Department of Public Safety

DEPARTMENT OF PUBLIC SAFETY

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CHAPTER 15: Maine EMS Regions and Regional Councils

BASIS STATEMENT AND RESPONSE TO COMMENTS

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Basis Statement:

Pursuant to its rulemaking authority in 32 M.R.S. § 84(1)(D), the Emergency Medical Services' Board (hereafter "Board") is responsible for promulgating rules related to the composition of regional councils, the process by which they come to be recognized, the manner in which regional councils must report their activities and finances, and the manner in which those activities must be carried out. Pursuant to 32 M.R.S. §89, the Board is responsible for delineating regions within the State, and for setting out conditions under which an organization in each region may be recognized by the Board. The purpose of this rulemaking is to amend its current rules to consolidate and realign the existing regional structure into a four-region model to align them with existing county boundaries. The Board's proposed changes are based on recommendations from *An Assessment of Maine Emergency Medical Services System: Report and Recommendation on Maine EMS with a focus on regional programs and services* (hereafter "ASMI"), published in December 2016, and recommendations from *An Assessment of the Maine EMS System* (hereafter "EMSSTAR"), published on July 21, 2004. The ASMI report recommended "The State Maine Board of EMS should begin planning for transition from the six (6) current regions to three (3) regions (with consideration for subregions) centered around the state's tertiary care facilities" The Board considered the recommendation of three (3) regions, however decided to pursue a change to four (4) regions finding that the large geographic size of the northernmost region makes it challenging to provide the necessary support. The ASMI report further recommended "The focus of Regional Council activities should be clearly delineated by rule (not just for service contracts) and should emphasize regional system development…" The EMSSTAR report recommended "Clearly define the roles of the regional councils and staff and establish quantitative reporting requirements and performance accountability" In adopting this rule, the Board is responding to the requirement for rulemaking found in 32M.R.S. §84(1)(D) by clarifying the composition of the regional councils and the process by which they come to be recognized, while ensuring pursuant to 32 M.R.S §89 that there is adequate representation of groups named within the authorizing statute and structuring the regional council to adequately represent each major geographical part of its region.

Summary of the comments:

Maine EMS received a total of 20 comments, which were received either in writing or during a public hearing. There were 18 members of the public who gave comment.

Of the comments received in writing:

- Six (6) Comments were in Opposition.
- Two (2) Comments were Neither For/Nor Against.
- No (0) Comments received were in Support.
- One (1) Comment indicated no position.

Of the comments received during hearings:

- Region 1 Hearing had three (3) comments made:
  - All three comments received did not indicate a position.
- Region 2 Hearing had five (5) comments made:
  - One (1) Comment received was also submitted in writing.
  - One (1) Comment received did not indicate a position.
  - Four (4) comments received were Opposed.
- Region 3 Hearing had no (0) comments made.
- Region 4 Hearing had one (1) comment made:
  - One (1) Comment received was Opposed.
- Region 5 Hearing had one (1) comment made:
  - One (1) Comment received was also submitted in writing.
  - One (1) Comment received was Opposed.
- Region 6 Hearing had one (1) comment made:
  - One (1) Comment received did not indicate a position.

Links to Comment Sections

§1 – Regions

§2 – Regional Councils

§3 – Regional Medical Director

General Comments

Region 1 Hearing

Region 2 Hearing

Region 3 Hearing

Region 4 Hearing

Region 5 Hearing

Region 6 Hearing

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§1 - Regions	
Gene Streck	Lines 1-4: This seems completely not needed, this only shrinks the voice of the individual provider. This also lessens the voice of the area with the largest number of providers. By removing from 6 to 4 we make the voice of the street provider less relevant and the power of the rule maker stronger. You mist as well go to one region and remove the voice of the provider all together. As far as sections 3 and 4 were creating to much mid level medical direction wasnt the goal of the agency director to remove the region direction yet we seem to be adding layers! Bureaucrats and big government at work. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
Jason Downing	Lines 9-20: Two points. First, do we needs regions? Today's technology allows us to meet online and instant access to resources a service or provider would need. The other part to this is that I would rather see a position or two at the State level to be responsible for "regional" tasks. This would also elimiate dues to the regions which then could be used locally for training or other service or provider needs. My second concern is the Midcoast area. Between Brunswick and Wiscasset there will be three regions. Although we follow State guidelines, if regions have different standards this could cause some problems in that area. Possibly for Mid Coast Hospital which will then be the catch basin for the proposed three regions. **Suggested Maine EMS's Reply –***Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
Jesse Thompson, Union Fire-Rescue	Lines 9-20: I think that this would make some regions to large for a single medical director to see over with out any additional support for those positions, this would greater harm to the services. I can also see that it would be difficult to retain a medical director for the larger region.

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	Suggested Maine EMS's Reply – *Thank you for your comment. The Board considered during the development of this rule the span-of-control of the Regional Medical Directors. In response to that concern, the Board felt that the best option was to include the ability for a Region to establish an Associate Regional Medical Director, which would provide flexibility to add resources while avoiding a restriction to a Regional Medical Director on contracting with services to provide service-level medical direction at their discretion. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Benjamin Wallace Jr	Lines 7-20: The proposed rule will separate agencies from their primary resource hospital. For instance, most of the services whose primary resource hospital is Mid Coast in Brunswick will be moved to Region 2, while the hospital representative will sit on Region 1's council. The services that run out of Mid Coast coordinate many functions together through the hospital, and the region assists with these. Examples of such functions the region assists the agencies and hospitals with are the hospital pharmacy agreements and group purchases. Further, the hospital paramedic fly cars will be responding in different regions. The original fly car operates primarily in a response area that will move from Region 1 to Region 2 with the proposed rule; again while the hospital is still in Region 1. The second fly car is dedicated to Harpswell, which will remain in Region 1. Additionally, the reduction of the number of regions further reduces representation of agencies with the Maine EMS Board. The Maine EMS Board should be encouraging more representation; not less. This rule should not be adopted, and vacancies to the Maine EMS Board should be filled immediately. **Suggested Maine EMS's Reply –** *Thank you for your comment. Vacancies to the Maine EMS Board are filled by the Governor's Office and are not in the purview of the Board. As such, the Maine EMS Board is not making any changes as a result of this comment.*

	§2 – Regional Councils
Benjamin Harris	Lines 41-68: I feel like many of these duties could be absorbed by Maine EMS if there was adequate staffing at the State level. I believe the regions were well intentioned when each region had separate protocols. The concepts of EMS regions in a state with a relatively small population should be eliminated and replaced with a properly staffed Maine EMS Office. Please consider limiting the layers of bureaucracy. Reducing the overall number of regions is a good step and I support this action if the requirement for regions cannot be eliminated.

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	Suggested Maine EMS's Reply – *Thank you for your comment. It is outside of the scope of this rulemaking to eliminate the regional model in its entirety and to address the staffing of the Maine EMS Office. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Jesse Thompson	Lines 29-31: First the amount should always be a odd number for voting purposes. This would make it so there is a potential that several county's would not have a seat on the council and that all the members could in theory come from one county within that region and that would not allow for equal representation across the region. **Suggested Maine EMS's Reply –** *Thank you for your comment. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Benjamin Wallace Jr	Lines 24-36: The proposed rule appears to prohibit one business entity from serving more than one region. As is currently demonstrated but APEMS's serving more than one region, the ability of business entities to serve more than one region provides economies of scale and benefits the regions and the state. Business entities should be able to service more than one region. This is particularly the case if one of the goals of this propose rule is to reduce costs, and wouldn't in itself reduce representation to the Maine EMS Board if business entities were allowed to serve more than one region so long as each region has its own council. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Board considered how to best fulfill the rulemaking obligations of 32 M.R.S. § §84(1) and 89(1) regarding the composition of the regional councils while balancing an expansion of the size of the regions. Within the system-assessment of Maine EMS's regions, it was identified that a single business entity providing the regional council governance functions for multiple regions as problematic and recommended that this be addressed via a change in rule. The Maine EMS Board is not making any changes as a result of this comment.* Lines 71-84: Councils are stronger when everyone is represented, and participation should be encouraged. Each Maine EMS-licensed dues-paying entity should have one voting representative on the regional council to ensure all voices are able to be heard. **Suggested Maine EMS's Reply –** *Thank you for your comment. The proposed rule regarding the voting membership of the council sets the minimum representation requirements, based in part, on requirements within 32 M.R.S. §89 while balancing the need to set a maximum number of voting individuals to ensure the council can properly function*

