

Suggested Findings and Recommendations from Commission Members

*****For Discussion Purposes Only*****

Funding - please note that findings and recommendations on funding are found throughout each of the following categories

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
<p>A finding should include a dollar figure by which the operational shortfall to ambulance services jeopardized by the shortfall (producing insufficient manpower, inability to respond effectively for all 911 and interfacility transfer calls, and other symptoms) is reduced for the next five years or until a sooner time at which the Federal Centers for Medicare and Medicaid Services (CMS) fixes reimbursement so that the shortfall is sufficiently eliminated to end this jeopardy. We are in the process of better defining the “number”.</p>	<p>See recommendations below, including:</p> <ul style="list-style-type: none"> a. The Legislature should enact the “Maine Ambulance Medicaid Supplemental Payment Program” (See attached), a widely proven method of addressing the shortfall in ambulance operational funding, and a companion program for municipal services b. The Legislature should enable ambulance services to receive a base rate appropriate to the care rendered at a 911 call scene from which the patient is not transported to a hospital emergency department and therefore does not receive third party reimbursement for the call. c. The Legislature should fix a disparity between Title 32 MRSA (Maine EMS statute) and Title 22 MRSA jeopardizes community paramedic programs approved by Maine EMS but which do not have, and should not need, a home health service license. Related language is 22 MRSA §2142, sub-§3 (definition of “home health care provider”) and §2143 d. The Legislature should enable the reimbursement of services provided by Maine EMS approved community paramedicine programs. 	<p>Kevin McGinnis</p> <p><u>Also related to:</u></p> <p>Reimbursement</p> <p>Community Paramedicine</p>
<p>An increase in funding for EMS in Maine is the linchpin to supporting our EMS services and providers, as well as implementing the changes we seek in our structure that will enable a more effective and efficient system in Maine. The Maine Ambulance Association will have more detail for the Commission on Ambulance reimbursement at the meeting but, preliminarily, we are looking at approximately 65 million dollars, loosely allocated as follows:</p>	<ul style="list-style-type: none"> a. \$50,000,000 each year for the next 5 years to EMS Transporting Services. Develop a formula for allocation, possibly considering: <ul style="list-style-type: none"> i. Medicare/MaineCare reimbursement ii. No-transport calls iii. Other b. \$6,000,000 each year for the next 5 years to EMS non-transporting services. Develop a formula for allocation, possibly tied to call volume. <i>For “A” & “B”, consider limiting use of this money to supplement employee pay/benefits, recruitment and retention, Incentives for volunteers, etc.</i> c. \$3,000,000 every year to the Maine Community College System to offer free or reduced-cost EMS programs d. \$1,000,000 every year to the DOE CTE program to support High School EMS programs 	<p>Rick Petrie</p> <p><u>Also related to:</u></p> <p>Reimbursement</p> <p>Training/Workforce Development</p>

Restructuring Maine Emergency Medical Services

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
<p>The Maine EMS Bureau is not regarded as it should be by the Office of Public Safety, State Legislatures, or EMS Departments/Clinicians. In addition, the bureau is tasked with many duties and operates on a minimal budget. The institutional knowledge at Maine EMS is integral in changing and creating a high functioning state wide EMS system.</p>	<p>Fund the restructuring of Maine EMS. The restructuring could be a 3-to-5-year plan with Maine EMS staff/board establishing priority. A yearly funding request would include restructure funding, while the prior year restructure fund becomes the yearly operational appropriation</p>	<p>Melissa Doane</p>
<p>EMS has become very political, leaders, board members, and commissioners have their own agenda</p>	<p>The restructure of Maine EMS would involve a change in the governance model. The structure requires that the composition of the board represents the entire state and maintains a high level of integrity. Attempt to have a representative from each type of service/department.</p>	<p>Melissa Doane</p>
	<p>If we can secure additional funding for the EMS system, consider restructuring the EMS system. Some potential ideas:</p> <ol style="list-style-type: none"> 1. Enact legislation moving Maine EMS to be a department under Financial and Professional Services or become a quasi-state agency like the Maine Turnpike Authority. 2. Change the law to create a smaller Maine EMS regulatory Board and a separate Maine EMS Licensing Board. 3. Restructure the Maine EMS office to include a regulatory division and a resource/support division. 4. Create Ambulance Response Districts within the Counties. 	<p>Rick Petrie</p> <p>Also related to Regionalization/ Counties</p>

Reimbursement

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
<p>Billing and coding are not consistent state/department-wide; greater reimbursement is likely attainable.</p>	<p>Fund/create a state-wide training module and reporting system.</p>	<p>Melissa Doane</p>
<p>Non-Transport Services are not reimbursed</p>	<p>Require Medicaid and 3rd party insurance to provide reimbursement.</p>	<p>Melissa Doane</p>

Reimbursement rates are not keeping pace with the cost to provide the service.		Carrie Kipfer
See finding on funding	The Legislature should enable ambulance services to receive a base rate appropriate to the care rendered at a 911 call scene from which the patient is not transported to a hospital emergency department and therefore does not receive third party reimbursement for the call.	Kevin McGinnis Also in funding recommendation

