



# FINAL REPORT OF THE MAINE EMS LD-244 SUBCOMMITTEE

January 24, 2024

## LD 244 Report to the Joint Standing Committee on Criminal Justice and Public Safety

Wednesday, January 24, 2024

Dear Distinguished Members of the Joint Standing Committee on Criminal Justice and Public Safety:

It is a pleasure to share with you this final report as required by LD244 (131<sup>st</sup> Maine Legislature, 1<sup>st</sup> Session). LD244 required that Maine EMS in the Department of Public Safety convene a stakeholder group to explore career pathways and educational opportunities for emergency medical services providers in the state.

This committee met as directed, including members of Maine's EMS community, the community college system, and the University of Maine System. Unless otherwise stated, most findings and recommendations given are based upon conversations and shared experiences of system leaders in the course of this work. This is due primarily to lack of data collection mechanisms and robust workforce and student outcome studies among EMS training centers, EMS employers, and Maine EMS. Other sources of data include student outcome data from the National Registry of Emergency Medical Technicians (NREMT) and student outcome and other data from the Maine EMS Training Center Annual Reports.

The committee is pleased to report out four objectives and recommendations that it feels the legislature should consider assisting in solidifying Maine's EMS workforce.

- **Objective #1** – To examine existing EMS licensure programs and pathways to EMS licensure in Maine  
**Recommendations**
  1. Research and implement better ways to facilitate the use of VA and government assistance for student tuition that would allow the use of those funds by students across a wider variety of training centers
  2. Research and develop alternate delivery models for EMS education
  3. Explore ways to continue to offer Bureau of Labor/Workforce grants
  
- **Objective #2** – To examine opportunities to create paths for career development and EMS degrees  
**Recommendations**
  1. Collaborative work should be done by the Maine Community College System, the University of Maine system, and other EMS stakeholders to attach value to Baccalaureate and advanced EMS degree programs.
    - Better illustration of career opportunities in EMS for prospective students, and during licensure programs
    - Better illustration of career pathways in EMS and EMS related fields that can be opened with possession of a baccalaureate or advanced degree
    - Better familiarity and greater perspective regarding EMS and EMS systems, at the local, state, and national levels:
      - EMS system development, planning, regulation, and support
      - Coordinated system response
      - Changes and trends in EMS education, operations, and clinical care

- Advanced EMS clinical care and care systems
  - 2. Develop a formal pathway of both certificated and degree education to produce EMS leaders, managers, and specialists for EMS positions beyond the entry-level clinician
  - 3. Work towards developing a pathway towards an EMS-oriented baccalaureate and advanced degree program to encourage academic EMS students to progress.
- **Objective #3** - To examine continuing education opportunities and mechanisms  
**Recommendations**
    1. Opportunities for grant and other funding to subsidize CEH education should be sought.
    2. The legislature should create a stakeholder committee to investigate the concept of an organization dedicated to EMS training and research in alignment with the concept outlined in **Appendix: B**
  - **Objective #4** – To examine funding considerations for education (infrastructure, students, etc.)  
**Recommendations**
    1. A future Blue-Ribbon Commission or other legislative focus group should be established and dedicated to examining issues in EMS Education in Maine and making recommendations for action, with authority to report out legislation
    2. Explore ways to continue to offer Bureau of Labor/workforce grants
    3. Explore ways to obtain data to define the gap between actual cost for program delivery and student cost
    4. Explore alternate funding venues specifically for EMS education
    5. Explore ways to facilitate use of VA and government assistance for student tuition that would allow use of those funds by students across a wider variety of training centers

The following pages provide background details and support for these recommendations, including how the committee established the recommendations and information that may inform implementation.

Thank you for the opportunity to participate in this process.

Sincerely,

Christopher M. Azevedo, BS, NRP, IC  
 EMS Education Coordinator  
 Maine EMS  
*On behalf of the LD244 Stakeholder Group*

## I. Background and Objectives

A Blue-Ribbon Commission to Study Emergency Medical Services (EMS) in the State was established by Public Law 2021, chapter 749 (Appendix A). The committee was in session during a period from 1 Sep 2022 through 5 December 2022. The third meeting of the commission (6 Oct 2022) contained multiple presentations and discussions regarding EMS workforce development and training programs. A presentation regarding Maine EMS's strategic planning process was also made.

