for aid from a state or municipal entity.	
LD 919 , An Act Regarding Licensure in the Field of Emergency Medical Services	CJPS	Enacted, P.L. 2023, c. 166	This enacted law amends the Maine Emergency Medical Services Act of 1982 to provide that the Emergency Medical Services' Board may by rule establish appropriate licensure levels and qualifications for emergency medical services persons, emergency medical dispatchers, emergency medical services educators, emergency medical dispatch centers, emergency medical services training centers, ambulance services and nontransporting emergency medical services.	Not related to a specific report recommendation
LD 1119 , An Act to Clarify the Criminal Statutes with Regard to Assaults on Emergency Medical Services Persons	CJPS	Enacted, P.L. 2023, c. 455	<p>This enacted law amends the crime of assault on an emergency medical care provider by specifying that it is a Class C crime if a person causes bodily injury to a person licensed pursuant to the Maine Emergency Medical Services Act of 1982 regardless of the location where the emergency medical care is being provided and by changing the name of the crime to reflect this amendment.</p> <p>The law also creates the new crime of assault in an emergency room, which a person commits if that person intentionally, knowingly or recklessly causes bodily injury to a person employed or contracted by a licensed hospital and the injury occurs in the hospital's designated emergency room.</p>	Not related to a specific report recommendation
LD 1142 , An Act to Eliminate Motor Vehicle Registration Fees for Volunteer Firefighters and Volunteer Emergency Medical Services Providers	TRA	ONTP	This bill proposed to exempt a volunteer firefighter and a volunteer emergency medical services provider from paying registration fees for a vehicle that is the primary means of transportation. The bill proposed to direct the Secretary of State to define "volunteer firefighter" and "volunteer emergency medical services provider." The bill also proposed to provide for the Secretary of State to adopt rules related to this exemption.	Not related to a specific report recommendation
LD 1268 , An Act to Provide for a Local Motor Vehicle Excise Tax Exemption for Qualifying Volunteer Firefighters and Emergency Medical Services Persons	TAX	ONTP	This bill proposed to allow a municipality to provide an exemption from annual excise tax for one vehicle owned, separately or jointly, by a resident of that municipality who is a volunteer firefighter or volunteer emergency medical services person, as long as that vehicle is used to perform those volunteer services.	Not related to a specific report recommendation

LD/Title	Committee	Final Disposition	Bill/Enacted Law Summary	Related EMS Study Report Recommendation
LD 1396 , An Act to Clarify the Laws Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel or Others as a Medical Assistant	HCIFS	Enacted, P.L. 2023, c. 132	This enacted law makes the following changes to clarify the laws regarding the delegating authority of a physician or physician assistant to emergency medical services personnel or others as a medical assistant. <ol style="list-style-type: none"> 1. It clarifies that a licensed emergency medical services person may not simultaneously act as an assistant performing medical services delegated by a physician or physician assistant. 2. It adds cross-references clarifying the authority of a physician assistant to delegate medical services to a licensed emergency medical services person in a hospital or health care facility. 3. It clarifies the laws regarding the delegating authority of a physician and a physician assistant. 	Not related to a specific report recommendation

Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 2-B: MAINE EMERGENCY MEDICAL SERVICES ACT OF 1982

§98. Emergency Medical Services Stabilization and Sustainability Program

The Emergency Medical Services Stabilization and Sustainability Program, referred to in this section as "the program," is established within the department, to be administered by Maine Emergency Medical Services in consultation with the board and the Department of Health and Human Services, to provide financial assistance to emergency medical services entities based in the State that are facing immediate risk of failure, to increase the sustainability, efficiency and resiliency of emergency medical services throughout the State and to help ensure that all residents of the State continue to have access to high-quality, out-of-hospital clinical care provided by the emergency medical services system.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Community" means a municipality, group of municipalities or other area of the State served by an emergency medical services entity.
- B. "Emergency medical services entity" means an ambulance service or nontransporting emergency medical service or emergency medical services training center licensed under this chapter or a regional council.
- C. "Historical activations" means the number of times an emergency medical services entity was dispatched by the E-9-1-1 system within a defined period of time.
- D. "Rurality" means a community's score established by the United States Department of Agriculture that indicates the rural nature of the community.

2. Purpose and use of funding. The purpose of the program is to provide financial assistance, in accordance with subsection 3, to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services and to provide grants to assist emergency medical services entities with long-term sustainability and resiliency planning and programming within the emergency medical services system in accordance with subsection 4.

3. Funding requirements. This subsection provides requirements for financial assistance to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services. Financial assistance under this subsection must be provided through the program.

- A. Using a form developed and made available by the board, an emergency medical services entity applying for funding under this subsection must demonstrate that the entity:

(1) Is at immediate risk of failing and leaving its community without access to adequate emergency medical services due to employee recruitment or retention issues or an inability to finance daily operations. The entity must submit a financial statement covering its most recent fiscal year;

(2) Provided ambulance services or nontransporting emergency medical services to its community during the prior calendar year;

(3) Is providing and intends to continue to provide ambulance services or nontransporting emergency medical services to its community; and

(4) In the case of an applicant that is an ambulance service only, is participating in the MaineCare program and maintains an electronic funds transfer account with the Department of Health and Human Services.

B. As a condition of receiving funding under this subsection, an emergency medical services entity meeting the requirements of paragraph A must enter into an agreement with Maine Emergency Medical Services requiring the entity to:

(1) Use all funding received to support only those activities as specified by the board in the application, which must include, but are not limited to:

(a) Supplementing wages, benefits, stipends and incentives for emergency medical services persons;

(b) Supporting training directly related to the provision of clinical care, leadership or management of emergency medical services;

(c) Supplementing wages, benefits, stipends and incentives for administrative support staff;

(d) Implementation of programming directly related to a strategic plan for the emergency medical services system developed by the board; and

(e) Investment in capital expenditures not to exceed \$50,000 in the aggregate;

(2) Submit a report to the board no later than December 31st of the year in which the entity receives the funding identifying how the funding was expended; and

(3) If the board determines, based on the report, that the funding was used to support activities not identified in the application as authorized expenditures, repay all such unauthorized expenditures for redistribution in accordance with this subsection.

(a) For the purposes of this subparagraph, a funding expenditure by an entity is deemed to be unauthorized and subject to repayment if the board determines the expenditure was used to supplant the entity's existing emergency medical services funding sources, except for funding sources originating from in-kind donations, fund-raisers or volunteer labor.

(b) To the extent permissible under applicable federal laws and regulations and state laws and rules, the Department of Health and Human Services may withhold future payments or reimbursements under the MaineCare program that are due to an entity that is an ambulance service and that is required to repay unauthorized expenditures under this subparagraph until such unauthorized expenditures are repaid in full. Payments withheld under this paragraph must be transferred to the program established in this section.

C. The board shall establish an allocation algorithm for maximum and minimum funding distributions to emergency medical services entities under this subsection based on the rurality of a community and historical activations for emergency medical services.

D. The board may establish reasonable deadlines by which an emergency medical services entity seeking funding under this subsection must enter into an agreement pursuant to paragraph B.

4. Sustainability grant requirements. This subsection provides requirements for grants to emergency medical services entities to increase support and develop a plan for sustainability, collaboration and enhancement of efficiency in the delivery of emergency medical services in the State. The board shall adopt rules establishing requirements for grants under this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

A. Using a form developed and made available by the board, an emergency medical services entity may apply for and be awarded a grant under this subsection upon a determination by the board that the applicant meets all applicable requirements for the grant as established by the board by rule.

