



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



JANET T. MILLS  
GOVERNOR

MICHAEL SAUSCHUCK  
COMMISSIONER

WIL O'NEAL  
DIRECTOR

**Board of EMS Meeting**  
October 2, 2024, at 9:30 AM  
Champlain Conference Room  
Approved Minutes

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent."

Board Member	In Attendance	Late Arrival (if applicable)	Early Departure (if applicable)
Nate Allen	Absent		
Bill Cyr	X (virtual)		
Laura Downing	X		12:04pm
Amy Drinkwater	X		
Judy Gerrish	X		
Brian Langerman	X		
Jack Lewis	X (virtual)		
Brent Libby	X		
Julie Ontengco	X		
Matthew Sholl	X		
Steve Smith	X		
Andy Turcotte	Absent		
Christopher Whytock	Absent		
Kate Zimmerman	X		

Staff: Director Wil O'Neal, Deputy Director Anthony Roberts, Anna Massefski, Jason Oko, Melissa Adams, Soliana Goldrich, Taylor Parmenter, Victoria Clyde, Robert Glaspy, Marc Minkler, Darren Davis, Amber McCormick, Samantha Andrews

**Stakeholders & Guests:**

- In person: Joanne Lebrun, Rick Petrie, Chip Getchell, Robert Russell, Mike Senecal, Christopher Pare, Bill Montejo, Nathan Yerxa
- Virtual: Jonnathan Busko, Andi McGraw, Ed Moreshead, Jason Cooney, Joe Kellner, Nicholas Jackson, Rob McGraw, Tessa Byard, Sean Donaghue, Aiden Koplovsky, AJ Gagnon, Daniel Clark,

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

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David Ireland, “EReeves”, Fred Porter, Eric Wellman, Jay Bradshaw, John Hoak, John Lennon, Jonathan Cote, Bob Hand, Benjamin A Wallace Jr, Dennis Russell, Don Sheets

1. Introductions

2. Disclosure of any conflicts of interest

Langerman recuses from the Region 1 Medical Director discussion.

Smith and Lewis recuse from the Maine Health Application Review.

3. Modifications to the Agenda

The Director asks to add an item to clarify a question about the Maine EMS Stabilization Grant Application. The Board added it to the agenda immediately prior to the Director’s Update.

Smith asks for an update on Regional transition plan. This will be addressed during the Director’s Update.

4. Public Comments

Ed Morsehead gave public comment on the Jackman Pilot Project.

5. Investigations

a. Investigations Committee June 23, 2024, Meeting Minutes

**MOTION** to approve the minutes as submitted. (Smith, seconded by Downing)

(Yes) Downing, Drinkwater, Gerrish, Smith

(Abstain) Libby

**Motion Carries**

6. Old Business

a. Meeting Minutes

i. September 4, 2024

**MOTION** to accept the minutes as submitted. (Libby, seconded by Cyr)

(Yes) Cyr, Downing, Drinkwater, Gerrish, Langerman, Lewis, Libby, Ontengco, Smith

**Motion Carries**

b. Discussion of a Question on the Stabilization Grant Application

A town manager reached out to the Office to ask if the “annual salary” cap in *Chapter 25: Implementing the Maine EMS Stabilization Program* includes overtime pay, or only base salary. The Director asks the Board to clarify if the “annual salary” clause in the rule only covers salaried employees, or salaried and hourly employees.

The Board discussed the matter and decided that “annual salary” means base salary, not including overtime, and that this clause covers salaried AND hourly employees.

**MOTION** to clarify that the “annual salary” clause in Chapter 25: Implementing the Maine EMS Stabilization Program means a base annual salary not including overtime, and is not specific to salaried employees (Libby, seconded by Ontengco)

(Yes) Cyr, Downing, Drinkwater, Gerrish, Lewis, Libby, Ontengco, Smith  
(Abstain) Langerman

**Motion Carries**

- c. Maine EMS Director Update:  
Given by Director Wil O’Neal.