Multiple points were made regarding EMS education and issues with EMS clinician recruitment and retention:

- Training programs for EMS clinicians (public and private) have seen an increasing demand for services that they are having difficulty meeting
- Retention of individuals completing licensure courses has been problematic

Subsequent to the committee's recommendation B-3, Legislative Document 244 (passed 4 May 2023) directed "that the Department of Public Safety, Maine Emergency Medical Services shall convene a stakeholder group to explore career pathways and educational opportunities for emergency medical services providers in the state." It was directed that the group involve the Maine Community College System, the University of Maine System, and other public and private entities that provide EMS education or training programs, and individuals with relevant backgrounds and experiences in EMS education and in the delivery of EMS. The group was to submit a report to the Joint Standing Committee on Criminal Justice and Public Safety outlining the activities of the stakeholder group and any recommendations of the group, including proposed legislation.

The stakeholder group held six meetings between 20 Nov 2023 and 18 Dec 2023. Meetings were held electronically and were open to the public. The objective of the group was to review various aspects of the EMS education system with a high-level examination of strengths, weaknesses, needs, and opportunities. Issues identified could then be addressed with recommendations for further examination by a focus group. The objectives for each meeting were as follows:

- **Objective #1** – To examine existing EMS licensure programs and pathways to EMS licensure in Maine
- **Objective #2** – To examine opportunities to create paths for career development and EMS degrees
- **Objective #3** - To examine continuing education opportunities and mechanisms
- **Objective #4** – To examine funding considerations for education (infrastructure, students, etc.)

For each of these objectives, a list of statements regarding strengths, weaknesses, opportunities, and needs was developed, along with a list of recommendations.

## II. Findings and Recommendations

### **Objective #1 – To examine existing EMS licensure programs and pathways to EMS licensure in Maine**

The committee considered pathways to licensure for each level of EMS clinician licensure in Maine:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced EMT (AEMT)
- Paramedic

Per Maine EMS Rule, Chapter 8-A §1, a provider of EMS courses leading to licensure in Maine must be authorized to do so by the EMS Board in accordance with 32 M.R.S. §88(2)(D) and the Maine EMS Rules. The following paths to EMS licensure were examined:

- **Certificate course** – this is a course resulting in a certificate of completion of a program of EMS training leading to licensure as an EMS clinician. In the context of this group, a “certificate course” is defined as a course that was not being delivered as part of an academic program leading to an Associate of Applied Science degree in EMS.
- **Academic course** – this is a course resulting in a certificate of completion of a program of EMS training leading to licensure as an EMS clinician. In the context of this group, an “academic course” is defined as a course that was delivered as part of an academic program of study at a Maine Community College, and which does lead to an Associate of Applied Science degree in EMS.
- **Reciprocity licensing** – This is a pathway for candidates who are licensed as EMS clinicians in other states to obtain EMS licensure in Maine. This pathway may also be used by persons (usually military personnel, federal government employees or employees of Washington DC EMS) having certification as an EMS clinician from the National Registry of Emergency Medical Technicians (NREMT) to obtain licensure as a Maine EMS clinician.
- **Re-Entry Pathway** – This is a pathway for persons with expired state EMS clinician licenses or expired certifications from the National Registry of Emergency Medical Technicians (NREMT) to obtain licensure as a Maine EMS clinician by re-obtaining NREMT certification. This pathway is an NREMT program, which is not administered by Maine EMS. However, Maine EMS does facilitate this process via support for verification of psychomotor skills at some levels of certification (EMR/EMT).

**Bridge Pathways to EMS Licensure** – This is a pathway for persons holding non-EMS certifications or licensure (i.e., RN, PA, etc.) to become a licensed EMS clinician via a program that bridges the gap in education and skills between those certifications/licenses and field EMS. This pathway is currently utilized on a case-by-case basis. However, it was not largely discussed due to the lack of resources to support it, and the infrequency of its use compared to other pathways discussed above. There may be an opportunity to leverage this pathway in the future, especially given the closer pay parity between EMS and nursing that is gradually being achieved.