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	with a manageable quorum. The opportunity of representation is equally open to all services within the region served by a given council. As such, the Maine EMS Board is not making any changes as a result of this comment.
Joe Kellner, Life Flight of Maine	Paragraph 1(A): Section 2, 1(A): the word entity should be defined or further clarified. It is used in different ways through the document. I suggest using the term "business entity" in this case. I suggest striking that a [business] entity may only serve one region. This may box the board in unnecessarily. Instead, leave it to the board's discretion for maximum flexibility. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Board considered how to best fulfill the rulemaking obligations of 32 M.R.S. § §84(1) and 89(1) regarding the composition of the regional councils while balancing an expansion of the size of the regions. Within the system-assessment of Maine EMS's regions, it was identified that a single business entity providing the regional council governance functions for multiple regions as problematic and recommended that this be addressed via a change in rule. Under 32 M.R.S. §83(20), a Regional Council is defined to mean a business entity recognized by the Board; the use of the word "entity" would not supplant the definition in statute and would allow for flexibility in the case of a future statutory change. As such, the Maine EMS Board is not making any changes as a result of this comment.* Paragraph 1(D): this provision allows the board to designate a business entity if a regional council has failed to execute its duties. While the 2/3 majority vote is good, I suggest the following additional provisions: • If a contract is terminated for cause, the board may designate a business entity to serve as the business entity for a period of up to 120 days. During that time, the board must seek, through the standard processes established by the State of Maine, a new business entity to complete the contract term. The temporarily appointed business entity may be a business entity that serves a separate region. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Board agrees that it is important to ensure that we define a clear mechanism for interim coverage for a regional council, ensuring that there is continuity in representation. As such, the Maine EMS Board accepts this comment and has made changes to lines 40-47 of the proposed rule as a result of this comment.* Paragraph 2(A): please define "Entities of the Board." a comma is needed for clarify after "and office" on line 45

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	Suggested Maine EMS's Reply – *Thank you for your comment. This correction is grammatically correct, and as such, the Maine EMS Board is adding the comma to line 54 as a result of this comment.* Paragraph 2(B): change the word alignment to accordance for clarity **Suggested Maine EMS's Reply –** *Thank you for your comment. The Board believes that this change would clarify the language. As such, the Maine EMS Board added the word "accordance" to line 57 as a result of this comment.* Paragraph 2(C): instead of copying from statute, I suggest incorporating the statute by reference to avoid a rule making issue if the statute change sin the future. This is notable as the Blue Ribbon Commission is currently considering the best system structure. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Maine EMS Board believes that this change would result in better clarity by referencing the appropriate statutory requirement. As such, the Maine EMS Board made changes to line(s) 59-61 as a result of this comment.* Paragraph 2(E)(1): I suggest changing the language to "The Regional Coordinator shall be an ex-officio non-voting member of the Regional Council." This provide further clarity as to the role. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Maine EMS Board believes that this clarifies that the Regional Coordinator may participate in Regional Council Meetings, and provide their input on matters to be considered by the Regional Council, including matters that directly involve them, but that they will not be a voting member of the Regional Council. As such the Maine EMS Board made a change to line(s)71-72 as a result of this comment.* Paragraph 3(A), Line 74: the word entity as used here is not in alignment with statute. The term Ambulance Service should be used in accordance with 32 MRS Section 83(5). **Suggested Maine EMS's Reply –** *Thank you for your comment. The Maine EMS Board believes that the suggested change to ensure consistency in terminology provides clarification to the intent of the rule. As such, the Maine EMS Board made a change to line 84 as a result of this comment.*

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Paragraph 3(A)(1), line 77: I suggest adding “of which one may be the regional medical director” to allow the regional medical director to be one of the three hospital representatives. This is important as it can be quite difficult to find consistent hospital membership.

Suggested Maine EMS’s Reply – *Thank you for your comment. The Regional Council, per 32 M.R.S. §89, appoints the Regional Medical Director(s), and as such is not permissive of a Regional Medical Director serving as a voting member of the Regional Council. As such, the Maine EMS Board is not making any changes as a result of this comment.*

Paragraph 3(A)(1): there should be a position for an Emergency Medical Dispatcher representative. It is important that population has a voice.

Suggested Maine EMS’s Reply – *Thank you for your comment. The Board accepts this comment acknowledging that it is important for Emergency Medical Dispatch Personnel licensed by the Board to have representation at the regional level.*

Paragraph 3(B): the Board should consider the benefit of all licensed ambulance services in the region having the ability to have on vote on the regional council. I understand the desire for the council to not be too large, but this model has seemed to work well for many years.

Suggested Maine EMS’s Reply – *Thank you for your comment. After consideration of your comment, the Board believes that the rule as proposed addresses the representation required by 32 M.R.S. §89, and that no change to the proposed rule is necessary. As such, the Maine EMS Board is not making any changes as a result of this comment.*

Paragraph 3(C): I am not sure what “limited” means. It would seem obvious that voting members are accountable to the bylaws of the region, and therefore I think (3)(C) is unnecessary and can be stricken.

Suggested Maine EMS’s Reply – *Thank you for your comment. After consideration of this comment, the Board believes that 3(C) provides additional clarity of what is expected to be addressed within a Regional Council’s bylaws, and that the members of the Regional Council are accountable to the bylaws. As such, the Maine EMS Board is not making any changes as a result of this comment.*

Paragraph 3(D) line 90: the word “and” is missing between digitally maintained on line 90

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	Suggested Maine EMS's Reply – *Thank you for your comment. This was a grammatical oversight in drafting, the Board accepts your comment and will make a revision, with thanks.* Paragraph 3(E): this implies the office can determine employees of the business entity. Clarification is needed. I suggest rewording as follows: "The Director may designate an employee of the Office to act as secretary of the regional council. The secretary's responsibilities shall be to create draft minutes of the meeting. If other support is needed for regional council meetings, the Director may designate office staff to perform those functions as requested." **Suggested Maine EMS's Reply –** *Thank you for your comment. After consideration of your comment by the Board, this paragraph was determined by the Board to be unnecessary. This could possibly be arranged by agreement between the Regional Council and the Office. As such, the Maine EMS Board accepts the comment and will strike this paragraph.* Paragraph 4(C) line 118: please define what "action" the board will take. Perhaps stating that the board may vote to accept or reject the plan. If the plan is rejected, the regional council shall have 60 days to provide changes to the Board. **Suggested Maine EMS's Reply –** *Thank you for your comment. After consideration of your comment, the Board believes that it is important to define the action the Board will take, and providing the timeframe for remedy of any rejected plans. As such, the Maine EMS B*oard *accepts the comment, and will make the suggested changes.* Paragraph 4(D)(1): I have no idea what capacity / throughput means as used here. I don't see capacity and throughput as quality performance measures. This whole provision should be changed to focus on what the quality improvement plan must involve; for example a focus on three approved key performance indicators with ongoing monitoring and support for services to improve performance. That would be a better use of this section. **Suggested Maine EMS's Reply –** *Thank you for your comment. After reviewing your comment, the Board agrees that capacity and throughput would potentially cause confusion as to what is intended. As such, the Maine EMS B*oard *accepts this comment and will strike capacity and throughput from the proposed rule.*

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	General: this is the place to really call out support to services and providers. **Suggested Maine EMS's Reply –** *Thank you for your comment. After consideration of your comment, the Board believes that it is important to include the support to EMS services and clinicians as a function of the Regional Council that must be planned for and implemented. As such, the Maine EMS Board is making a change to 4(C) of the rule in response to this comment.*

§3 - Regional Medical Director	
Joe Kellner, Life Flight of Maine	Paragraph 3(D) line 160: the regional medical director has no control over what they are and aren't referred. Instead, this should be changed to say that if a regional medical director is referred a quality issue related to a service for which they serve as the regional medical director, they should direct that referral to the associate regional medical director, or if one isn't available, a regional medical director in another region. **Suggested Maine EMS's Reply –** *Thank you for your comment. After consideration of the comment, the Board is revising that section to specify the order of precedence of a referral.* General: quality improvement is first about facilitation and protections for this are provided. The role of the regional medical director should be to facilitate quality improvement and performance issues. Only those that the regional medical director do not feel can be reconciled through the standard quality improvement processes should be referred to the Board for investigation. **Suggested Maine EMS's Reply –** *Thank you for your comment. The Board believes the rule, as currently written, satisfactorily addresses this concern. As such, the Maine EMS Board is not making any changes as a result of this comment.* Paragraph 4(A): delegation of duties should have an upper time limit, at which point the Regional Council must submit a new recommendation for a regional medical director. I suggest 120 consecutive days of maximum delegation of duties.