Regionalization/Counties

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
Some municipal EMS Departments are not in favor of regionalization.	Fund incentives for municipal and county governments to establish regionalized EMS service. Create and monitor benchmarks.	Melissa Doane
Transport ties up the E-911 system, however, does provide revenue.	Provide funding to assist County governments in creating EMS Departments in which they would primarily handle scheduled transport services. Depending on the geographic area of each County several departments may be necessary. When County EMS is available and not providing transport service they could be used as “backup” for all municipalities in designated area. ***County EMS not funded in County Tax ***	Melissa Doane
Many municipal EMS departments are used as a backup system when a contracted EMS service is unavailable.	Fund a subsidy for municipal service centers that provide EMS service to municipalities outside their own municipality. Require non-profit or for-profit EMS services that have contracts with municipalities to reimburse municipal EMS departments that are forced into “backup” coverage.	Melissa Doane
Municipal EMS Departments are not asked what is needed	Survey all municipal EMS Departments	Melissa Doane
	Enact a new law assigning responsibility to the county governments for ensuring that there is a plan for the delivery of EMS in every political subdivision within their borders, and provide financial support for the administration of this new responsibility.	Rick Petrie

<ul style="list-style-type: none"> • Counties do not have authority over the elected officials or service providers in municipalities. • The needs of the more rural counties are different than the more suburban areas, so a one-size-fits-all solution will not be the answer. • Counties are primarily funded from one of two sources – State funding or county tax passed on to municipalities. There are no other sustainable funding sources available to counties to take on a more involved role. • County government in Maine (and New England) is much more limited in reach and capacity when compared to counties in the rest of the country, so using models from other regions may not be transferrable. • Lessons learned through the previous Dispatch Center consolidation, County Jail consolidation and School consolidation should be considered before recommendations are finalized. • Some counties have more robust and refined resources at their disposal than others – any proposal that includes counties will only be as successful as the most under resourced county. • Adding an additional layer of oversight to a system will not necessarily improve it. Instead, it may add to the problem. • If funding and/or lack of staff is the root of the system’s problems, how will making this a county responsibility solve the problem? 	<p>Carrie Kipfer</p> <p>One last thing – as we consider the possibility of expanding the counties’ role in EMS service, this statute will need to be considered: 30-A MRSA §107. It requires the counties to have a contract with a municipality before providing services. Section 4 indicates that the counties cannot require the municipalities to participate.</p>
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Community Paramedicine

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
Paramedicine Opportunities Exist	Maine EMS works with Maine healthcare providers to create a viable system that promotes care and provides sufficient reimbursements to departments ***Maine EMS to determine the priority level of task***	Melissa Doane
There’s a disparity between Title 32 MRSA (Maine EMS statute) and Title 22 MRSA jeopardizes community paramedic programs approved by Maine EMS but which do not have, and should not need, a home health service license.	The legislature should fix this disparity	Kevin McGinnis Also in funding section
See finding in Funding Section	The Legislature should enable the reimbursement of services provided by Maine EMS approved community paramedicine programs.	Kevin McGinnis Also in funding section

Training/Workforce Development

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
Fire Departments that offer EMS are not actually Fire Departments they are EMS Departments.	Create a statute similar to Title 25 § 2808 for AEMT and Paramedic municipal training. Encourage more departments to utilize volunteers for fire suppression. Work with Maine Municipal Association and Maine Fire Chief Association to create a “Hometown Hero” plea and encourage citizen engagement and encourage volunteerism.	Melissa Doane
Workforce Development Needed	Work with Alford Foundation to offer matching funds for workplace development grants. Provide grants to training centers for simulation equipment or purchase shared simulation equipment.	Melissa Doane
We must be proactive about recruiting new EMS providers to the field. We need to develop an outreach program that highlights the positive, life-changing aspects of EMS. As part of this program, we need to also find ways to keep EMS providers working in the system.	<ol style="list-style-type: none"> 1. Establish and fund a comprehensive (print, television, radio, social media) recruitment campaign that runs annually for 5 years. Estimated cost \$500,000 - \$600,000 per year. 2. Change the law to allow EMS providers working for non-municipal, non-profit EMS organizations access to Maine State Retirement 3. Change the law to allow EMS providers working for non-municipal, non-profit EMS organizations access to Maine State benefits (Health, dental, etc.) 4. Explore incentives for Volunteer EMS providers. 	Rick Petrie

Cost of Readiness

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
Statewide “readiness” expectancy, however no defined cost of readiness available.	Fund readiness to each EMS department by creating a cost share formula that is data driven. Label “EMS Essential Service Funding”.	Melissa Doane
Cost of 24/7 readiness is compounding the problem.		Carrie Kipfer

Miscellaneous

Potential Finding	Potential Recommendation	Suggested by & Additional Notes
	Create a standing EMS Commission that is similar to the Fire Service Commission that has the authority to submit legislation. This could be a new commission or a	Rick Petrie

Blue Ribbon Commission to Study Emergency Medical Services in the State (Public Law 2021, ch. 749)

	modification to the Maine EMS Board. If it a modification to the Maine EMS Board, we would have to add Legislators to the Board when discussing obstacles facing EMS and potential legislation.	
Each department staffs differently.	Create a model of suggested staffing (i.e.: one shift 2 paramedics, 1 AEMT, 1 EMT). This effective staffing is rewarded with higher reimbursement/essential funding.	Melissa Doane