**Veterans Programs** – Veterans of the US military having current certification with the NREMT are eligible for Maine EMS licensure via the reciprocity pathway listed above. Veterans with EMS, medical, or hospital corps training may work with an academic training center to receive academic credit for education completed. They enroll in a licensure program to receive any gap training necessary to

ensure eligibility to test for NREMT certification and subsequent licensing by Maine EMS. Veterans who wish to enroll in an EMS licensure course may use benefits from their GI Bill to enroll in one. **However, the use of Veteran’s benefits for this purpose may limit enrollment strictly to academic institutions (such as colleges) that are capable of processing the required federal paperwork.**

Certificate and academic courses are the definitive pathways to initial EMS licensure, both in Maine and nationwide. They are the primary means of obtaining a Maine EMS license. All certificate and academic courses must meet the same minimum standards.

The certificate pathway is the most accessible and available pathway to initial licensure, in terms of cost, convenience of location, and flexibility. However, they may not typically have the depth and breadth of content of the academic courses. Certificate course depth and breadth may also be affected by cost to the training center and workforce demand for a rapid turnaround for classes.

Licensure courses, whether taught by public academic or private training centers, are delivered by both traditional and modern models of delivery, Traditional “on-campus” modules use a mix of traditional in-person classroom and lab time, and online and offline work that may be done at home, and at the convenience of the student. Increasingly, certificate courses are delivered “off-campus” at alternate education sites, which may use a blend or hybrid or in-person lab work, and on-line class work. The use of these education models has significantly increased the flexibility in delivering courses, making them more accessible to a greater pool of potential students.

Challenges to accessibility and availability of EMS licensure courses relate mainly to the lack of training center resources to be able to accommodate the volume of course demand. These resources include adequate funding to cover the cost of delivering EMS courses, adequate numbers of licensed Instructor Coordinators who are qualified and credentialed to teach licensure courses, and additional equipment and simulation resources needed for lab and practical instruction. It should be noted that the number of persons adequately trained and qualified to be Program Directors for licensure courses is small. This is due to the absence of investment in training and developmental pathways for instructors. The shortage of EMS instructors with adequate instructor training and preparation beyond “Lead Instructor” has put the majority of training centers in jeopardy of continuity of operations if their Program Director were to leave.

In rural areas of Maine, challenges are similar. Quality education involving student collaboration and feedback and interaction with instructors requires appropriate class sizes. The rurality of some areas of the state makes it difficult to obtain a class appropriate to support that interaction, as well as the cost of delivering the course. This means that students in rural areas must often travel great distances for classroom sessions and/or labs, which is both time-consuming and costly for both students and EMS services who would otherwise pay for their class. Shortages of qualified and licensed Instructor Coordinators in rural areas contribute to the difficulty of ensuring the accessibility of courses there.

Just as problematic are issues of student attrition at the EMT level. EMT is no longer a 94-hour course with basic bandaging and splinting, and oxygen as the only medication (1982). The EMT scope of practice now encompasses many skills and medications that once were only at the paramedic level – AED, nebulized inhaled medications, epinephrine, naloxone, and others. Additions in skills and expansions of scopes of practice have necessitated the addition of many hours of classroom and lab time to the course in order to keep pace with changes in EMT roles and medical protocols, while maintaining patient care standards. To be successful in today’s EMT program, skills such as math,

science, and reading comprehension are paramount for students. As a result, today's EMT course averages between 120 – 160 hours in Maine.

Training centers are increasingly finding students are not adequately prepared in these areas for the class. Many students, upon beginning the course, are surprised at the depth and breadth of the course materials. They are not expecting the length of the course, or the effort needed for the study of the material. For students who have the obligations of a full-time career, or who already hold multiple jobs, and are largely looking only to volunteer in the community, this can act as a deterrent to completing the course.

For EMS career-minded students there are also challenges. Many fire services employ firefighters who are interested in becoming EMTs. While workforce grants and other monies may defray student tuition, employers may not be able to afford to pay the cost of backfilling the student's position while they are in class. For many small and large departments, this also presents a challenge to bringing more clinicians into the EMS workforce. For employers, the cessation of workforce grant monies will only add to that challenge.