Positions update: The Education Coordinator position and Office Specialist position have closed, and submissions are being reviewed. The regional coordinator positions are still held up in HR. Because of the urgency of the need for these positions, the Director has requested that the Commissioner of Public Safety help by exerting additional pressure to move this process along. The Director strives to keep the Board and Medical Directors apprised throughout this process.

Rules Chapter 19’s comment period has closed. The comment period for Rules Chapter 27 is still open. Public hearings will be held over the next 3 days in each of the four regions. The Rules Committee has committed to being available to discuss Chapter 27 multiple times at the end of October in order to have the Rule ready for the November Board Meeting.

The Director attended NREMT New Director Orientation in Ohio. The Director identified an opportunity to share Maine’s model for Community Paramedicine education and licensure at the national level.

The Board asked the Director for an update on the application process for new Regional Councils outlined in *Chapter 15: Maine EMS Regions and Regional Councils*. The Director expressed appreciation for the expertise of the current regional contractors, and a desire to facilitate a transition period rather than dismantling the current system. The Director will provide another update at the Board’s meeting in November.

- d. Medical Directors’ Update  
Given by Statewide Medical Director Dr. Matt Sholl.

Protocol Updates are underway, with a final delivery date of December 1<sup>st</sup>, 2025.

The ongoing pilot projects include Sanford ultrasound pilot, Delta pilot project (special thanks to Dr. Diaz and Dr. Tilney), and MMO project (in transition; thanks to Deputy Director Roberts and CP Coordinator Goldrich).

Covid-19, flu, and RSV rates are very high, but thankfully fatality rates are low. The MDPB continues to monitor the potential triple-demic.

The MDPB has been in discussion about the ways by which EMS agencies procure vital medications. Dr. Sholl has previously mentioned the Protecting Patient Access to Emergency Medications Act, which will have widespread changes across the EMS system. This federal law has not yet gone into effect, and it is unknown when it will.

In the aftermath of Hurricane Helene, Dr. Sholl has been in contact with colleagues in North Carolina to share support.

Dr. Zimmerman, Associate State Medical Director, provided an update that the MDPB has been working on a protocol for K9 treatment, as well as documentation.

- e. Discussion of Critical Care Transport Committee
  - i. The Board discussed the proposed list of members for a Critical Care Transport (CCT) Committee.
  - ii. The Board also discussed whether the CCT Committee should be a brand-new committee, or if it should be formed by merging it with the IFT Committee.
    - 1. Bill Montejo, Director of the Division of Licensing and Certification at Maine Department of Health and Human Services (DHHS), gave context on a new mode of transport, intra-facility transport, which is when a hospital ambulance transfers a patient from one hospital location to another.
    - 2. The Board discussed merging the two groups, rather than creating a new one, for the purposes of efficiency.
    - 3. Marc Minkler, staff liaison to the IFT Committee, urged the Board to consider that IFT includes Critical Care, as well as BLS interfacility transports.
  - iii. The Board decided to move the later agenda item on the IFT committee to now, so as to discuss both topics together.
  - iv. The Board invited Rick Petrie, Chair of the IFT Committee, to speak to the Board's questions.
    - 1. IFT Committee identified 3 areas of focus for which it created 3 subcommittees: funding (ability to staff ambulances), efficiency (central dispatch), education (standardized scope and documentation for IFT).
      - a. They were not able to get approval for these subcommittees, and they were also not able to staff the meetings.

- b. There have been no subcommittee meetings, and no plan or deliverables produced.
- 2. The Board questioned why the IFT Committee had not moved forward and prioritized one topic area instead of waiting to address all three together.
  - a. The Board also questioned when these topics came up, compared to when the IFT Committee gave its report to the Board in August.
- 3. Mr. Petrie mentioned that Maine Hospital Association has been an important partner on the IFT Committee, and asked that they be given a seat on the Committee.
- v. The Board discussed the capacity of the Maine EMS Office to take on another Committee, and also the risk of adding another committee and further siloing efforts.
- vi. The Board discussed changing the Hospital Representative position on the proposed list to include different representatives for large hospitals and small hospitals.

