



STATE OF MAINE  
 DEPARTMENT OF PUBLIC SAFETY  
 MAINE EMERGENCY MEDICAL SERVICES  
 152 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333



JANET T. MILLS  
 GOVERNOR

MIKE SAUSCHUCK  
 COMMISSIONER

J. SAM HURLEY  
 DIRECTOR

**IFT Committee – February 12, 2024**  
**Notes Only, no quorum**

**Meeting begins at 0935 (Virtually via Zoom)**

*Note: Originally scheduled to be held at MHA, changed to virtual*

**Attendees**

Committee Members:

Rick Petrie, Chris Pare, Mike Choate, Steve Leach

*(Committee Members Absent: Dr. Matt Sholl, Dr. Pete Tilney, Dr. Corey Cole, Chip Getchell, Tim Beals)*

Stakeholders:

John Lennon, Travis Norsworthy, Paul Hughes, Bill Cyr, Josh Pobrislo, Dr. Kelly Meehan-Coussee, Dr. David Sugerman, Jon Bell, Donald Eno, Mike Senecal, Travis Norsworthy, Sally Weiss, Jeff Austin

Maine EMS Staff:

Marc Minkler, Chris Azevedo, Jason Oko, Darren Davis, Melissa Adams, Anthony Roberts, Wil O’Neal

**Introductions**

Petrie continues as acting chair, calls meeting to order.

Quorum is NOT present.

**Minutes**

No quorum to approve. December and January minutes to be deferred to March meeting.

**Additions to Meeting Agenda**

None

**New Business**

- I. Petrie reviews suggestions from January meeting and that MHA and ED physicians must be a part of changes. Petrie states that the legislature is proposing a 26 member commission to work with the Maine EMS Board and will have the ability to submit legislation. States he asked for 2 additional positions for a statewide association for hospitals and for emergency physicians for representation.
- II. Review Proposed Issues/solutions from previous meeting.
  - a. Funding for IFT and roadblocks
    - i. No one has an abundance of money for this.
  - b. Working together to improve overall funding for EMS.

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- c. Ensuring MHA is at the table for all discussions concerning IFT.
  - d. Developing more efficient utilization of EMS resources through centralized dispatch/one call systems and scheduling software.
  - e. Developing standardized education on ambulance transfers to include
    - i. Medicare regulations
    - ii. License levels/capabilities
    - iii. Paperwork requirements.
- III. Petrie suggests breaking these into groups and suggestions of how to specifically move forward.
- IV. Austin asks for discussion on recent Sunday newspaper article on ambulances that are out of network. Petrie states a legislature subcommittee developed a law that requires reimbursement of EMS calls at 200% if they were “in network” and 180% if “out of network”. Within 2 weeks all EMS agencies became “out of network” and it took over a year to get insurance companies to start signing contracts to bring them “in network” and achieve that funding level. States his organization had tremendous difficulty with it. Petrie suggests this could be a goal of the group. Article is at <https://www.pressherald.com/2024/02/11/loophole-leaves-maine-patients-vulnerable-to-hefty-ambulance-fees/>
- V. Petrie states we need to pull together some proposals for solution. Suggests dividing into 3 subgroups of
- a. Funding
  - b. Developing more efficient utilization of EMS resources
  - c. Developing standardized education on ambulance transfers (hospital and EMS topics)
  - d. Sugerman suggests a category of workforce, Petrie believes this may come under funding
  - e. Austin suggests regulatory reform category, Petrie states the single biggest issue is reimbursement, and that would fall under funding. Petrie states Maine EMS rules are pretty open around IFTs and that licensed EMS providers are not required on the ambulance at all. This was to allow hospitals to use nurses or physicians to transport patients as needed.
    - i. Minkler points out that Maine EMS Rules require a licensed EMS vehicle operator for all transports.
    - ii. Eno asks who gets reimbursed if the staff is an RN or physician. Petrie states it is based on the agreement with hospital and EMS agency about use of the ambulance.
    - iii. Meehan-Coussee states there is a billing aspect but reminds that transport medicine is a specialty but licensure as a RN or MD doesn’t mean that are adept are transport medicine and the care of patients. Weighing risks and benefits of sending hospital staff should also include the use of trained EMS clinicians or those hospital staff having additional training on transport medicine. EMS licensure comes with a lot of training on this, but other professions do not. Appropriate individuals should be identified if EMS is not available in the back of the ambulance. Also states that billing for hospital staff procedures and acre may not be allowed under insurance, and encourages deeper review and understanding of this around billing.
    - iv. Choate agrees and states hospital staff are often ill prepared for transports with formulary and resources available in ambulances
- VI. Petrie asks Minkler if groups need to be limited to members of the committee. Minkler states likely OK to use subject matter experts/stakeholders in workgroups but should have members

of the committee on each subgroup. Suggests seeking EMS Board direction on this. Meetings would likely need to be public.

- VII. Petrie asks for volunteers for subgroups
  - a. Funding: Senecal, Austin, Petrie
  - b. Efficiency of utilization: Pare, Cyr, Bell, Hughes
  - c. Education & Outreach: Leach, Meehan-Coussee, Petrie, Choate, Sugerman, Eno, Weiss
- VIII. Petrie will work with each group to set up meetings. Minkler expresses concerns for number of meetings this will create and ensure public facing but may be very difficult for Maine EMS to facilitate all of the aspects of public access, take minutes, and all of the management. Petrie states the momentum is important and asks if the subgroups have to be facilitated by Maine EMS or could MHA facilitate this. Minkler suggests consultation with Board and AG office. Suspects this is public facing and under Maine EMS umbrella. O'Neal concurs and these would need to follow all public meeting rules and wants to keep project moving forward but wants to ensure due diligence. Petrie states we are finally making process and doesn't want to lose momentum and offers help to facilitate this. O'Neal appreciates the commitment and from all to ensure a functioning IFT system but also to follow board and statutory structure. Petrie would like to meet with O'Neal and Minkler on this.
- IX. Petrie states that he is still the interim chair and not officially appointed, asks Minkler if action can be taken without a quorum. Minkler states this is a previous request and is merely seeking clarification and can be carried by Maine EMS, Cyr, or O'Neal as best for the group. Cyr agrees and states he will meet offline with Petrie to discuss and carry the message.

### **Next Steps**

1. Review minutes from Dec 2023, Jan 2024 for March meeting consideration
2. Petrie will work with O'Neal and Minkler regarding subcommittee workgroups and staff/meeting requirements.
3. Petrie will meet with Cyr regarding an agenda item for an update from Maine EMS Board on official appointment of IFT Committee Chair.

### **Adjourn**

No quorum throughout meeting, this was discussion only and without formal action or vote.

Meeting adjourned at 1028am.

Next meeting is March 11, 2024, virtually, from 0930 to 1100.

*Minutes recorded by Marc Minkler*