**Recommendations**

1. Explore ways to facilitate the use of VA and government assistance for student tuition that would allow the use of those funds by students across a wider variety of training centers
2. Explore alternate delivery models for EMS education
3. Explore ways to continue to offer Bureau of Labor/Workforce grants

**Objective #2 – To explore opportunities to create paths for career development and EMS-oriented degrees**

In EMS stakeholder surveys<sup>1</sup> performed as part of the Maine EMS Strategic Planning process (2021-2023), EMS clinicians stated they felt that lack of career opportunities and limited growth potential were factors that contributed to the workforce shortage.

- Lack of access to appealing career opportunities
- Absence of a career ladder
- Lack of a pipeline of career and leadership development

In discussion by the LD-244 group, many unfilled career, and other positions in both the clinical and non-clinical fields in EMS were identified. It is likely that many of these simply are unidentified or recognized as such by EMS clinicians and stakeholders. It was also identified by the group that, unlike the nursing field, it is not as prevalent to have multiple ways in which EMS clinicians may use their EMS licenses.

In addition, lack of leadership, or the presence of ineffective leadership was cited as directly contributing to personnel recruitment and retention and other issues at both the system and the local levels.

<sup>1</sup>EMS stakeholder surveys sent out by Dr. John Becknell (SafeTech Solutions LLP), consultant, in coordination with Maine EMS in support of development of document, "Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035," (May 2023), J. Sam Hurley, EMS Director

Among EMS services in Maine, and organizations that support them, possession of a college degree of any sort is generally not a requirement for EMS clinicians, supervisors, or management. Nor is a degree a requirement for many non-clinical positions in EMS response services or organizations that support them. This includes the Maine EMS office. In most EMS agencies in Maine, attaining a college degree does not impact compensation

At the same time, opportunities for access to an EMS degree of any kind at any Maine college was non-existent prior to about 2001. Since then, and even presently, opportunity for an EMS degree at any college in Maine has been limited to an Associate's in Applied Science (A.A.S.), within the community college system. These programs produce an Associate's degree paramedic who is prepared for entry into the workforce as an entry-level clinical paramedic. What's more, because the Maine Community College System's mission is to produce prepared entrants into the workforce, the A.A.S degree is considered a "terminal degree."

That is not to say that a baccalaureate or advanced degree is not available, in Maine, to students wishing to obtain one. However, for those students in community college A.A.S. programs wishing to continue EMS studies at a higher level at a Maine college, no programs exist. Many academic students may view progression from an EMS oriented AAS program into a non-EMS BS program as convoluted and forfeit taking advantage in favor of other non-traditional pathways later in their careers.

Without the availability and accessibility of baccalaureate, or higher, programs in Maine, and the resulting significant lack of graduates of such programs in Maine, it is not difficult to explain why there is currently a lack of value attached to them. **In the current state of the EMS system in Maine, the desire for well-trained and prepared EMS leadership and management, and current rates of workforce attrition might suggest that such programs would very much have value.**

Nationally, the average working lifespan of an EMS clinician ranges from five to seven years. This is equivalent to the point at which most clinicians have developed their skills beyond "entry-level" and are considered "experienced." It is at this point that many EMS clinicians are seeking other challenges or ways to advance in skills practice. At the same time, this is also the point when many EMS clinicians in high-volume systems and/or services may be experiencing burnout. They begin looking for career mobility opportunities, either upward, through leadership/supervisory positions or laterally, through other EMS positions and specializations in their own or other EMS organizations. Many EMS clinicians who cannot find advancement or other options in the EMS field, such as advanced practice, specialization, or movement to other fields within EMS may get frustrated and leave the field.

EMS students get little training in their licensure courses or collegiate programs regarding EMS career paths and opportunities. With this in mind, it is easy to understand why the average lifespan for EMS providers is only 5 – 7 years, and why many in that employment range feel as if there is no mobility. It is likely that most EMS personnel in Maine may not be aware of the potential in an EMS career or how they can move beyond a career exclusively in clinical practice.



Nationwide, EMS career paths span organizations ranging from federal and state organizations to local municipal and private organizations. Among those organizations, jobs in EMS fields range from the provision of clinical care to non-clinical support of organizations and clinicians who do provide clinical care. Many of these jobs require a college degree. While some jobs do not, many may require formal advanced clinical training, leadership, or specialty training. Many jobs require a mix of these. In Maine, these opportunities are much more limited than they may be in other states.