B. Upon the recommendation of the director after consultation with the board, the board shall establish an allocation algorithm for maximum and minimum funding distributions to emergency medical services entities under this subsection, which may, as applicable, be based on the rurality of the community and historical activations for emergency medical services.

5. Transfer from General Fund unappropriated surplus; Emergency Medical Services Stabilization and Sustainability Program. Notwithstanding any provision of law to the contrary, on or before June 30, 2023, the State Controller shall transfer \$31,000,000 from the unappropriated surplus of the General Fund to the Department of Public Safety, Emergency Medical Services Stabilization and Sustainability Program, Other Special Revenue Funds

account to provide financial assistance to emergency medical services entities at immediate risk of failing and leaving their service areas and community without access to adequate emergency medical services as well as assisting emergency medical services entities with long-term sustainability and resiliency planning and programming within the emergency medical services system.

6. Report. The Emergency Medical Services' Board shall submit a report regarding the Emergency Medical Services Stabilization and Sustainability Program established under the Maine Revised Statutes, Title 32, section 98 to the Joint Standing Committee on Criminal Justice and Public Safety no later than January 12, 2024. The report must also include, at a minimum, the actual and planned expenditures and encumbrances and applications submitted and accepted under the program.

Additional note on program funding

Public Law 2023, chapter 412 (the biennial budget, LD 258) in part A, section A-29 provided the following appropriations relating to the Emergency Medical Services Stabilization and Sustainability Program.

- “Stabilization grants” (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 \$31,000,000 transfer provided 32 MRSA §98(5) was appropriated to establish 4 limited period positions in FY 23-24 and FY 24-25 at Maine EMS to administer the Emergency Medical Services Stabilization and Sustainability Program. These positions are funded through June 7, 2025.

Maine's Freedom of Access Act and the Conduct of the Business of the Legislature

Prepared for the Right to Know Advisory Committee
by the Office of Policy and Legal Analysis and the Office of the Attorney General
Updated January 2023

The Maine Freedom of Access Act requires governmental entities to conduct public business in the open and to provide access to public records. Legislative meetings and records are subject to the law and must be open to the public, with some limited exceptions set forth in the law.

Intent of the Freedom of Access Law

The Maine Freedom of Access Act provides that it is the intent of the Legislature that "actions [involving the conduct of the people's business] be taken openly and that the records of their actions be open to public inspection and their deliberations be conducted openly." The Freedom of Access Act, found in Title 1 of the Maine Revised Statutes, chapter 13, applies to all governmental entities, including the Legislature.

Public Proceedings

Under state law, all meetings of the Legislature, its joint standing committees and legislative subcommittees are public proceedings. A legislative subcommittee is a group of 3 or more committee members appointed for the purpose of conducting legislative business on behalf of the committee.

The public must be given notice of public proceedings and must be allowed to attend. Notice must be given in ample time to allow the public to attend and in a manner reasonably calculated to notify the general public. The public is also allowed to record the proceedings as long as the activity does not interfere with the orderly conduct of the proceedings.

Party caucuses are not committees or subcommittees of the Legislature, so their meetings do not appear to be public proceedings. Similarly, informal meetings of the members of a committee who are affiliated with the same party are not public proceedings as these members are not designated by the committee as a whole to conduct business of the committee. However, committee members should be careful when they caucus not to make decisions or otherwise use the caucus to circumvent the public proceeding requirements.

Limited Exception to Public Proceedings (Executive Sessions)

In very limited situations, joint standing committees may hold executive sessions to discuss certain matters. State law is quite specific as to those matters that may be deliberated in executive sessions. The executive session must not be used to defeat the purpose of the Act, which is to ensure that the people's business is conducted in the open.

The permitted reasons for executive session are set forth in the law, Title 1, section 405 and Title 3, section 156. The reasons most relevant to legislative work are discussion of confidential records and pre-hearing conferences on confirmations.

An executive session may be called only by a public, recorded vote of 3/5 of the members, present and voting, of the committee. The motion to go into executive session must indicate the precise nature of the business to be discussed and no other matters may be discussed. A committee may not take any votes or other official action in executive sessions.

If a committee wants to hold an executive session, the committee should discuss the circumstances with an attorney from the Office of Policy and Legal Analysis or the Office of Fiscal and Program Review who can provide the committee with guidance about whether an executive session is permitted and, if so, how to proceed.

Public Records

The Freedom of Access Act defines “public records” broadly, to include all material in possession of public agencies, staff and officials if the materials were received or prepared for use in, or relate to, the transaction of public or governmental business. The scope of the definition means that most, if not all, papers and electronic records relating to legislative business are public records. This includes records that may be stored on an individual legislator’s personal computer, tablet or smartphone if they relate to or were prepared for use in the transaction of public business, *e.g.*, constituent inquiries, emails, text messages or other correspondence about legislative matters. Information contained in a communication between a constituent and a legislator may be confidential if it meets certain narrow requirements.

Time-limited Exception from Public Disclosure for Certain Legislative Records

The Freedom of Access Act contains exceptions to the general rule that public records must be made available for public inspection and copying. One exception that is relevant to legislative work allows certain legislative papers to be withheld from public disclosure until the end of the legislative session in which they are being used. The exceptions are as follows:

- Legislative papers and reports (e.g. bill drafts, committee amendments and the like) are not public records until signed and publicly distributed; and
- Working papers, drafts, records, and memoranda used to prepare proposed legislative papers or reports are not public records until the end of the legislative session in which the papers or reports are prepared or considered or to which they are carried over.

The Legislative Council’s Confidentiality Policy and the Joint Rules provide guidance to legislative staff about how such records are to be treated before they become public records.

Confidential Records in the Possession of Committees

Committees may also need to be prepared to deal with other types of non-public records, such as individual medical or financial records that are classified as confidential under state or federal law.

If the committee comes into possession of records that are declared confidential by law, the Freedom of Access Act allows the committee to withhold those records from the public and to go into executive session to consider them (see discussion above for the proper process).

In addition, the committee should also find out whether there are laws that set specific limitations on, and penalties for, dissemination of those records. The Office of the Attorney General or an attorney from the Office of Policy and Legal Analysis or the Office of Fiscal and Program Review can help the committee with these records.

Joint Rule 313 also sets forth procedures to be followed by a committee that possesses confidential records.

Legislative Review of Public Record Exceptions

All exceptions to the public records law are subject to a review process. A legislative committee that considers a legislative measure proposing a new statutory exception must refer the measure to the Judiciary Committee if a majority of the committee supports the proposed exception. The Judiciary Committee will review and evaluate the proposal according to statutory standards, then report findings and recommendations to the committee of jurisdiction. The Judiciary Committee regularly seeks input from the Right to Know Advisory Committee on public records, confidentiality and other freedom of access issues.

Public Access Ombudsman

The Public Access Ombudsman, an attorney located in the Department of the Attorney General, is available to provide information about public meetings and public records, to help resolve complaints about accessing proceedings and records and to help educate the public as well as public agencies and officials. Legislators may contact the Public Access Ombudsman, Brenda Kielty, at Brenda.Kielty@maine.gov, or (207) 626-8577 for assistance.