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	Suggested Maine EMS's Reply – *Thank you for your comment. The Board considered your comment and believes that adding a 120-day maximum to the written delegation's effect, would add an undue burden to the operation of the Regional Medical Director. As such, the Maine EMS Board is not making any changes as a result of this comment.*

General Comments	
Gene T. Streck, Shapleigh Rescue	To whom this may concern; This rule change troubles me greatly. Elimination of two regions and shrinking to four only removes voices from the room when making rule changes that affect everyone. It screams and comes across as we do not care about you or what you have to say to the department heads and individual providers. It might as well be a shut up and do as you are told your voice is not relevant. It is also not lost that the region for the largest number of providers is one of the regions up to be eliminated. This feels very we only want small group to think with like minds and opinions with no decent from anyone who may have a different view and certainly no one from the Atlantic regions voice is welcome. Its ironic rules are made with little decent or other voices then we go oh my what happened why are we loosing so many providers! We're losing providers because of decisions like this. Individual providers are fleeing to states like New Hampshire, with the thought process of the pay is higher, the protocols are better and more forward thinking, the state EMS board listens to us, and we matter. These are the things that I hear providers say. When attempting to recruit some bright minds in EMS I am told nope sorry I don't like your EMS board, and the autocratic rule, or the protocols and pay. Yes that's right; I have actually had people say that the state EMS board in Maine is Autocratic and has no interest in the voice of the provider. This rule change only amplifies that thought. The medical direction changes seem redundant, we have agency level direction that was required for ALS and frankly needs required for all services. Lets make the layers of medical direction smaller. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Joe Kellner, Life Flight of Maine	Overall, I find the proposed rule to be an improvement over the current published rule. However, I feel the rule does not go far

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	enough to better define the purpose of regional councils. Specifically, there is nothing in the rule that speaks to facilitation of the system and support for clinicians and services; something we as system leaders routinely hear is lacking. The Board needs to focus on how the regional councils and regions can be used as tools to better support our clinicians in day-to-day matters that come up as licensees in the system. These may include assistance with continuing education and accessing licensure classes; support in completing forms; connection to resources for CISD and mental health support; connection with resources for revenue cycle support; development of local recruiting and marketing plans. The list of course goes on, but I feel this should be a top priority for our system and our regions. This of course needs to be balanced with what we compensate the regions, but must be prioritized for a successful system in alignment with our strategic plan. There certainly need to be established guardrails in place as the regions, as contractors, don't have regulatory authority in licensing matters. **Suggested Maine EMS's Reply –** *Thank you for your comment. After consideration of this and other comments, the Board made a change to our rule to reflect the position of Regional Councils in the planning and implementation of support for EMS agencies and clinicians that could be tailored to each Region's individual needs.*
Andrew (AJ) Gagnon, President of Aroostook Emergency Medical Services	Thank you for the opportunity to comment on Maine EMS Chapter 15: Regions and Regional Council proposed rule change. My name is Andrew Gagnon, and I am the acting President of Aroostook (Region 5) EMS and interim coordinator of Region 5. My comments regarding the proposed rule change are reflective of the position of the Executive Council of Aroostook EMS. While the proposed rule change would have minimal impact for Region 5, we are concerned about the tremendous changes the other EMS regions would encounter. Currently, the Maine EMS regions are well-established and have functioned cooperatively to meet and, in most cases, exceed the deliverables required in contractual relationships with Maine EMS. Furthermore, the regional offices have established relationships with the EMS services and clinicians they currently serve. The regional coordinators have established good working relationships with one another and, because of this relationship, have been able to support and foster the mission and vision of Maine EMS. The COVID-19 pandemic has put a strain on the EMS system that continues to exert its effects on our state. The everyday challenges of resource limitations, EMS clinician safety and well-being, and expectations and needs of the communities we serve, have wreaked chaos on our already challenged system. We have yet to fully recover from this global upset. Despite the mayhem of the past few years, Maine's EMS' system continued to

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	function largely in part because of the cooperation of our regional entities. During the worst of times, we were able to continue daily functions because of the strong organization we have in place. It is the opinion of Region 5 that disruption of our current organization would negatively affect the ability of our regions to continue to provide the level of care that our services currently deliver. We have very real concerns about our regional medical directors who, in many instances, freely give of their time to offer medical direction in the form of Protocols as well as being valuable resources for services and clinicians. Currently, we have very little information on how this rule change would impact the make-up of the MDPB and we fear the loss of some dedicated physicians should this proposed change be passed. Furthermore, Region 5 is unable to currently support this initiative given the fact that very little information has been provided regarding the positive impact this restructuring is intended to provide. While we are strong supporters of proactive change, the uncertainties of this proposal currently outweigh the potential benefits. Therefore, Region 5 wishes to publicly oppose the Chapter 15 proposed rule change. Thank you for allowing me this time to comment. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
Richard Petrie, Atlantic Partners EMS, Northeast Mobile Health	Comments in opposition to the Proposed revision to chapter 15. I am writing today in opposition to the proposed changes to Chapter 15 of the Maine EMS rules for the following reasons: 1. Funding – The State EMS and regional EMS offices have been grossly underfunded for many years, and the total amount of funding has not changed. Therefore, each of the proposed four Regional Offices will only receive $25,000 more dollars per year, a little over $75,000. While the Aroostook Region remains the same size, Regions 2 & 3 grow significantly larger. Region one shrinks a little but was already significantly larger from a population standpoint than any other region, and this slight decrease will be inconsequential. In addition, the new rules propose to add more responsibilities to the council. We have not addressed the issue plaguing the Regions, merely shuffling the board to achieve an unknown goal. 2. Support – When asked several years ago to provide comment on the proposal to reduce the number of Regions from 6 to 4, the unanimous consensus among the existing regions was that any change to the current system did not make sense unless there was a significant increase in funding to allow the appropriate amount of

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	support for the office operations, including the Regional Medical Directors. There is a significant amount of concern that: a. The Regional Offices are the primary contact for support and communications about EMS in Maine. The Maine EMS Office is understaffed for specific, core EMS operations, and staff are overwhelmed with the demands on their time. This move will only make a bad situation worse. b. The Regional Medical Directors do not have the support they need to adequately perform their duties, and this proposed change will increase their responsibilities and reduce their support. 3. Unrealistic regulations – The new rule attempts to define the structure and function of the Regional Councils and impose the same operating guidelines across the board, regardless of size. The Regional Councils have done well over the years in establishing their operating structure based on their need. The Maine EMS Board should not try to impose a one-size-fits-all urban model throughout the state. The rule also attempts to prohibit a designated identity from serving as the Regional Contractor for more than one Region. Since there is really no additional funding, taking away the opportunity for the business entities to operate efficiently is short-sighted and appears to be arbitrary and capricious. Had this rule been in place in 2011, Mid-Coast Regional Council would have filed for bankruptcy, and closed its' doors, leaving no regional council. 4. Lack of a Plan – There has been little or no effort to establish what the current Regional Offices provide beyond the contract, which is severely limited by poor funding. There was a discussion about making the regional office staff State Employees. This plan could have worked and may be the answer if it were adequately funded. That funding did not materialize. Instituting this new proposed rule with its additional requirements and inadequate funding would be detrimental to the EMS organizations and providers who are already in crisis. During the first Blue Ribbon Commission, Sam Hurley requested that the 4-Region plan be discussed, seeking support from the Commission. When Sam finished explaining the plan, he was asked why he was seeking this change. He had two responses: A. The Board of EMS is too big, and this will reduce the size of the Board by two, and B. "They don't have to do what I tell them." He quickly explained that the Regions had always gone above and beyond the scope of the project and had been particularly supportive during COVID. However, he was concerned that if he came up with a program that