#### **Recommendations**

1. Collaborative work should be done by the Maine Community College System, the University of Maine System, and other EMS stakeholders to attach value to Baccalaureate and advanced EMS degree programs.
  - a. Better illustration of career opportunities in EMS for prospective students, and during licensure programs
  - b. Better illustration of career pathways in EMS and EMS related fields that can be opened with possession of a baccalaureate or advanced degree
  - c. Better familiarity and greater perspective regarding EMS and EMS systems, at the local, state, and national levels:
    - i. EMS system development, planning, regulation, and support
    - ii. Coordinated system response
    - iii. Changes and trends in EMS education, operations, and clinical care
    - iv. Advanced EMS clinical care and care systems
2. Develop a formal pathway of both certificated and degree education to produce EMS leaders, managers, and specialists for EMS positions beyond the entry-level clinician
3. Work towards developing a pathway towards an EMS-oriented baccalaureate and advanced degree program to encourage academic EMS students to progress.
4. Develop job descriptions that include recommended qualifications for key EMS positions within the system.

### **Objective #3 – To explore continuing education opportunities and mechanisms**

EMS clinicians must be licensed by Maine EMS in order to provide patient care. All EMS clinicians are on a two-year licensing cycle and must obtain continuing education hours (CEHs) in order to renew their licenses. CEH requirements vary in number dependent upon a clinician's level of licensure.

Various types of CEH education and education delivery models exist within the EMS system in Maine:

- Topic-oriented lessons
- Standardized certification and/or CEH programs
- Academic coursework which is EMS-related
- Conferences/seminars that are EMS-related
- Non-standardized specialized training programs
  - Protocol update training
  - Clinician scope of practice expansion
  - State-required topical training

Any of the educational programs above may be delivered by any one or more of the following delivery models:

- Live, in-person instruction
- Online
  - non-interactive topic-oriented course
  - Live or recorded lessons, which may or may not be interactive
- Blended learning
  - Requires live attendance every day, with online work between classes
- Hybrid learning
  - Combines both online learning and in-person instruction

Ideally, each of the above models of learning and education delivery would combine to make CEH education both available and accessible across the state. Each, however, does have its challenges. The single greatest challenge most common to all is a lack of instructors to teach the courses.

Single topic-oriented training is often developed and conducted by local instructors or subject matter experts. Again, an instructor need not be licensed, or even have instructor training. They need only, per EMS rules, to be qualified by knowledge and/or training in the topic area. Many potential instructors who are qualified by this standard are apprehensive to teach without instructor training and do not come forward. Instructor training is currently infrequently available and accessible. What's more, it is not necessarily true, for example, that a practicing EMS clinician who is competent is necessarily able to prepare a presentation and teach it effectively.

Qualified instructors and subject matter experts in many clinical and operational topics can be few and far between, especially in the rural services and regions of the state. Rural, as well as many suburban EMS services lack the instructional or financial resources to support their own instructors or contracting with another instructor or EMS training company. This is especially true if the training requires a licensed Instructor Coordinator (IC), such as protocol update training or training for expansions in EMS clinician scopes of practice. From discussion and experience within the stakeholder group, it is felt that, as the workforce has changed and attrition has taken its toll, the pool of instructor experience and subject matter expertise has gotten significantly smaller.

Standardized Curriculum CEH courses are an effective way for EMS clinicians to obtain specific certifications that support their practice and also accumulate CEHs. These courses are already developed and easily accommodate both classroom and skills practice content. Increasingly, the availability and accessibility of these courses are diminishing. This is due to factors such as course cost, greater time commitment for training and lack of instructors. For the instructors, there is also a cost for instructor training and, increasingly, a greater time commitment to maintain teaching proficiency and teaching hour requirements, where applicable. Some CEH-oriented training centers have found standardized curriculum programs increasingly difficult to support and have turfed the training to hospitals, which contributes to accessibility issues. Due to these issues, some EMS services have dropped requirements for specific standardized courses.