Blue Ribbon Commission to Study Emergency Medical Services in the State- DHHS collaboration

Agenda item: 2:40-2:55 p.m. Department of Health and Human Services role in support of EMS in Maine

Presentation by Bill Montejo, RN

Director of Maine DHHS Division of Licensing & Certification

The Department sees collaboration with EMS as essential to help address health disparities, especially in populations at significant risk for poor health outcomes such as underserved populations in rural Maine communities. The DHHS Offices of MaineCare and the Maine CDC's Rural Health and Primary Care provide grant funding and work with EMS in many ways to achieve this goal such as:

- The Office of MaineCare Services reimburses for ambulance services provided to MaineCare members (those who receive health care coverage through MaineCare/Medicaid). As of 2022, pursuant to Resolve 2021, Ch. 118 these services are reimbursed at 100% of Medicare rates; a higher benchmark than the vast majority of services. (additional information here: <https://www.maine.gov/dhhs/oms/providers/provider-bulletins/ambulance-services-reimbursement-and-locality-modifiers-cr-108340-2022-03-16-0>)
- The Maine Office of Rural Health and Primary Care within the Maine CDC provides grant funding for:
 - For the development of the Maine Community Paramedic Program, particularly in rural communities. There is an existing need in Assisted Housing and Home and Community Based Services (HCBS) that this program could address to improve early access to care and reduce unnecessary hospital trips and negative patient outcomes.
 - Coordinating systems of care related to time sensitive medical conditions such as trauma, Cerebral Vascular Accident (CVA), and ST segment Elevation Myocardial Infarctions (STEMI).
 - Funding support for improvements in trauma standards of care through the Trauma Advisory Committee.
- The Office of MaineCare Services and the Maine CDC worked with Maine EMS during the Pandemic to increase vaccine and testing availability throughout Maine.
- The Office of MaineCare Services is working with Maine EMS on policy and reimbursement models for Community Paramedic Services and on data for evaluation of the services and the long-term sustainability of funding.
- The Division of Licensing and Certification has areas of overlap with regulatory enforcement regarding hospital owned/operated EMS services and EMTALA and CMS regulatory oversight requirements, as well as home health services.
- Maine EMS and several EMS agencies are participants in the Departments Rural Health Transformation Team Meetings. This is a collaborative effort with rural hospitals and rural health providers to improve the health care and health outcomes of our rural communities.

Consultation by DHHS on the Emergency Medical Services Stabilization and Sustainability Program

- DHHS does not have any formal role in the administration of funds appropriated in the budget for the EMS Stabilization and Sustainability Program. The language does indicate consultation with DHHS, and all offices/partners listed above stand ready to support the program however we may be helpful.

MAINE EMS

AN UPDATE ON THE WORK OF MAINE EMS

J. Sam Hurley, MPH, EMPS, NRP
Director, Maine Bureau of EMS
October 23, 2023

WHAT IS MAINE EMS?

Often used interchangeably with three (3) concepts:

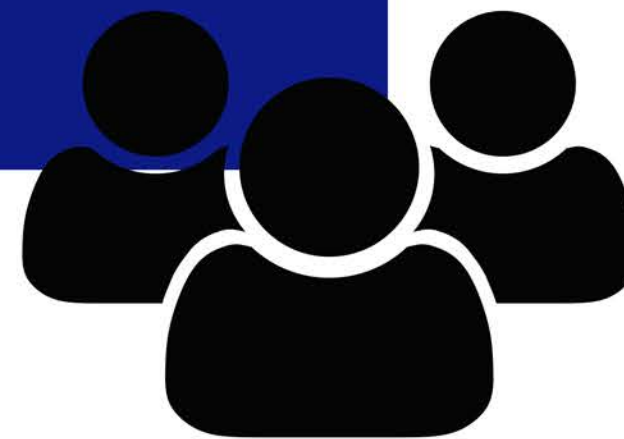
BUREAU OF EMS

Full-time employees based in Augusta, within the Department of Public Safety



BOARD OF EMS

Statutorily-defined Board that has statutory responsibility for EMS system oversight



EMS SYSTEM

The collection of clinicians, first responders, dispatch centers, resources, and medical directors throughout Maine



PLAN FOR A SUSTAINABLE EMS SYSTEM IN THE STATE OF MAINE: *A VISION FOR 2035*

Public and Governmental Understanding and Valuing of EMS

Data Driven Information about the EMS System

EMS System
Evolution

EMS Finance

EMS
Workforce

EMS Clinical
Care

DATA-DRIVEN INFORMATION ABOUT THE EMS SYSTEM



EMS SYSTEM EVOLUTION



Structure within
State
Government



Interfacility
Transport



Regional
Coordination
and Support



Communication
and Emergency
Medical
Dispatch



Emergency
Management
and Disaster
Preparedness

EMS SYSTEM FINANCE



The Cost of EMS



Local Agency Sustainability



Reimbursement Alignment

EMS WORKFORCE



**Data-Driven
Workforce
Planning**



**Leadership
Development
and Support**



**Education and
Training**



**Wellbeing and
Mental Health**

EMS CLINICAL CARE



Medical
Direction



Expanded Role
of EMS



Systems of Care

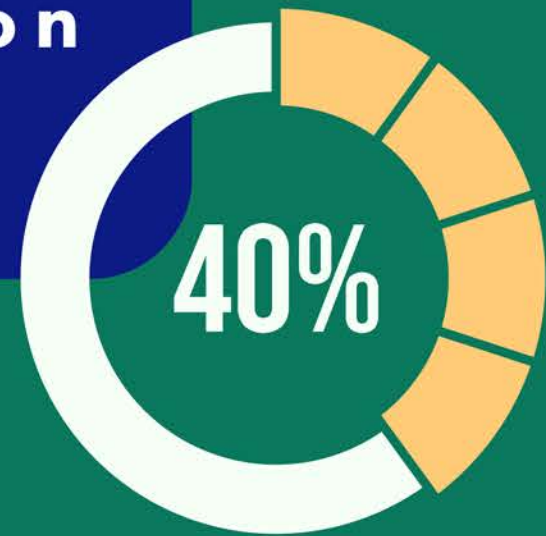


Evaluation and
Quality
Improvement

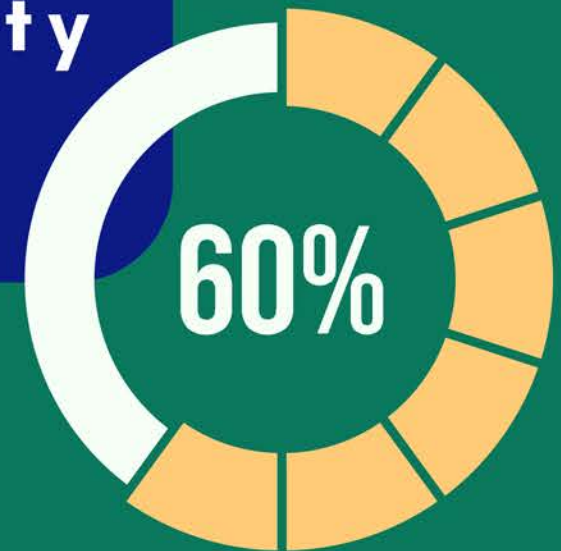
MAINE EMS STABILIZATION AND SUSTAINABILITY FUNDING