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	he wanted to implement and the Regions didn't support it, he couldn't make them participate. The commission voted unanimously, with 2 abstentions, to not support the plan to reduce the number of regions until there was a better plan. The EMS Board should adopt the same position. Where do we go from here? We should be reviewing the role of the Maine EMS Board, Maine EMS Office, and Regional Offices. When we do that review, the Board should come to a consensus on what they would like the structure of the Maine EMS system to look like. This structure should include a division of the Maine EMS Office dedicated to being a resource for the diverse membership of the EMS system and recognition that EMS in the rural parts of the State does not have the same needs as EMS in the urban parts of the state. The Maine EMS office is three times larger than it was 18 months ago, but none of the additional positions were put in place to address the crumbling infrastructure of the Maine EMS system. Then, the Board should come up with the funding model necessary to carry out the implementation of that structure and delivery model, propose that to the legislature, and request the necessary funding. Anything short of that will result in a continuing fragmentation that will be detrimental to the EMS system in Maine. We have to get back to our core mission. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Seth Ritter, Central Maine Medical Center, Tri-County EMS, MDPB.	November 16, 2023 My testimony is in opposition to the proposed changes to Chapter 15 of the EMS Rules. As a regional medical director, I have worked to understand the impetus for change to the regions, as these changes would have significant impacts on my job, my region, my services, and my hospitals. I have engaged with the process and with the former state EMS director, with the subsequent consultants, with other members of the MDPB, leaders in my region, and peers out of state. I have heard explanations that center on cost savings or efficiency; however, reorganizing the same components into different, somewhat larger buckets does not implicitly offer savings or efficiency of operation. This change would create regions that are fewer in number but are larger in both scale and complexity. At the

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	end of years of process, I cannot tell you in a sentence why this change is necessary or desirable, nor have I found anyone else who can succinctly summarize the why that should underpin a change as consequential as this. Members of the EMS board, what is the why? The largest unaddressed issue that this change does not meaningfully engage with is that the regions are underfunded to the point of operational ineffectiveness and have been for decades. A minimally ambitious ER physician can make more than the $300,000 annual budget for all of the regions. Whether that morsel of a budget is divided between 6 regions or 4, it does not change the fact that this number is materially insufficient. As a coworker put it, "pushing peas around the plate doesn't change the number of them." Regardless of the number of regions, they still have to serve the same number of front line EMS providers, the same number of services and hospitals. There is no efficiency gained by this proposed numbers change, rather the ask is for fewer people to do more with ever less. This is simply unrealistic and a cynical misapplication of lean business principles. Let me tell you what will be lost with this change. Since inception, regions have been the connective tissue in our EMS system, providing a bridge between Maine EMS and services and frontline providers. Regions have provided important community resources and support to EMS services and providers. Before working in a functional region, I likely would have undervalued this liaison and training role too, but after 6 years of doing this job I have learned the value of the current regions firsthand. Quite frankly, the RFP to organize quarterly meetings and oversee QI is so much less than what my region currently does, what more it could and should do, if properly supported. Yes, we do QI/QA, we help services with cases that are medically challenging or emotionally difficult, we help with educational remediation. We are a training center for BLS, ALS, and PALS. We cosponsor EMT and paramedic classes. Let me tell you what else region 2 has done in the last couple years. When the pandemic was new and no one had any PPE, we did. We did, because Joanne Lebrun had saved large quantities of n95s from the H1N1 pandemic more than a decade earlier. We inspected and cleared these supplies with the CDC and put them to use. We had weekly regional meetings to talk about protective measures and the science underpinning them. This was a time of rapid changes in understanding and our recommended response evolved week to week. We talked about what worked in one service and we all learned from each other. Joanne helped coordinate mass

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vaccination sites, liaising between our hospitals and EMS services, and public health. She worked those clinics nearly every day they were open. Joanne or I were always on call for services who needed help with rules interpretation regarding who could return to work and when or any other questions about vaccinations, the pandemic, and the best response.

Joanne performed much the same role, during the recent mass shooting in Lewiston. She was on the ground helping connect the EMS service leaders and the hospital administrators. She was providing critical incident stress management CISM while the event was still unfolding. She and our local CISM team continued to provide CISM services in the subsequent days. After this tragedy, we will lose some providers who ultimately pursue another job, but without these timely and crucial interventions, we would lose so many more.

When I worked for Boston EMS, I got my permanent assignment because the person who had it previously committed suicide. A year into medical school, after I left my role in EMS, one of my EMS partners also committed suicide. I have seen firsthand the power and absolute need for timely CISM intervention from a trusted source in moments of crisis. I have seen the consequences of this process not happening. If not the regions, who will fill this need? As a region we have a CISM team because that need was identified long ago. Readiness is difficult to appreciate until need demands a response. By reorganizing regions, we put trust, relationships, and supports built over decades at risk.

We are seeing the last couple working years of some of the folks who started the EMS system in Maine. I would mention Joanne Lebrun, Jay Bradshaw, and Rick Petrie as examples. In Joanne's case, we risk losing a lifetime of work, leadership, and relationship building because our region is so underfunded we have no ability to hire an understudy to learn the job from a true master. This is unforgivable; we are hoping that someone of equal commitment and talent comes along and rebuilds everything that could much easier be passed on with a year of on the job learning. We are on the cusp of losing our leaders and expertise when we have needed them so much in recent years. We need funding, not a different number of regions, or we will spend decades rebuilding what we once had and what we will still need in the future.

-The proposed regions are centered on county geography as opposed to something that might provide more implicit and logical organization such as the catchment area of a particular hospital or

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	hospital system or EMS system or patient referral corridors or population centers. Counties organize land, but our EMS system needs to organize healthcare entities and the people we serve. Is reorganizing regions by county really the best approach or is it simply the most convenient, the most expedient? The current regions are better centered on regional population centers and healthcare systems than the proposed new regions. -The proposed regions barely contend with the two largest issues in the current regions: That a large majority of the state's population is concentrated in current region 1 and a large, but much less populated area that makes up current region 5. These regions that most need support and change are left untouched. -As I have mentioned, the largest issue affecting regions is not the number of regions but the fact that funding for the regions hasn't increased since the late 1980s. In fact, funding has decreased significantly since that time. In the late 1980s and early 1990s each region was funded between $90,000 and $100,000 per region. In 1992 that amount was cut to $65,000. In 2004 that amount was cut to $55,000, where funding remains today, nearly 20 years later. Think of that, regions had nearly twice as much funding when George H.W. Bush was president as they do now. And that is to say nothing of inflation. In 1989 a gallon of gas cost between $0.90 - 1.10 on average and the cost of a stamp rose from $0.22 to $0.25. Regions rely on the state of Maine and Maine EMS for financial support, just as the State of Maine and Maine EMS rely upon regions for operational support and expertise. We rely on regions to execute and communicate the vision of EMS that we create. Regions have been woefully underfunded for decades. It is a testament to the people working in the regions and their sense of mission and service that any regions continue to function at all. Changing the number of regions does not change the core issue – the funding reality is grim whether there is 1 region or a dozen. -The current proposal does not contend with the very real possibility that no entity may wish to apply as a Regional Council. How will the proposed system function if there is no entity to organize a new regional council? -Reshuffling regions has the potential to significantly degrade operational readiness. I would again mention CoVID, the Lewiston mass shooting, and CISM as recent examples of value that regions provide outside of the RFP. To reorganize into larger blocks is to dilute and put at risk the local relationships that have been built over decades. Maybe, someday, new regions could do the same as

	the current regions, but that is largely aspirational and will depend upon decades of steady work and relationship building. Why jeopardize current operational readiness for a hoped for future state that is different only in the number of regions? Tearing down the current regions will invite chaos in the short term and uncertainty in the medium to long term. Perhaps something equal or better will take the place of the current regions, but that outcome is far from assured. I am not opposed to change, but I think we need to change for the right reasons. I have wanted to be convinced by our former state EMS director, by consultants, by anyone I could talk to with some knowledge of this topic. Ultimately, I remain unconvinced that the risk of reorganization offers any reward. I know that some hope that reorganizing regions will somehow improve them, but hope alone is not an adequate plan. I have not heard a cogent, consistent logic underpinning the current proposed changes and, thus, I oppose this change. Thank you, Dr. Seth Ritter, Region 2 Medical Director, FACEP, FAAEM **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*