Online CEH learning largely supplements in-person CEH training, where in-person, instructor led courses are not available or accessible. In some cases, it is used almost exclusively where in-person CEH opportunities are limited. Online learning is available anywhere there is reliable internet service.

Many commercial online training entities charge a fee or subscription fee for their content. Courses for which the student must pay a fee tend to be of greater depth and breadth, and better quality. There is usually more content offered with a subscription plan than on free education sites. In addition, unless the content is part of a standardized curriculum or specialty program, much of the content tends to be clinically generic and unrelated to local practice protocols or local practice needs. The use of online education courses and platforms requires aptitude in the use of computer and online learning systems technology. For many EMS clinicians, this specific requirement may cause an aversion to online learning in favor of in-person training.

While it is possible for local instructors to self-develop online education, the resources needed to do so is far from prevalent in EMS instructors across the state. The knowledge, skills, and abilities to create and develop online courses are not part of initial instructor training, and are an added advanced skill set. These skills include basic course development skills, online course development and administration, use of content development software and use of online learning management systems. While Maine EMS does develop limited topic-oriented training for specific state programs, it does not have the resources to produce CEH education en masse specifically for EMS clinician license renewal purposes.

The lack of consistent and available instructor training is a major contributor to issues in EMS education. Currently, there are no active formalized EMS-specific instructor courses, or pathways for instructor development in Maine. Most often, formal instructor training is obtained either by a 60-hour Fire and Emergency Service Instructor course (sponsored by Maine Fire Service Institute) or a 36-hour Level 1 Instructor course (National Association of EMS Educators) which may be online or delivered one time a year live at Southern Maine Community college. Both courses have costs and availability issues which have been challenges to potential instructors.

Delivery and availability of instructor education have historically, been built around the capabilities of contracted Regional coordination organizations and/or private organizations to supply it. In many cases, the capability was dependent upon a small pool of individuals active at any given time. This is in contrast to a framework mechanism built and supported specifically to provide instructor training and to help instructors develop from entry-level to Licensure Program Directors. The EMS instructor cadre has naturally waxed and waned over time. However, with the attrition of the cadre of instructor trainers in the past 10 or more years, the number of trained instructors has suffered significantly so as to have affected the availability, accessibility and quality of both CEH and licensure education.

It should be noted that both the fire service and law enforcement service have organized and state-funded entities that exist for the purpose of developing and delivering programs of initial training for those employed in the field and for instructors. The Maine Fire Service Institute originated in 1958 as Maine Fire Service Education and Training, and the Maine Criminal Justice Academy became organized in 1972. Both of these entities provide programs of initial training, specialty training and training for personnel leadership and supervision development. They also provide instructor training for their programs.

Though initial training for EMS field clinicians is provided via colleges and private training center with authorization from Maine EMS, there exists no state or college-supported entity dedicated solely to the training and development of EMS instructors, development of EMS specialty programs or education, to EMS research, or to the development and delivery of EMS management and leadership.

#### **Recommendations**

1. Opportunities for grant and other funding to subsidize CEH education should be sought.
2. The legislature should create a stakeholder committee to investigate the concept of an organization dedicated to EMS training and research in accordance with the concept outlined in **Appendix: B**

### **Objective #4 – To explore funding considerations for education (infrastructure, faculty, students, etc.)**

Since the Maine EMS Act of 1982 was approved, the field of EMS has continued to expand and evolve in terms of scopes of practice for its clinicians, the roles it fulfills, and in expectations of its stakeholders. As these aspects of EMS have expanded, so has the need for funding the ever-expanding educational requirements that allow EMS clinicians to be eligible for licenses to practice and for continuing education to keep them proficient and proficient in their knowledge and skills.

The federal Omnibus Budget Reconciliation Act of 1981 effectively ended large-scale support for EMS systems by the federal government that was authorized by the EMS Act of 1973 – which included funds for EMS training. Instead, monies were rolled into a preventative care block grant. Spending of block grant monies was left to each state.