\$31M Funding Allocation

**Stabilization
Funding**



**Sustainability
Funding**

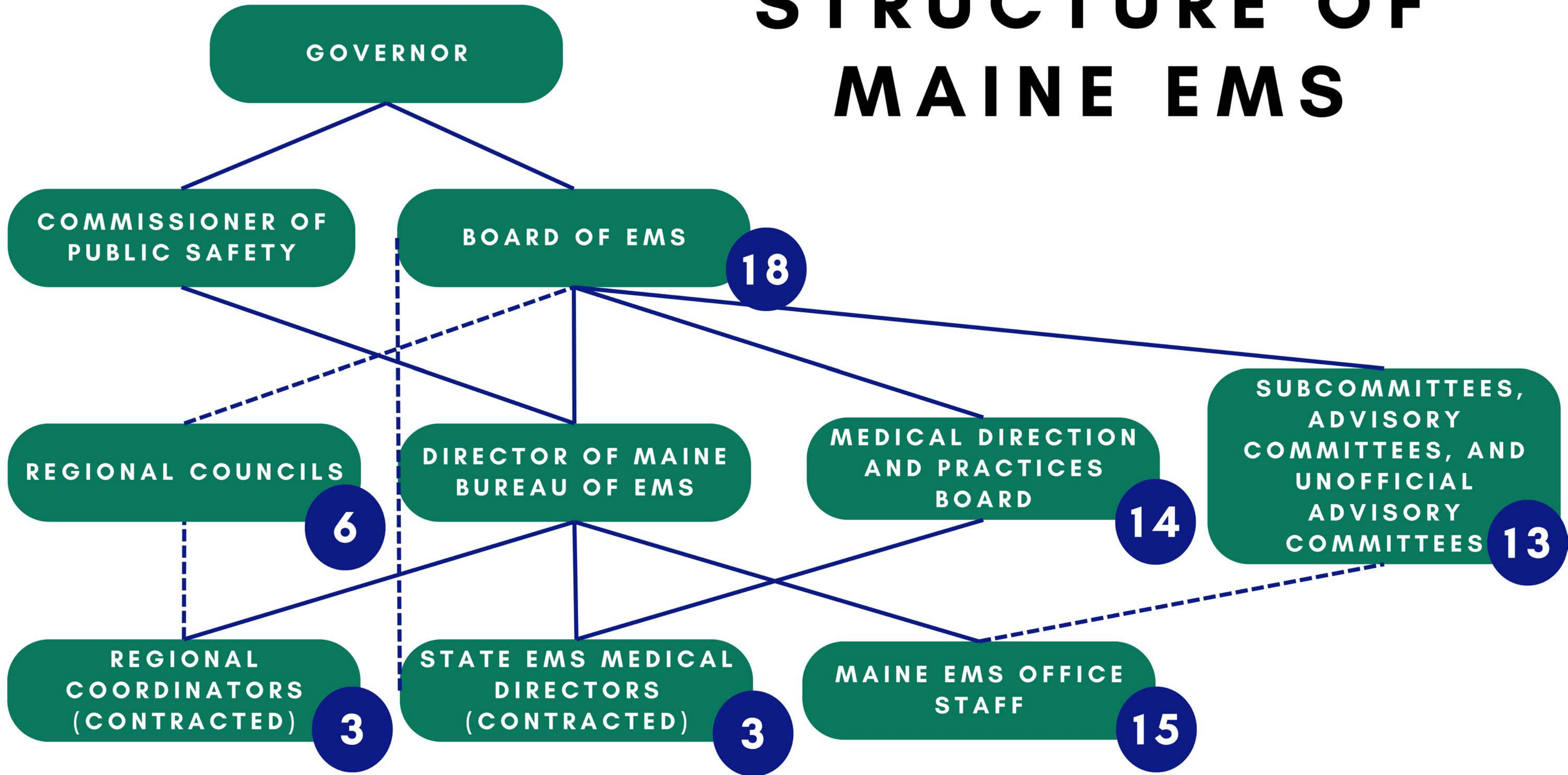


ADDITIONAL UPDATES

LD 244: Resolve, Directing Maine EMS to Convene a Stakeholder Group to Explore Emergency Medical Services Career Pathways and Educational Opportunities in the State

Maine EMS Connectivity and Roadway Safety Project

STRUCTURE OF MAINE EMS



J. Sam Hurley, MPH, EMPS, NRP

THANK YOU!

j.sam.hurley@maine.gov
(207) 626-3865

EMERGENCY MEDICAL SERVICES SYSTEM

Activation of 911 System and EMD

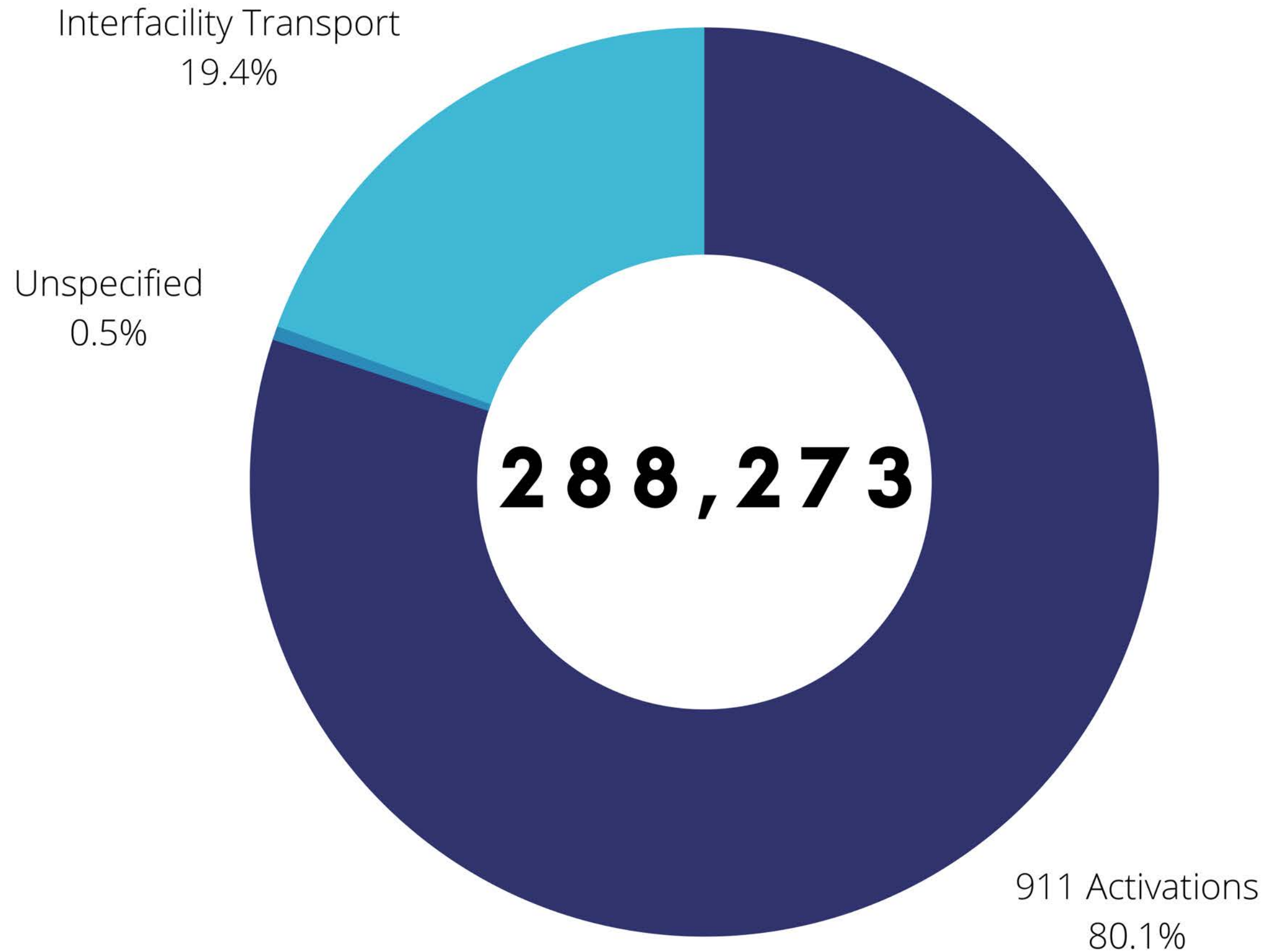
Interfacility Transport to Tertiary Facility