**MOTION** to establish the “Transfer and Transport Committee” to replace the IFT Committee over a period of 3 months between October 2024-January 2025, to review and create a model system of care for CCT, PIFT, SCT, and IFT, with deliverables to the Maine EMS Board including hospital education, provider education, system efficiency, scope of practice including potential licensure levels for agencies and providers, protocols, medical direction, and quality assurance/quality improvement, to include the following positions:

Membership

- CCT Agency Leader
- IFT Agency Clinician
- MDPB Member (1-2)
- PIFT Agency Leader
- Primarily-Receiving Hospital Representative
- Primarily-Sending Hospital Representative
- CCT Agency Medical Director
- MEMS Board Member
- EMS IFT Agency Leader
- Education Committee Member

Support

- Maine EMS Staff Member
- Maine EMS Rules Committee Member
- Maine EMS Licensing/Rules Agent

*(Libby, seconded by Ontengco)*

(Yes) Cyr, Downing, Drinkwater, Gerrish, Langerman, Lewis, Libby, Ontengco, Smith

**Motion Carries**

- vii. The Board requested a summary document from the current IFT Committee, and also that the IFT Committee focus on the education deliverable for its remaining time.

*11:30am – The Board Chair directed for a break without objection.*

f. Discussion of the Jackman Pilot Project

- i. The Board invited Rick Petrie, COO of Northeast Mobile Health, and Butch Russell, CEO of Northeast Mobile Health, to speak about this project.

- 1. Mr. Petrie thanks the Board for considering the request for an extension of the Jackman Pilot Project, which was originally approved in October, 2021. He stated that the paramedics in Jackman have had over 900 patient encounters, averaging 12-13 calls per month; 172 calls were as advanced-practice CAIP medics; 256 calls were as rural healthcare technicians under physician supervision; 99 calls were as community paramedics.

Mr. Petrie stated that in October of 2023, the project submitted a request for the program to be made permanent. According to Mr. Petrie, the review process began in January but was put on hold because there was a DHHS investigation begun about the program due to anonymous complaints. The first was cleared with no violations found. The second was made on St. Joseph Hospital, and culminated recently in a citation and letter to St. Joseph stating that they were in violation of their licensing because they didn't have the Jackman health center on their roster as a remote site. Due to this citation, on September 11, 2024, St. Joseph Hospital terminated its relationship with Northeast and ceased providing telemedicine to the Jackman health center. Penobscot Community Health Center (PCHC) runs the clinic during the day with a primary care physician, while paramedics are there helping with acute care patients. Currently, if an acute care patient arrives after-hours, a primary care physician comes into the clinic to supervise their care directly.

Mr. Petrie is requesting a 1-year extension of the program to allow MDPB time to review the program. He states the project is searching for

a new physician provider for the project, since St. Joseph Hospital terminated their supervision.

**MOTION** to extend the Jackman Pilot Project for 1 year and ask the MDPB to perform a comprehensive review of the project. (Smith, seconded by Gerrish)

The Board questioned its legal counsel whether it has the authority to extend a pilot project, according to statute. Citing 32 MRSA §85, sub-§7, as enacted by PL 2019, c. 609, §1, the Board's counsel advised the Board that it has the authority to extend the approved project for any period of time, or not extend the approved project.

The Board also asked whether the project can continue as it was approved considering the termination of the relationship between St. Joseph Hospital and PCHC. The Board's counsel advised that the pilot project's initial application specifically states that St. Joseph Hospital will be providing physician services, and thus any form of the project that does not include a collaboration with St. Joseph, such as is currently in place, is not the pilot project that the Board approved.

Mr. Russell requested that the Board provide the extension so as to allow the project to go through the usual review process.

The Board called Bill Montejo, Director of the Division of Licensing and Certification at DHHS, to provide his testimony. Director Montejo stated that St. Joseph Hospital has been issued federal citations for not complying with Medicare conditions of participation related to this project. He stated that projects such as this carry high risk of causing federally-certified providers to violate federal law due to lack of knowledge and awareness among the project coordinators.