One long-term effect that might be considered an advantage, was that funding for both support of EMS education and for making EMS education available has not become reliant upon a single mechanism or source. Current funding sources include:

- Tuition monies
  - Paid directly by the student or with tuition assistance
  - Workforce funding – pays tuition costs to the training center. The course is effectively tuition-free for the student
  
- Grant monies
  - Innovation Grant (Maine Community College System)
  - Perkins funding
  - Private Grants
  
- State monies appropriated for state academic institutions
- Congressionally delegated spending

Despite the funding sources available, training centers are unable to meet the demand for increases in course delivery, specifically at the EMT level due to the lack of resources needed to do so. These resources include clinical sites, which have been maxed to support AEMT and Paramedic programs. This issue is not likely to be affected by funding with regard to output of program graduates.

Though many courses are being supported through workforce and other grant funding, training centers are only being reimbursed for the cost of tuition, which is insufficient to cover other costs of delivering courses as a baseline. Nor is it sufficient to cover the cost of increasing the volume of courses delivered to meet demands for licensure training. Examples of costs not sufficiently covered by tuition include, in order of priority:

1. Hiring enough qualified and credentialed instructors to adequately cover course administration and demand for delivery
2. Costs of program administration and maintenance (review, revision, outcome data/records, accreditation, administrative processes, etc.)
3. Additional equipment
4. Simulation equipment and aids which are necessary to compensate for the lack of available clinical experiential training

Because they cannot pay potential instructors salaries commensurate with the money they make working as a field clinician on an ambulance, they are unable to attract enough to teach the course volume that is in demand. Nor can they afford the additional equipment necessary to accommodate the increased course volumes. This includes simulation equipment, medical assessment and treatment equipment and consumables.

Long standing perspectives of the EMS profession as a technician-level force of volunteers that can be quickly trained and put into the field to perform a small set of quick skills continue to affect issues in EMS education. EMTs providing what are now basic levels of care, are now doing assessments, performing skills, giving medications, and making clinical decisions that formerly only paramedics did. Paramedics are now performing assessments and skills and giving medications that, not long ago, were only done by physicians. The scopes of practice required to perform EMS require an education and skills practice far greater than the 90-hr EMT course of 1982, when Maine EMS was established. EMT courses now are between 140 – 160 hours. Paramedic programs, like other healthcare clinician programs, now require accreditation. Accreditation requires additional processes to ensure good student outcomes and quality education – in addition to actual teaching. Most all EMS training centers in Maine, collegiate and private, are understaffed to handle the processes and requirements of modern EMS licensure course administration.

Tuition is currently insufficient to cover the costs of delivering EMS licensure courses for most training centers. For the Maine community colleges offering EMS education, tuition is established by the Maine Community College System's Board of Directors. The Board of Directors strive to keep tuition low in order to improve access to education. In consideration, raising tuition for EMS programs is not a simple solution without impact for all students. Many private training centers rely exclusively on their ability to generate their own revenue and function financially, independently of their parent EMS service organization.

Dependence upon grant funding also has its challenges. Many grant funds, especially scholarship tuition grants and workforce funding, are only allocated to cover student costs and not program costs. In addition, workforce grants are non-renewable. The expiration of workforce, Bureau of Labor, and other state grants will directly impact the ability of training centers to continue delivery of EMS licensure courses at the current pace.

Many federal and private grants which are available to EMS are not so much for training programs as they are for items that support EMS operations. These include specific pieces of EMS equipment or programs that are geared towards advancing the capability of either EMS first response, or capability of an EMS service to provide patient care and transport. Examples include grants to establish programs for AED availability, provide a service with a cardiac monitor, or other device to be used by a device for specific patient care.

**Recommendations**

1. A future Blue-Ribbon Commission or other legislative focus group should be established and dedicated to examining issues in EMS Education in Maine and making recommendations for action, with the authority to report out legislation.
2. Explore ways to continue to offer Bureau of Labor/workforce grants
3. Explore ways to obtain data to define the gap between actual cost for program delivery and student cost
4. Explore alternate funding venues specifically for EMS education
5. Explore ways to facilitate use of VA and government assistance for student tuition that would allow use of those funds by students across a wider variety of training centers

## APPENDIX: A

### Members of the Maine EMS LD-244 EMS Stakeholder Group

Christopher M. Azevedo	EMS Education Coordinator, Maine EMS
Joe Kellner	Chief Executive Officer, LifeFlight of Maine
Don Sheets	EMS Department, Maine Community College Systems
Aiden Koplovsky	Chair, Maine EMS Education and Examinations Committee
Jennifer O'Leary	Director of Strategic Initiatives and Partnerships, University of Maine System
Rob McGraw	Chief, East Millinocket Fire Department
Dennis Russel	Training Center Director, United Ambulance Training Center