Community Paramedicine

911 Response



2022 STATEWIDE CALL VOLUME



THE REGULATED COMMUNITY



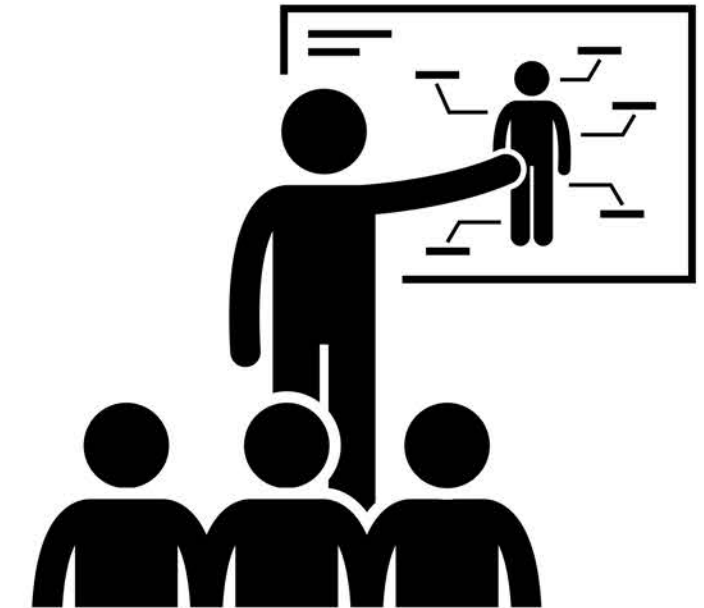
- Emergency Medical Dispatchers (EMDs)
- Emergency Medical Dispatch Centers (EMD Centers)



- EMS Ambulance Operators
- Emergency Medical Responders (EMRs)
- Emergency Medical Technicians (EMTs)
- Advanced EMTs
- Paramedics

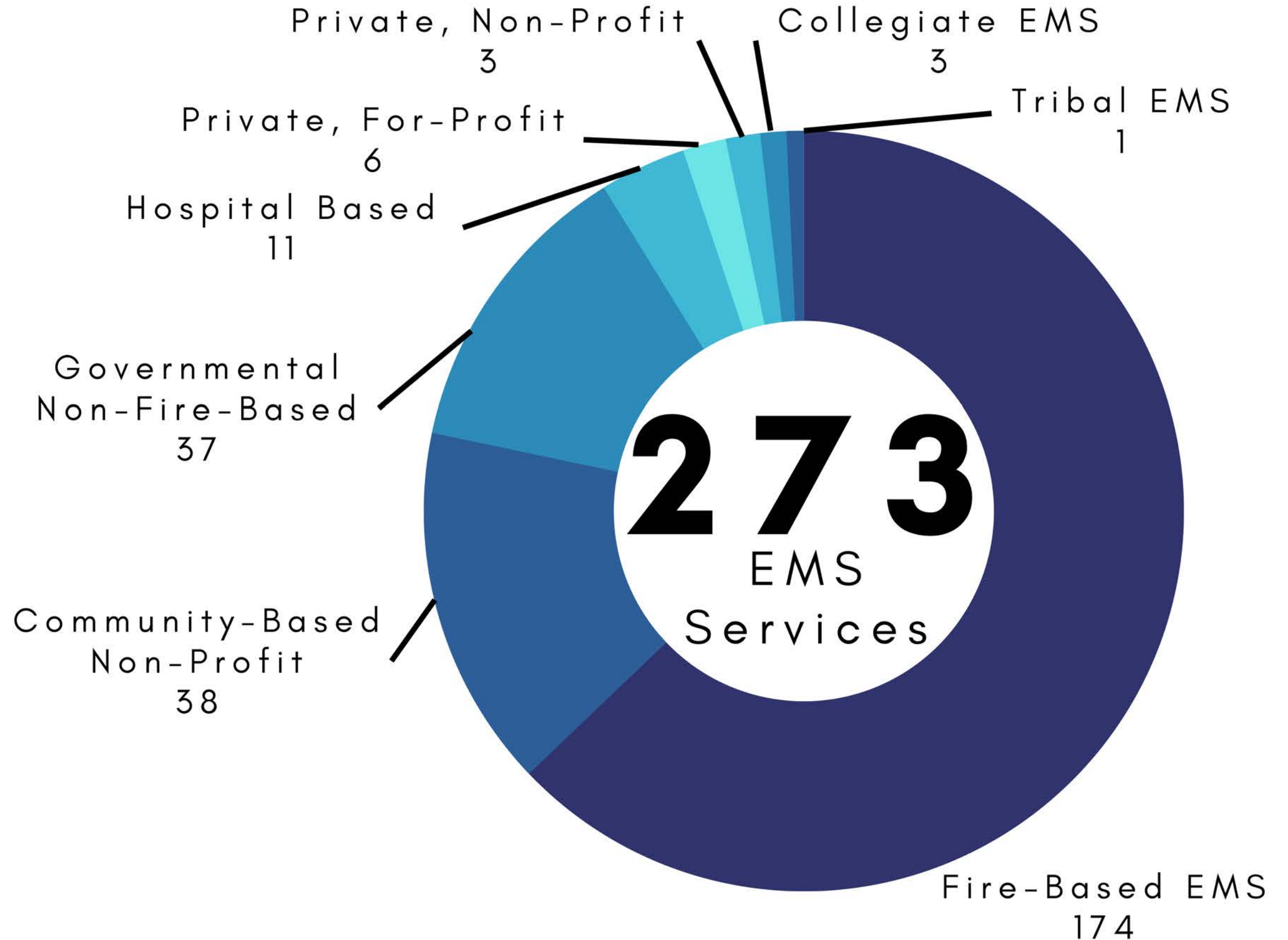
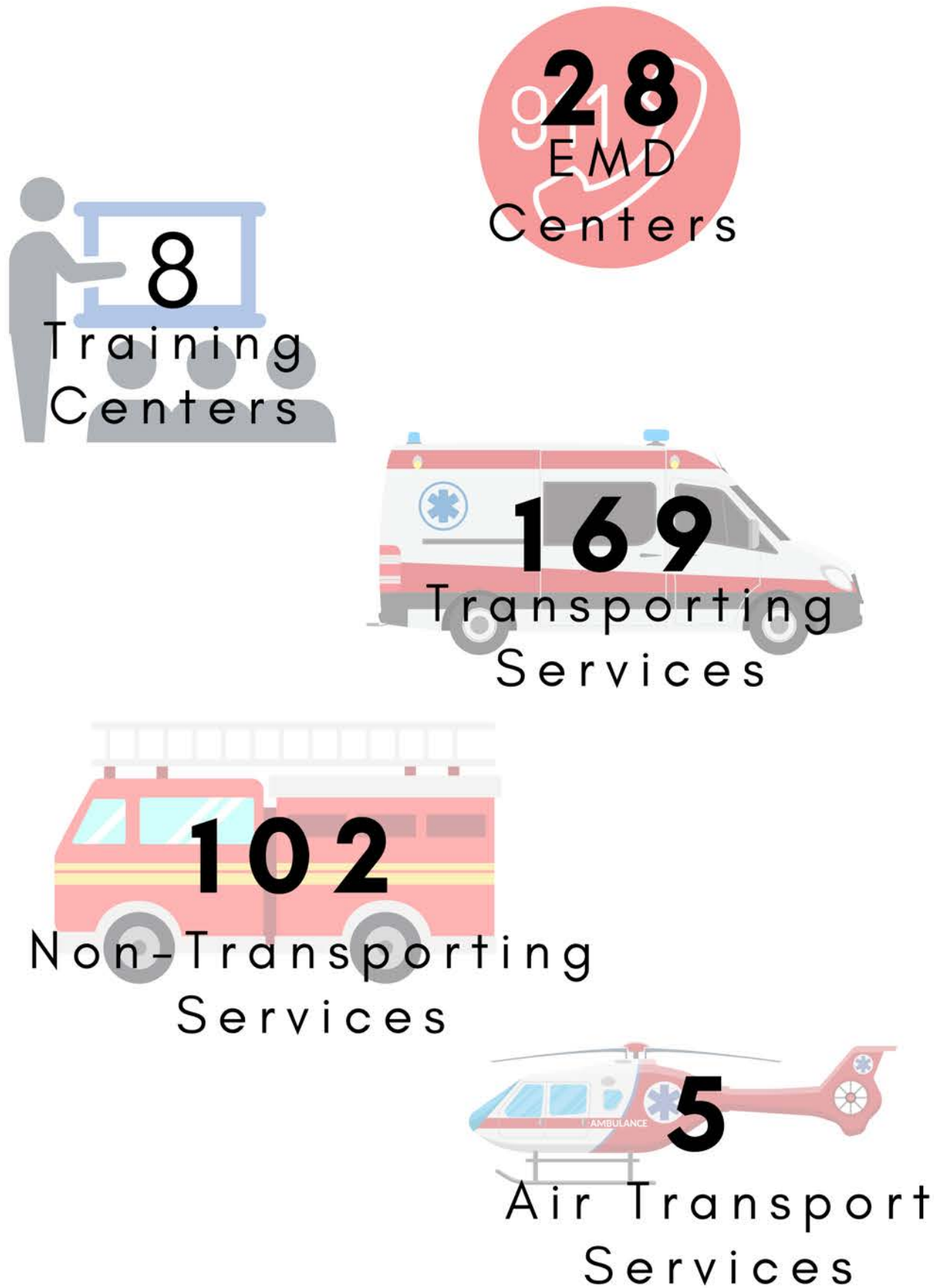