Region 1 Public Hearing Testimony Received	
Roger Hooper, York County EMA Director	I'm Roger Hooper for York County EMA. I think anything we can do that that makes the-the EMS structure in Maine more streamlined and less complicated, is a good thing, and I think this this might bring us to there. I don't know what the advantage is gonna be of-of bringing the regions from 6 to 4 and given some of these regions, now we're gonna cover like 7 counties, which is a lot of geography in Maine. And then you take the- You know the-the 2 most populous counties are one region which I don't know if that's beneficial or not. But-But again, I think anything we can do that that might streamline the organization or the structure of Maine EMS is a good thing. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.* It talks about the regional coordinator. Which today regional coordinators are contractors. Is that process of contractors going to continue?

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	Suggested Maine EMS's Reply – *Thank you for your comment. The proposed rule states that each region shall have one (1) Regional Coordinator, which is supportive of that role continuing without specifying how it is accomplished. This allows for the Board to continue contracting, while the system is brought into alignment with the Board's Strategic Plan. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Kelly Meehan-Coussee, American College of Emergency Physicians representative to the Maine EMS Medical Direction and Practices Board.	When this idea was that we would move from 6 regions to 4 regions. There was more of a clear benefit. Obviously, there's the benefit of making the regions more equal in size, but also there was this benefit that we were going to be paying some of the staff and actually have members of the-of Maine EMS embedded locally, so that we have access to members of Maine EMS, and they are understanding of what's happening within the Region. And obviously, that comes down to funding. I guess I'm failing to see-there's a lot of really good stuff in here, a lot of really good stuff, but the thing that I'm kind of stuck on is this idea of taking us from 6 to 4 when our individual offices are already struggling with that volume. So I guess I'm failing to see, until we get to 2035 (with funding), where the benefit comes in. If we think about it in terms of the 3 businesses, we're essentially just opening the door for a fourth, right? I get that. But I'm more so thinking about, like, our directors and our medical directors within each region. They're working really hard already. And, so I'm trying to think about the benefit for those individuals that end up having to take on more, whether that's more providers, whether that's a larger region where they have to try to get out to more services, whether that's more volume with QA, whether that's more education classes...it just has the potential to be more. And I recognize that APEMS is already covering several of these regions, and we see that they're struggling, too. So I understand that. But I'm also thinking about the individual, not the business, but the individual that is managing things and overseeing things. I've had some interesting discussions between those of us that are EMS physicians, and actively involved with EMS to say (similar to a lot of you, your staff, your staff members and your local agencies) that a lot of people are kind of getting tired of doing so much for so little. I mean, how many, how many additional things are we gonna volunteer for? Because we know it's the right thing, and that no one else is, gonna do it? And, I worry that even if you're coupling like a associate medical director and a medical director, you still are delegating 2 separate types of positions, and then you still have that essentially one medical director that is now overseeing even more people, already feeling like you don't know your people because there's so many. So right now, we have 6 regional medical directors. So we're gonna take it down to 4. And yes, we're going to say that everyone can have an associate medical director. But if the idea is that they're not Co-Medical directors where they're working on the same level, then you still are saying: "Okay, this one medical director is now going to oversee even more people and even more agencies, because we're going from 6 to 4. It is working to do the work, which I recognize

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	does not make me the smartest individual. But, you know it's things we're passionate about. And you know, we work together to kind of get things done. And so the idea here is, you know, Rick Petrie really helped to kind of support the idea of having a second, the second point of contact at the regional level and supported me getting involved up there. And everybody else is like, that's a great idea. We have more associate regional medical directors. But it's hard to make the argument that yes, you could. Theoretically, if you're saying that you're delegating and they're equal, then you could think about it as you're going from 6 medical directors to 8 medical directors. As four regional and four associate, but, If you're thinking about it instead that it's a hierarchy. Then it doesn't really increase the support. Change for the sake of change doesn't benefit anybody. That's why we're specifically asking if this change should occur now. If in 2035, we're talking about having state employees embedded in the regions, then great, we should do this like a year or 2 before that. But I'm trying to understand, what the benefit is to do it now beyond: Hey, people could actually have some change in the board positions, because everything's been a holdover while we've been waiting to move from 6 regions to 4 regions for so long. And please correct me if I am missing something, direct me to which area I should be reading without giving me an opinion, because I don't want to overlook something. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Andrew Turcotte – Maine EMS Board Municipal Representative, Atlantic Partners EMS Executive Board Member.	This is Andy Turcotte, I am speaking not on behalf of- as a Board member, but as a service level chief. My thoughts are, and these opinions are mine alone. But I believe that there's a whole host of not necessarily concerns, but challenges that we would face going from 6 regions to 4 primarily, the established history. You know we have, these regional entities that have been-been in place for a number of years. They have very dedicated staff that I think, as Kelly alluded to, are significantly burdened by the level of work that they have. I would say that if we diminish- the potential for diminishing the regions, our employees going to lose their jobs. Is there going to be a backlog of just projects that aren't gonna get done? That's the other concern I have-do we have a list of entities that are knocking on the door to take over as regional coordinators, and I would argue, based on my experience, as a service-level chief, is that, the answer is no. You know, is it gonna create more, burnout? We talk about the service medical directors. Granted, I think it's a great rule that every transporting entity has a medical director, but I think we also know that some medical directors are there on paper, while others are truly practicing to create positive change within our system. If we could move to a centralized office where we had everybody based out of Augusta, or embedded in with the regions, and we had the funding for that, that is something that I think I wholeheartedly could support. I think there's a lot of value-added when we have standardization and centralization to-to an extent, but I think-I think would also be burdensome that if we did go from 6 regions

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	to 4, is there going to be enough funding to sustain the regions at the bare minimum that we're sustaining them? Now, I would argue that they're doing it, in my opinion, for very cheap money. And I struggle with the fact that unless we're gonna provide more funding, I don't know as if there would be significant benefits to moving to a four-concept or a four regional-concept. Again, in theory, it makes sense to go north, south, east, west, and have 4 distinct regions. But I think in practicality, i think it's going to be more cumbersome and more of a challenge than we think. Those are my comments. Thank you for your comment. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
End of Testimony Received	

Region 2 Public Hearing Testimony Received	
Joanne Lebrun, Tri-county EMS Regional Coordinator, Public Health Coordinating Committee	So, my name is Joanne Lebrun. I'm a licensed EMT, a resident here in the State of Maine, living in Winthrop, and I'll give you a copy of my written testimony for tonight. And I'm also the Regional Emergency Medical Services Coordinator for the Tri-County Emergency Medical Services region, which is Androscoggin, Oxford, and Franklin Counties. And I am opposed to the proposed changes to Chapter 15 and I'm not going to read this word for word, but I will summarize, you know, in general, my comments. But EMS is part of the healthcare system and the original five regions, not six regions, were actually based on the planning for the delivery of healthcare in the State of Maine. And they were designed to assure that culturally and community wise and geographically, that healthcare needs were met within our state, a large state, and allowing resources to work together to be able to provide high quality of care to the citizens who reside in the state. So my first concern on opposition is that it is my opinion that the Board has not provided any information on how this proposed restructuring will actually help improve patient outcomes, will improve support to services, EMS providers, clinicians, hospitals, dispatch, our public safety partners in -- in other public safety sectors. I'm also a member of the statewide Public Health Coordinating Committee, and I don't know if the Board is aware that there are actually eight statewide --eight public health districts in the State of Maine and in addition to that there are Tribal districts. And the -- and I had wondered if we'd even considered, you know, how closely we are aligned with maybe other ways of thinking about the delivery of healthcare. And I do think that the public health districts are more closely aligned to what we do in the emergency medical services regions. When I think about Androscoggin/Oxford/Franklin County, for example, and we're part of the western Maine public health district, we have great relationships with the agencies that are involved in substance use disorder, they're involved with sexual assault, they're involved with smoking cessation, all kinds of -- domestic violence, housing and unhoused, you know, unhoused people, public health issues that really transfer to what we do in emergency