## **APPENDIX: B**

### **Initial Concept Proposal** **Maine Institute for Emergency Services Training and Research**

#### **Statement of Purpose**

In 2023, there exists no state-level entity dedicated and focused on the development, delivery, administration, and maintenance of training courses and/or services that provide the following:

- Support for EMS training centers, the EMS Board, the Maine EMS office and the MDPB
- Training and development of EMS instructors from initial education through Program Director and Training Center Director
- A certificated pathway of EMS clinician development in EMS field operations, clinical care, leadership, and management
- Providing collaboration and development of goals, objectives, and metrics for multi-agency training in the all-hazards response environment
- Consistent availability and access to EMS training across the state of Maine
- Performance of EMS and EMS education related research in the state of Maine and collection, analysis, interpretation, and distribution of resulting data

Because, specifically, EMS continuing education programs, and programs of EMS and EMS instructor professional development:

- are neither currently consistently available, nor accessible throughout the state
- are beyond the scope and capability of the Maine EMS regulatory office, to which some state-sponsored programs have traditionally been assigned
- have not been built around the existence of a consistent and systemic framework

There is a need for such an organization that is state-funded, seated in a state academic institution, permanently staffed, credentialed, and is dedicated solely to support and delivery of EMS education throughout the state of Maine and is accessible to all EMS clinicians in Maine.

#### **Name and Purpose**

The Maine Institute for Emergency Services Training and Research is the state's organization which is dedicated to development, delivery and support of training and research in EMS response, operations, and education. The Institute performs research, plans, develops, delivers, and maintains quality programs to prepare EMS organizations and clinicians to respond to emergency and non-emergency incidents. The institute carries out this function with the objective of enabling clinicians and organizations to better work together cooperatively and collaboratively in pursuit of excellence in patient care. The Institute's parallel objective is to prepare EMS organizations and clinicians to work collaboratively with other emergency response organizations in response to public health and public safety emergencies.

It is not the mission of this organization to supplant Maine EMS authorized training centers in the role of providing licensure education. Moreso, it is to provide support to them through collaboration in instructor training and development, and other system support roles.



### Vision

To be the state level organization whose focus is to provide quality EMS education and quality support for EMS training to EMS clinicians and services statewide.

### Duties of the Organization

The Institute shall:

1. Provide classroom and other education and training for EMS clinicians and stakeholders, both at the Institute and throughout this State
2. Cooperate with the Maine Board of EMS, Maine EMS office, other agencies that provide training for EMS clinicians and stakeholders, and other agencies that provide training for public emergency response services
3. Collaborate with the Maine Community College System and the University of Maine System in development of academically accredited EMS leadership, management, and professional development education
4. Train EMS instructors
5. Prepare or adapt materials for training EMS clinicians and stakeholders
6. Develop new EMS training techniques
7. Develop and implement specialized courses in emergency medical services including leadership, management, and operations
8. Maintain statistics and records on EMS education, training, and related matters
9. Develop programs to inform the public about the tasks performed by EMS personnel
10. Provide public health and disaster training for EMS responders and other emergency response service personnel

## STATE OF MAINE

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IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

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S.P. 110 - L.D. 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****Sec. 1. Emergency medical services stakeholder group established.**

**Resolved:** That the Department of Public Safety, Maine Emergency Medical Services shall convene a stakeholder group to explore career pathways and educational opportunities for emergency medical services providers in the State. Maine Emergency Medical Services shall invite the participation of the Maine Community College System, the University of Maine System, other public and private entities that provide emergency medical services education or training programs in the State and individuals with relevant backgrounds and experiences in emergency medical services education and training and in the delivery of emergency medical services. No later than January 15, 2024, Maine Emergency Medical Services shall submit a report to the Joint Standing Committee on Criminal Justice and Public Safety that outlines the activities of the stakeholder group and any recommendations of the group, including any proposed legislation. The joint standing committee may report out legislation to the Second Regular Session of the 131st Legislature.