- Non-Transporting Services
- Transporting Services
- Air Medical Services
- Emergency Vehicles (Ambulances, Response Vehicles, Air Ambulances)



- EMS Training Centers
- Instructors/ Coordinators
- Continuing Education Courses
- Initial Education Courses

REGULATED ENTITIES IN MAINE



PERCENTAGE OF SERVICES BY CALL VOLUME 2022

Number of Responses	Percentage of Services
10,000 or more	1.8%
5,000 to 9,999	2.2%
2,500 to 4,999	5.1%
1,000 to 2,499	16.0%
500 to 999	14.9%
100 to 499	30.5%
0-99	29.5%

60%

Fewer than 500
annual responses

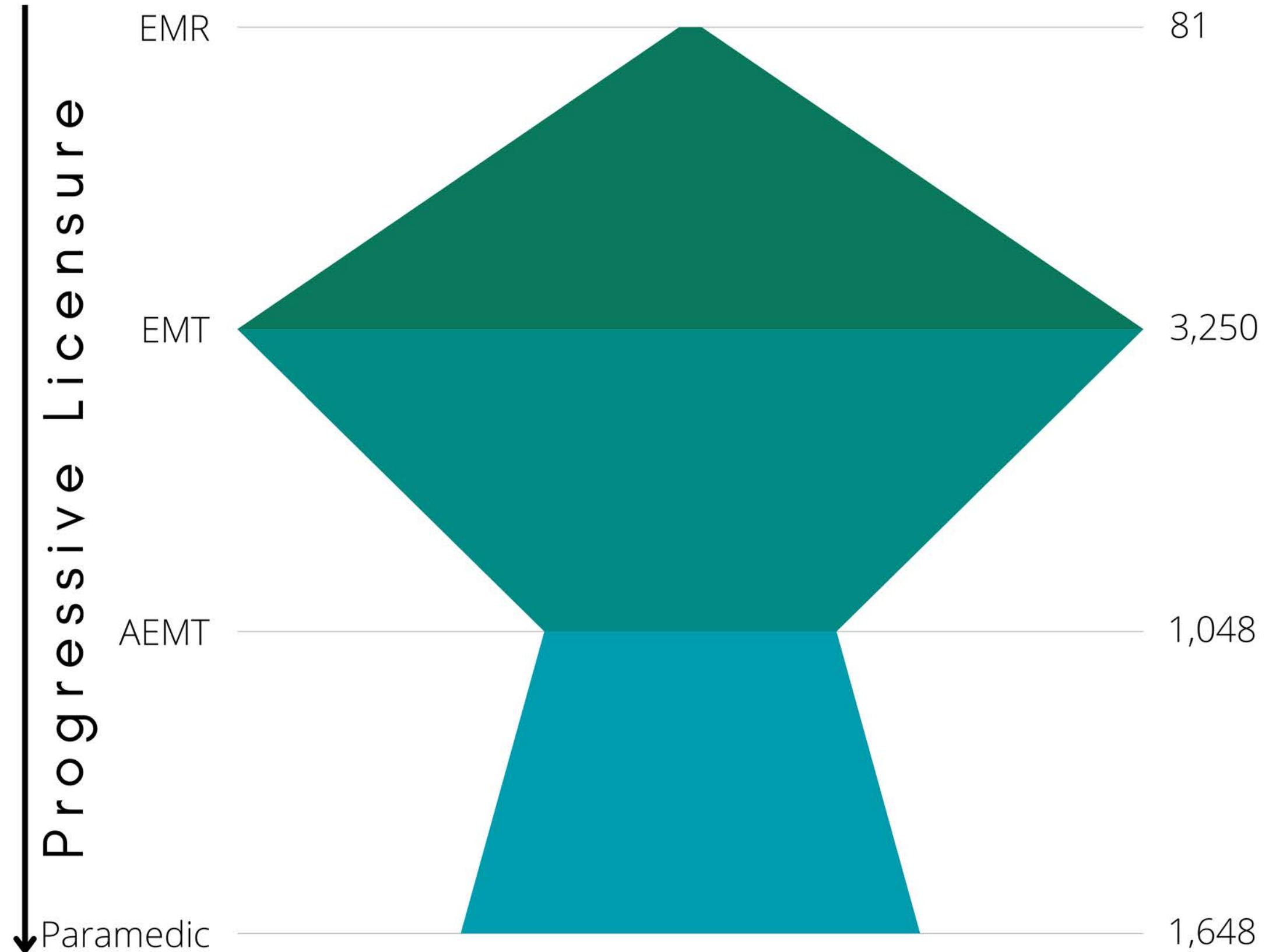
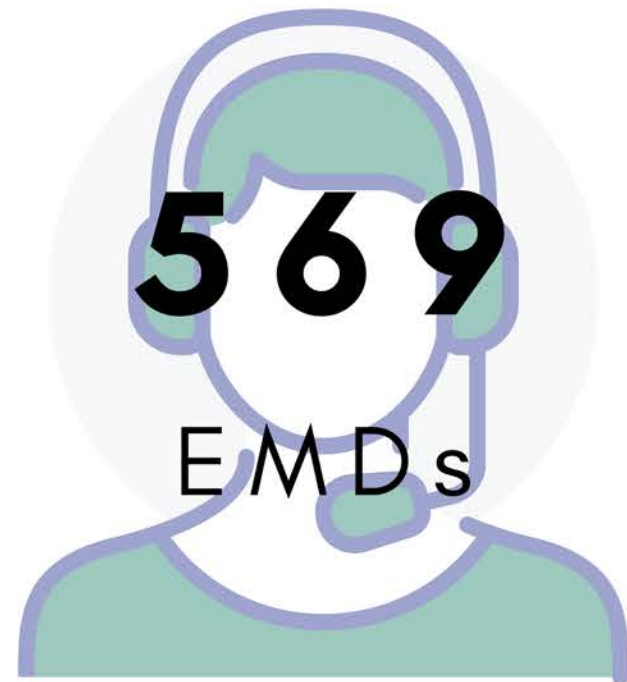
20%