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	medical services. And so I just think that having a system that really reflects what we need in healthcare is really important. So the proposed rules also, I noticed, add emergency medical dispatch and I am in big favor of having that included in our regional structure. And, as a matter of fact, it had been included in our regional structure. Regions had been responsible when public safety answering points went to EMD centers, that we helped with continuing education, making sure there were relationships, for example, between NorthStar Ambulance and the -- those that preceded you and the local dispatch center in Franklin County, having meetings, thinking about how does quality assurance really dovetail there together. And then surreptitiously, it disappeared from the rules without any conversation or discussion. It may have happened at a different level, at a statewide level, but never percolated down to an operational level. So, I think it's important. The -- but I also noticed that the number of people that would be on a regional council that's been prescribed has so little representation for actually the people who do the work for the ambulance services and the non-transporting services, hospitals actually, in accordance with what you're proposing, would have more representation in these large regions than even our EMS services. So I'd like you to take that into consideration. And I do believe that having larger regions will dilute the representation that exists under the current rules. So your proposal is to increase the size of the regions but add additional responsibilities, which would include the licensed dispatch centers, and I'd already mentioned that, but I do believe that we need to think about -- the Board needs to think about what is the right size to effectively enhance our emergency medical services system here in the State of Maine and I'm opposed to this because four is just not adequate. The -- so the next section I would comment on would be Sections 2 to 4. They describe the duties and about a business entity that would be hired to really to carry out the rules. But I would be interested in knowing the -- will this be cost-based funded for those business entities and - to carry out the requirements -and what period of time would the business entity be recognized? Is that an annual basis or three-year basis or once recognized, that would continue? And the frequency at which the entity would be changed. All of those go to continuity. I believe, and my experience has been, that relationships, knowing people personally, are what really helps build our system. I think our effective response to what happened in Lewiston two weeks ago really people -- a lot of things happened organically, which you may or may not be aware of, and a lot of that happened because people know each other. They're not introducing each other and exchanging their business cards at the scene of an emergency. And one can have a plan, but if you know anything about emergency management and incident management, no plan ever goes the way that you thought it was going to do, but it really is being able to follow the principles. And I'm concerned we will lose all of that with the proposed rules. So I'm interested in having the Board consider what the cost-based funding would be to these business entities. The other piece about duties and responsibilities is when I read your rules, it seems very prescriptive as to what the duties would be, very different from other rules that I've ever read. It really reads almost like an RFP. And given that

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	rules are -- should not be changed lightly, and it is my opinion that rules guide and shape the fundamental principles and sort of some of the operational principles, I was concerned that this seemed to be an odd place to put things that I would think would be belonging to an RFP. And I was just -- was thinking that putting deliverables in an RFP that would be done annually and maybe in a mutually agreed-upon work plan, would allow our system to actually respond to changing needs. But my other question is if the rules remain as you've proposed them, and they are rules, how would Maine -- and no business entities apply to be these regional groups, how would Maine EMS be prepared to actually carry out the things that are in those rules, because they're rules, right, and they apply to the entire system. So, just if you'd think about that. Then there's the place in the rules that said that the business entity would have to have bylaws for regional councils. Now, I've heard this come up before. A business entity that is a legal corporation is required by law to have a set of bylaws. The attorneys that I have worked with with our not-for-profit 501(c)(3) business entity that was founded at the request of Maine Emergency Medical Services in 1978 and was the first regional organization that was actually created, our corporate lawyers have said you can only have one set of bylaws for a corporation. So because they are overarching and they govern the corporation and the business entity might have other business interests, so they wouldn't be changing bylaws to have a bylaw for regional council or a bylaw for, you know, a training center. They might have procedures, they might have policies, but not bylaws. Bylaws cover and govern how a business entity happens to work. So, I'd like you to think about that language and what is really meant by that. So then there's a section about regional medical directors. And I'm concerned that if you increase the number of -- decrease the number of regions, you increase the size of the regions, that - you probably heard me say this before - it's just moving the peas around the plate. And actually for regional medical directors, I am concerned that we will -- this will -- one of the things we've really got going well for us I think is the MDPB. And so the MDPB would have to be restructured, and although assisting medical directors would be allowed, they're not required. And, again, I would ask where is the -- will this be cost funded for the business entity to be able to have a medical director and how does a medical director who have great difficulty even today keeping track of everything that's going on, extend that over large regions, whether they be large geographically or large in terms of services and personnel and EMD centers and dispatchers, to really be able to provide meaningful service. And the -- and it dilutes the pool of brain power that we have in -- available to us in our EMS system. If now we have four medical directors instead of six and someone retires or relocates, that we're now down, you know, 25% of the brain power that we need. So, to take that into consideration as well as just the increased scope of work. The -- so, I think that the regional current --the current regional structure, despite its woeful lack of resources and -- has really benefited from a really a very fine public-private partnership which has been, you know, there's growing body of work within state government and other governments about really harnessing public and private partnerships. I think in our current

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	regional model, we are woefully under resourced, but people have been hanging in there trying to figure out how to get resources and to be able to harness that public-private relationship because it is really at that private-public partnership level and at the grassroots level that our system has grown. You do realize that we have protocols, did not come from the top down, they came from the bottom up. And I will tell you proudly that Tri-County EMS was the first region to have protocols. We have emergency medical dispatch because Tri-County Emergency Medical Services, well, one of our service providers said have you heard of Jeff Clawson(sp?) and what he's doing and maybe we could bring them here and maybe some of our dispatchers could benefit, and, yeah, we actually found some money to bring Jeff and began to train people at dispatch centers. And when you begin to think about critical incident stress management, yeah, we had a terrible incident in 1985 and said we need to be able to do something for our providers. And we've been able to do those things because there's been consistency with the business entity over the course of 40 years to help grow. Now, if we're going to change the model, you know, I'm okay with change, then -- but people need to think about what we'll lose and what we're going to gain and what we really want for a structure and how we're going to progress forward into the future. So, if you're really going to adequately fund four regions, the funding you would need to adequately fund four regions could likely adequately fund six regions, right? A big region is going to need four medical directors, all right? We need more than we currently have. And then I think about the time it takes to form an organization. And you'll see my words, you know, you've got forming, you know, you're forming and storming and norming and conforming, you know, performing. Because if you know about organizational development, it takes a long time for an organization to really begin to work well. You have that little honeymoon period and things are working okay, and then people begin to lock heads and then we storm through it and then we begin to norm and figure things out and then hopefully we perform. That's a long-term investment to make that happen. That does not happen in a year. And I also believe that if a few years ago when some of the regions were struggling more than -and they're struggling more today than ever before - if the Board and if Maine EMS leadership had stepped in and had asked questions - how can we help, how do we show our support for organizations that may be going through some difficult times - just like some of us do within our regions when we have organizations going through leadership change, that some of our regions might be in a better position. I am certainly not -- I'm certainly aware that there's some unevenness of the applicability of what happens in each of the regions and I feel very fortunate to actually work and be part of what I believe to be a right-sized region, with good support, with enough people to make good things happen, as well as the ability to actually get to know the 40 or so people who are in our ambulance services and non-transporting services and our dispatch centers and in our medical system, and also within our five hospitals. So, I really would encourage you to think about not just what you -- what you envision, but what would be the right size and then, of course, any change you're going to make, to be sure that it's adequately funded so whether