Fewer than 50
annual responses

52%

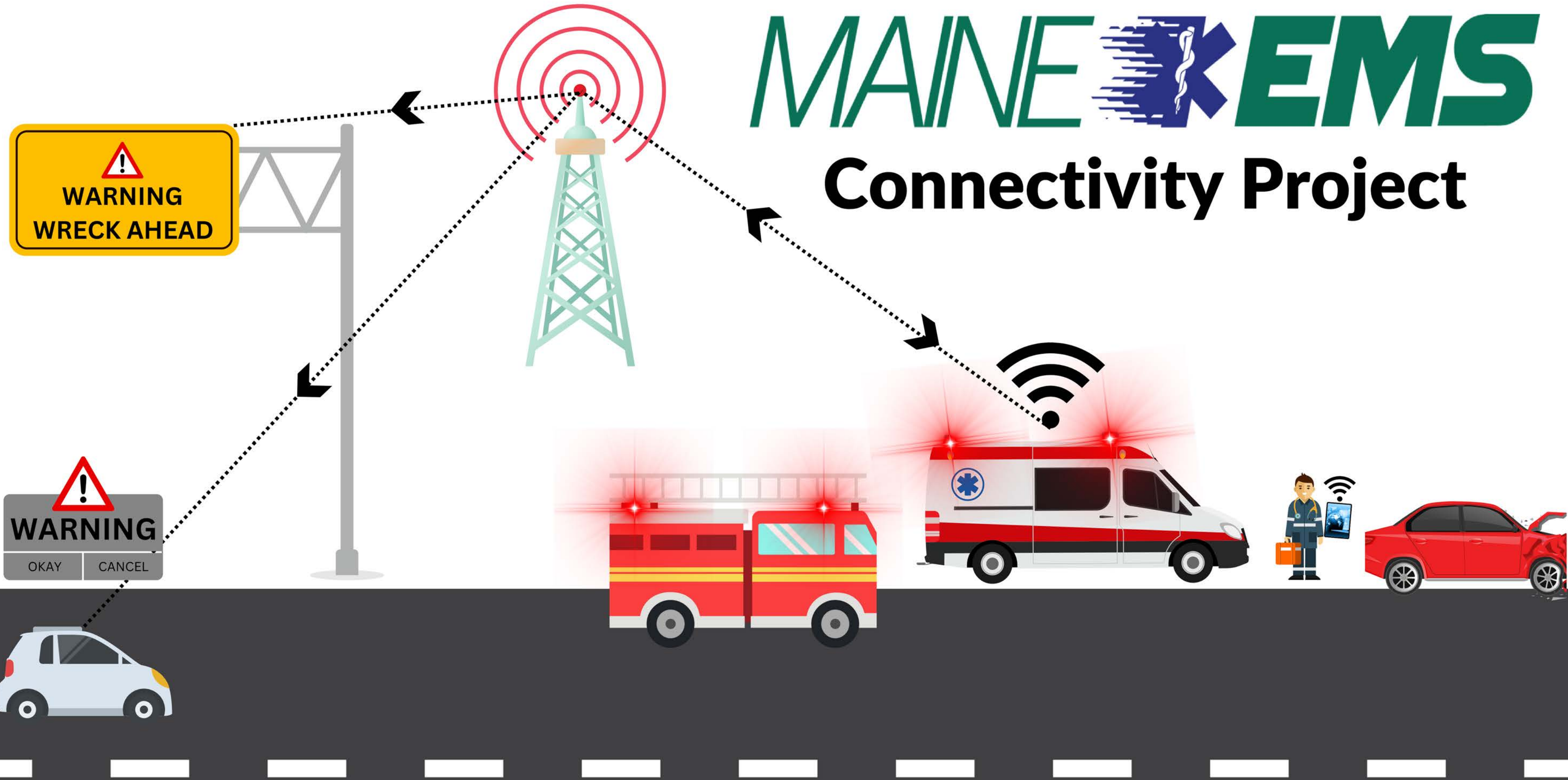
Averaged less than
1 call per day

LICENSED PERSONS



MAINE KEMS

Connectivity Project



Funding Provided by U.S. Department of Transportation
Highway Safety Funding Administered by Maine Bureau of
Highway Safety.

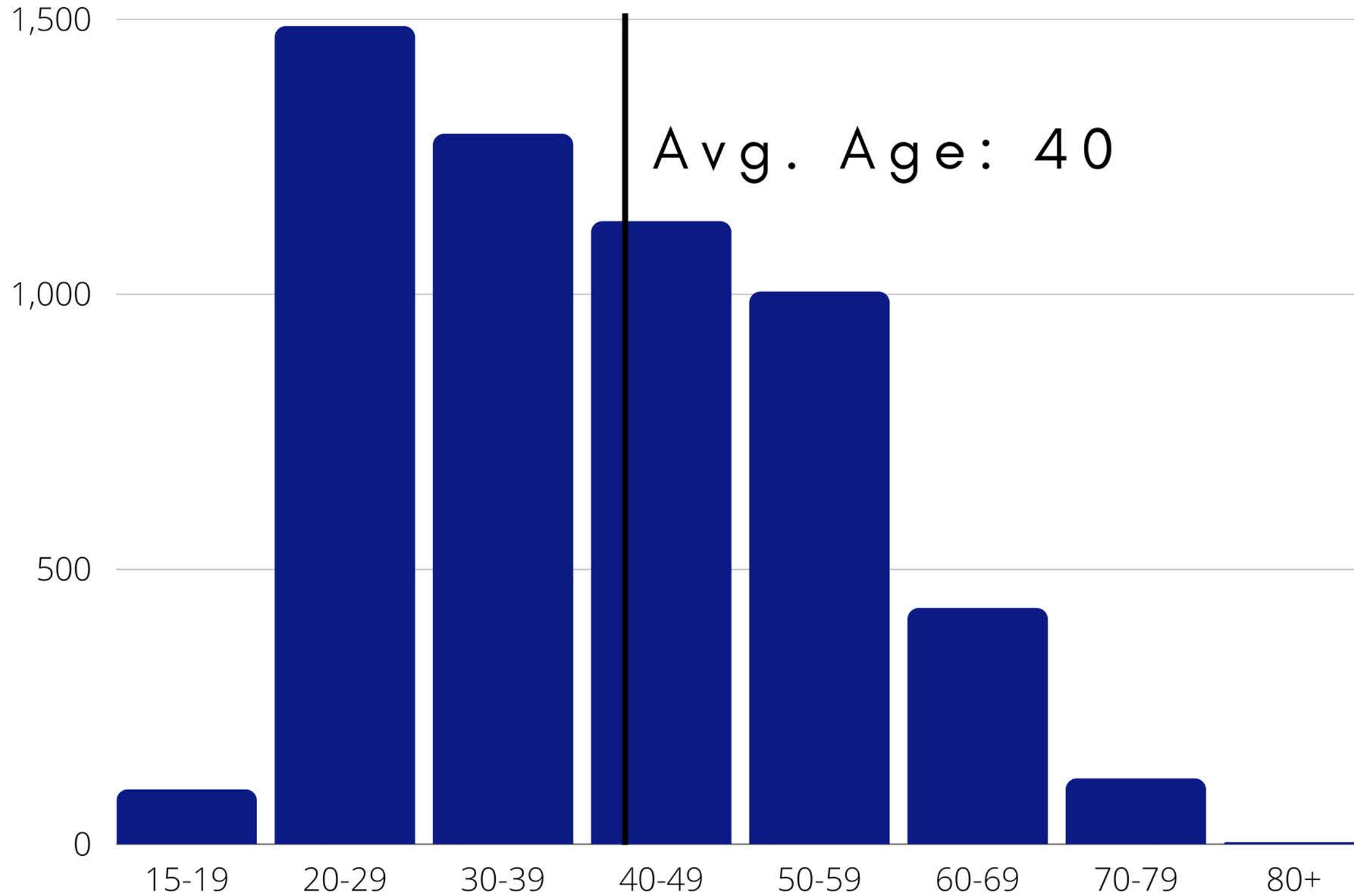
APPENDICIES

LICENSED ENTITIES BY COUNTY

County	Transporting EMS Services*	Non-Transporting EMS Services	Air Ambulance Services*	EMD Centers	Training Centers
Androscoggin	6	7		2	2
Aroostook	12	2		1	2
Cumberland	31	3		5	1
Franklin	1	9		1	
Hancock	10	11		1	
Kennebec	8	10		2	2
Knox	9	1	2	1	
Lincoln	4	8		1	
Oxford	7	7		1	
Penobscot	21	14	2	2	2
Piscataquis	3	6		1	
Sagadahoc	6	4		1	
Somerset	6	9		1	
Waldo	9	2		1	
Washington	9	4		1	
York	23	5		5	
Massachusetts	1				
New Hampshire	1				
Total	167	102	4	27	9

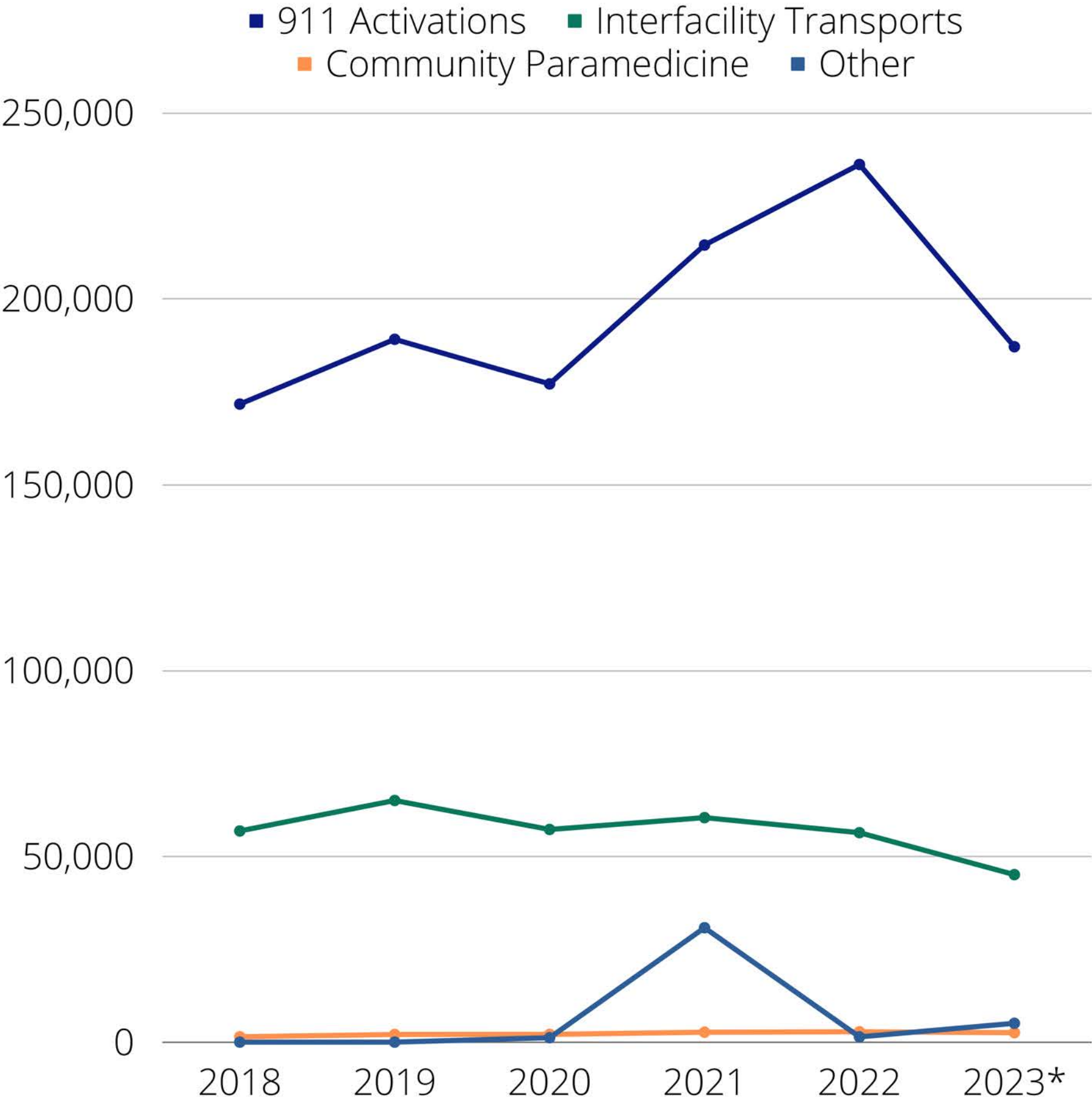
*Note - some services may have service bases/stations in multiple counties. Only the primary base is listed.

LICENSED PERSONS AND THEIR AGE



License Level	Average Age
EMD	39
EMR	54
EMT	38
AEMT	41
Paramedic	43

EMS ACTIVATION TRENDS



*As of 10/22/2023

MAINE EMS REGIONAL STRUCTURE