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	you decide that this is the model you want to follow, fine, you're thinking about funding it adequately to be able to achieve goals so you're not -- don't -- the risk is that you'll destroy what has already been built and the -- and putting your energy into shoring up and reconfiguring what might already exist might be much more beneficial to the citizens in our state. Thank you. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Seth Ritter, Central Maine Medical Center, Tri-County EMS, Region 2 Medical Director	So, I had the misfortune of reading Joanne's testimony before considering my own and then re-reading it after I had written my own, and I feel like in terms of writing, she does a better job than me. Certainly more detail oriented. The picture I'm looking at is a larger picture and I, frankly, am pained to be on a side of this that I did not want to be on. I heard about the proposal to change to four regions years ago - before the pandemic, before the consultant, before any of this - as more of like a vision of why are we six? Why shouldn't we be four? Why shouldn't we be like fire? And I approached that, I think, with an open mind, trying to understand why would four be better. And for years I have asked this question of anyone willing to talk to me about it and I've come away from it just essentially unconvinced of the superiority of changing regions, of changing numbers. I want this to be for the right reasons but when I ask people take your argument and distill it down into a sentence, why change to four, what I've consistently heard is well, there's a cost savings, there's an efficiency. And I find that interesting because I find it not to be true. At the end of the day, we're trying to serve the same number of people with the same amount of money, and how we divide that in intermediary groups, I don't necessarily see that cost savings. I see business logic being applied to a place that in some ways operates like a business and in other ways does not behave that way. I don't think those gains should be assumed. I think that they will be the result of hard work should they happen whatsoever. So when I look at this, what I really see is, in some ways, perhaps misidentification of the problem or perhaps just not being able to grapple with what at the core is a very, very difficult problem, just as we had a Blue Ribbon Commission discussing how careers in EMS are largely untenable for many people these days because it's a physically grueling, nights/weekends/holidays, picking people up and carrying them in a way that many other even public safety professions do not, that has gone underpaid and under-recognized compared to longer-established brethren. We had a Blue Ribbon Commission to establish that and I feel like this same reckoning really truly needs to be had at a regional level. The problem really is one of funding, not of how it's organized. When I look at this, when I came to the position that I did now six, maybe seven years ago, I struggle to understand the history. Joanne talks about 1978. That's literally the year I was born, and I'm no longer the young pup of my group, if I ever was. I made the mistake of having an EMS career before I went back and did too much school. But I came to learn that from the late-80s to the 90s, when

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	NHTSA funding ran out, the State was funding each region to the tune of $90-100,000 per region per year. In 1992, that got kicked back to 65,000, and in 2004, it was cut further to 55,000, and that's where the funding remains today, almost 20 years later. Think of that. Regions today are operating on almost half the budget that they had when George W. Bush was president -- George H.W. Bush, the bigger, weirder one, was president. In 1989, a gallon of gas cost between 90 cents and a buck-ten, a postage stamp had just increased from 22 cents to 25 cents. Look, regions rely on the State of Maine and Maine EMS for financial support just as the State of Maine and Maine EMS rely on regions for operational support and expertise. They rely on us to execute and communicate the vision of EMS that we all create. Regions have been woefully underfunded for decades and it's a testament to the people working in these regions and their sense of mission and service that regions continue to function at all. Changing the number of regions doesn't change the core issue here. The funding reality is grim whether there's one region or a dozen. So that is my biggest concern with this proposal so far. I don't see how it puts us in stronger footing or position. The other thing that I would point out is the proposed regions, they're centered on county geography as opposed to anything that might actually provide an implicit or logical organization such as catchment area of a particular hospital or hospital system or EMS system or patient referral corridors or population centers. Counties organize land, but our EMS system needs to organize healthcare entities and the people we serve. Is reorganizing regions by county really the best approach or is it simply the most convenient, the most expedient? The proposed regions barely contend with the two largest issues in the current regions. The large majority of the state's population is concentrated in Region 1 and a large but much less populated area makes up current Region 5. Those are untouched in the current proposal. And then I would lastly point out and echo what Joanne said. My greatest concern is that reshuffling regions will take years to return to the point we're at now - despite being underfunded, despite being under-resourced, and despite in some ways being under-appreciated - to return to the same operational capacity we have today. If what happened two weeks ago, I guess coming up on a month now ago in Lewiston happened a year from now, after these changes have been implemented and we have a region that's twice as big in Region 2 as we do now, I don't know that those same relationships function the same way. I don't know that all the things that aren't in the RFP but are so critical to actually making this work, a functional CISM team, to keep people in that fight the next day and a week later and a month later, to keep people in this career that we have chosen. I don't know that that exists, and that's really my concern, that this change could degrade operational readiness, our ability to respond. We learned. We learned from events in the '80s. In my time, we've had a paper mill blow up, we've had a terrible fire with a loss of life there, we've drilled, we've prepared, we have disaster plans. We will be rewriting these if we turn into a larger region. Personally, I expect that we'll be organized out of the capitol. We won't have the local boots on the ground, we won't have the same coordination. Maybe someday the new regions could do the same as the

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	current regions do, but it's largely aspirational and it will depend on decades of steady work and relationship building. And I ask you why jeopardize current operational readiness for a hoped future state that is different only in the number of regions? Paring down the current regions will invite chaos in the short-term and uncertainty in the medium- to long-term. Perhaps something better will take the place of the current regions, but it's far from assured. I'm not opposed to change. Our system really, really needs change, but it needs change for the right reasons. I've wanted to be convinced by our former State EMS Director, by consultants, by anyone I can talk to that this was the right course, but ultimately, I remain unconvinced that the risk of reorganization offers any real reward. I know that some hope that reorganizing regions will somehow improve them, but hope alone is not an adequate plan. I've not heard a cogent, consistent logic underpinning this proposed change and thus I'm opposed. I appreciate your time. I really appreciate you guys driving up here. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
Robert Hand, PACE Ambulance	I'll introduce myself. I'm Bob Hand, paramedic and director of PACE Ambulance. I'm speaking in opposition to the rule largely just for a lack of understanding. Obviously, I think Dr. Ritter and Joanne covered much of my concern. And what I would say is, you know, I'd like to know the why. One of the things -- I'm a selectman in Buckfield and one of the things we had great success with up there with our voters was under each of our articles, we write, you know, not just the legal mumbo-jumbo, but we write this is why we're doing it, in plain English, so that everybody understands, you know? We need a new plow trucks, folks, and everybody in town goes okay. So that's my big thing and then looking at the size of these regions, you know, having worked in a couple, you know, I've worked southern Maine and over here, the geographical size of Region 2 is just enormous. I mean, obviously, Aroostook is enormous, but there's no people. And it makes me wonder how effective that will be in the long run, especially after having worked with Tri-County and in a system that works, you know, I've worked in other regions in the past where it wasn't as active and, you know, people wondered why it was there, you know, and -- but, you know, Tri-County serves a purpose and they take care of their services. I have resources to call and I'm also willing to help them out whenever they need it and I fear we're going to lose some of that by spreading this out so much. And then using the same funding to try to do this, I mean, it just -- like Joanne said, moving the peas around the plate, right, you've got $300,000, it's still equally inadequate. So there seems to be a lot in here for the region to do, you know, and how -- how are they expected to fund that? And I think I'll end there. Let's keep it simple. Thank you for coming down. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have*

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	recommended a change to the regional structure. As such, the Maine EMS Board *is not making any changes as a result of this comment.*
Dennis Russell, United Ambulance in Lewiston and Bridgeton	So, and sorry I'm late. Had to cover. My name is Dennis Russell. I'm the Operations Manager in United Ambulance in Lewiston. There is also a Bridgeton. United is a little bit unique because we do bridge two different regions. And, honestly, you know, five years ago, before that, I may have questioned some of the differences. Over the last few months and over the last few weeks, I've had some unique experiences, and I could say that I could not have gotten through the last few weeks if it wasn't for the support that we have. And my concern is is that our system, we all know, is fragile. And to make a change like this within our system at this point in time, it -- at some point, do we need to make a change? Sure, maybe, maybe not. But, you know, if you asked me this question before, years ago, I may have said a different answer, but being involved in depth a little bit with operations lately -- actually, all operations and education and community paramedicine, the support and what we've needed from our region here in Lewiston is -- is bar none, right? Joanne is there every step of the way. And it wasn't just the last couple weeks. Everybody saw the last couple weeks, but for the whole month before, we had a critical incident debriefing like every single week. We had pediatric codes, that day we had a pediatric code, right? So, it's just we -- the support, and I never knew it till you use it, right, and we've been really -- we're somewhat self-sufficient from time to time but the resource and what she does with working with the hospitals and the drug boxes in our region, we have a super-solid platform, and it comes from the region and making this change at this point, I -- with the system the way it is, could be problematic. So, I know other regions, we delve in other regions and could their things be differently, possibly, but looking at this piece, I think it would be hugely detrimental to a large population of services that do a fair amount of calls in the state and for that reason, I really -- I am opposed to making any moves at this point. I don't think we're ready for it. I'm not opposed to change as long as that change will ultimately help the system. I'm not fully convinced at this point in time that the system is ready for this change and that's the biggest piece. But, I mean, I'm here tonight because over the last four months, five months that I've been working through since January, right, so even more than that, January I really started dabbling and then Joe retired and once Joe retired, my life changed just a little bit. But the support, any time, is amazing. I'm not saying that other regions wouldn't do that, but being engrossed where I'm at, it's huge. And I think that this change just would be problematic. And the recent events, hopefully this never ever happens again in this state, but this proved to be, you know, completely unexpected but at the same time we did the best we could and the reason why we got through it is from that support and there's no amount of money, obviously, for us and our staff and the folks that we had, you know, go through the system, not only our staff but other services as well, but it's huge. And I don't know what the matrix should look like, but I think that changing it right now at this point in time could be detrimental to the system. That's my opinion.

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	Suggested Maine EMS's Reply – *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
Shawn Cordwell, Deputy Fire Chief of Oxford, ME	I'm Shawn Cordwell, Deputy Fire Chief in Oxford, paramedic. I would say that I'm opposed to this for many of the same reasons that they are but just to kind of wrap it up to the importance of the regions. I understand that we're doing these meetings in all regions and the opinions and the voices that you'll hear probably have different flavors and tones than Tri-County's does. Tri-County has an extremely robust program. The QI system is extremely helpful to us. We have one on one access with QI questions and issues, we have access to the dock. The concern, as these folks have articulated, if you increase that size without increasing the resources to deliver that product, it clearly is going to slip, something is going to slip there. We -- we reg --like, I don't know, Joanne and I probably talk at least every couple of weeks and it is very helpful to get those understandings of some of the different programs that are going on at the state as well as the rules hearings, the vaccinations, and things like some of those things are confusing to the street level folks and the administration at that street level and Joanne slash Tri-County is a very simplistic way, without bothering the staff at the state level, who has many other things on their plate, with simplistic questions about that. It's a great stopgap to prevent us from overwhelming the state staff. So, I think -- I hope that you look at this wide eyed in that not every region is the same, however, it is important and the more you increase size, the less that product delivery is going to go -- the quality of that product is going to go down. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS Board is not making any changes as a result of this comment.*
End of Testimony Received	

Region 3 Public Hearing Testimony Received
No testimony from the Public was received during this hearing.

Region 4 Public Hearing Testimony Received	
Robert McGraw, East Millinocket Fire Department and Chair of the Region 4 Regional Advisory Council for Atlantic Partners EMS	I have a public comment, Rob McGraw, region four chair for the RAC as well as East Millinocket Fire Chief. Regarding a proposal for 4, right now I'd have to say I'm opposed as it's written. I feel that as it is written, the county being its own region, would put all EMS Agencies within 3 regions within the State, with only having support of 2 people per region, in a situation in which we've already seen Maine EMS as a whole being inundated with not having enough staff in different areas. If we are going to put all the agencies excluding the, I believe, the twelve that are in the county, that seems like 200 and some agencies within 3 regions, feels like a lot of work for 2 individual people who are part of that region. That is

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	my concept of the proposed. If there's more staffing or a better layout that hasn't been proved, or put out there, I have not seen it. That'd be my ignorance. But that is, that's my point. Being opposed. If they're if there is more information doesn't mean that I'm stuck in the opposed mindset. End of diatribe. That concludes my comment. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
No Further Testimony Received	

Region 5 Public Hearing Testimony Received	
Andrew (AJ) Gagnon, President of Aroostook Emergency Medical Services	So my name's Andrew Garnier. I'm making public comment representing region 5 EMS, regional 5's EMS council. So we have prepared a statement as an Executive council. So I'll read that to you at this time. So thank you for the opportunity to comment on Maine EMS Chapter 15, Maine EMS Regions and Regional Council proposed rule. My name is Andrew Garnier, and I am the acting president of Aroostook Region 5 EMS and Interim-Coordinator of Region 5. My comments regarding the proposal rule change are reflective of the position of the Executive Council of Aroostook EMS. While the proposed rule change would have minimum impact on Region 5, we are concerned about the tremendous changes the other EMS regions would encounter. Currently, the Maine EMS regions are well established and function cooperatively to meet, and in most cases exceed, the deliverables required in our contractual relationships with Maine EMS. Furthermore, the regional offices have established relationships with the EMS services and clinicians they currently serve. The regional coordinators have established good working relationships with one another, and because of this relationship have been able to support and foster the mission and vision of Maine EMS. The COVID-19 pandemic has put a strain on EMS system that continues to exert its effects on our State. The everyday challenges of resource limitations, EMS clinician safety and wellbeing, and the expectations and needs of the communities we serve have reaped chaos on our already challenged system. We have yet to fully recover from this global upset. Despite the mayhem of the past few years. Maine EMS System continues to function largely in part because of the cooperation of our regional entities. During the worst of times we were able to continue daily functions because of the strong organizations we have in place. It is the opinion in Region 5, that distribution of our current organization would negatively affect the ability of our regions to continue to provide the level of care that our services currently deliver. We have very real concerns about our regional medical directors, who, in many instances really give their time and offer medical direction in the form of protocols, as well as being valuable resources for services and clinicians. Currently, we have very little information on how this rule change would impact the makeup of the MDPB. And we fear the loss of some dedicated physicians. Should this proposal change be passed. Furthermore, Region 5 is unable to currently

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	support this initiative. Given the fact that very little information has been provided regarding the positive impact this restructuring is intended to provide. While we are and will continue to be, strong supporters of proactive change, the uncertainties of this proposal currently outweigh the potential benefits. Therefore, region 5 wishes to publicly oppose the chapter 15. Proposal proposed rule change. Thank you for allowing us this time to comment. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. As such, the Maine EMS* Board *is not making any changes as a result of this comment.*
No Further Testimony Received	

Region 6 Public Hearing Testimony Received	
Kevin Le Captain, St. George Ambulance	Kevin Le Captain. Paramedic with St. George, uh some other local towns as well. In reading the rule I would agree that we need change. But I think that it needs to be more clearly defined. My biggest problem is that looking at the duties of the new Regional Council, I think they need to be more outlined as to how they're also going to help providers. And I think the size of the region needs to be addressed as well. Looking at the breakdown, it seems like the the-the region that is proposed for-for here is Region 3. I think that to have us go from North of Greenville all the way down to Damariscotta and over to Eastport and Machias. I think-I think the expectation of each area is gonna be very different. I think there's just it needs to be addressed better. I don't have any specific input. as far as what I think the breakdown on anything should be, but I think it needs to be addressed better. Yes, that's all I've got to say. Thank you. **Suggested Maine EMS's Reply –** *Thank you for your comment. Maine EMS's system has undergone multiple system assessments, which have recommended a change to the regional structure. In deliberations around the proposed structure, the Board considered multiple factors including the volume of 911 responses with and without transport capability, the geographic size of each region, and the count of licensees within each region, and the count of services within each region. After considering these factors, the Board believes that the structure proposed will allow our system to align with what multiple system assessments have recommended while addressing the demographics of each region. As such, the Maine EMS Board is not making any changes as a result of this comment.*
No Further Testimony Received	

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Rationale for Other Changes:

A grammatical change was made to §3(4)(B), putting "on" between "representation" and "the" to clarify the intent of the passage.