Director Montejo shared that, though the initial pilot project approved by the Board was specific that services provided were part of a 911 response, patients who received care at the Jackman health center had not called 911, did not intend to call 911, and had no expectation of a 911 response. Director Montejo shared that the Jackman facility did not display signs stating that providers were EMS. He also stated that the facility had issues with physical and language accessibility, which resulted in enough confusion that some patients left, went to the gas station down the street, and asked there how they could receive care at the facility. Director Montejo also stated that the patient visit numbers quoted by Mr. Petrie were vastly different than the numbers identified in DHHS's review of the program.

Finally, Director Montejo stated that, in practice, the Jackman facility has no 911 system involvement, and operates more like a fixed facility. He questioned whether the Maine EMS Board has the authority to create such a facility with no 911 system involvement in the State of Maine.

Dr. Zimmerman expressed embarrassment at how the Jackman pilot project was implemented, due to the apparent lack of foresight, knowledge, and attention to detail that went into it. She expressed sadness for the community of Jackman to be caught in this situation, and stated the importance of innovation especially in rural communities, but stressed the importance of doing it right.

12:04 pm – Downing is excused

**MOTION** to enter into Executive Session pursuant to 1 M.R.S. section 405(6)(F) for the purpose of discussing a record made confidential by 32 M.R.S. section 91-B(1). (Ontengco, seconded by Libby)

(Yes) Cyr, Drinkwater, Gerrish, Langerman, Lewis, Libby, Ontengco, Smith  
**Motion Carries**

**EXECUTIVE SESSION BEGINS: 12:07 PM**

**EXECUTIVE SESSION ENDS: 12:42 PM**

*12:42 pm - Board Chair directed for a 10-minute recess without objection.*

- ii. The Director expressed that the Board and Maine EMS Office are sensitive to not making a place worse by dismantling a level of care that is otherwise not available to a community. That said, the pilot project is not currently operating with telehealth services, and the Board cannot extend a project that is not currently operating (or expected to resume operating) as it was approved. The Director expressed that the goal of a pilot is to test the proof of concept for an initiative. He stated that the question proposed by the pilot project, “Can we create the Critical Access Paramedic that performs a dual role and fills this rural healthcare gap,” has been explored in the context of this pilot, and now it is time to ask more questions, develop a more robust model, and move forward with another version of the pilot. The Director stated that the Office’s recommendation is that the Board allow the Jackman Pilot Project to expire, review its process and outcome data posthumously, and use that insight to rebuild and expand the Jackman model as needed. The Director stressed the importance of a project such as this to fill a gap in Maine’s healthcare infrastructure, but also emphasized that it is important that such an undertaking be done safely and correctly.
- iii. The Board expressed concern that the pilot project was not implemented with an appropriate offramp that would prevent the community of Jackman from being suddenly left without this healthcare infrastructure. The Board discussed the challenge of trying to work within its legal constraints while also supporting the community’s needs, and expressed disappointment that the leaders of the pilot had not planned a transition phase for the end of their project, or considered other foreseeable challenges of implementing a pilot project.
- iv. The Board’s legal counsel advised that the Board lacks the authority under the existing statute to approve a different application from the one submitted on October 6, 2021. AAG Andrews advised that if there is a change to the pilot program, then a new pilot project must be submitted for the Board to approve.

**Smith rescinded his prior motion.**

**MOTION** to extend the approval of the application that was approved by the Board on October 6<sup>th</sup>, 2021 for the Jackman Pilot Project, for a period of no more than 7 months, but to suspend that approval as of October 6<sup>th</sup>, 2024, until such time as the EMS Board has reviewed, with input from other regulatory agencies, and approved a revised proposal that includes a contract with a physician provider to perform telehealth. (Libby, seconded by Drinkwater)

(Yes) Cyr, Drinkwater, Gerrish, Langerman, Libby, Ontengco, Smith  
(Abstain) Lewis

**Motion Carries**

7. New Business

- a. Review of the membership and goals of the Interfacility Transport Committee
  - i. ***This item was moved to earlier in the agenda.***
- b. EMSC Funding Approval for AAP Disaster Preparedness
  - i. EMSC requests approval from the Board to allocate \$15,000 to continue the contract of Dr. Rosie Davis, so that she may continue her work identifying Pediatric Emergency Care Coordinators (PECCs) at Emergency Departments across Maine, and expand her work to include monthly education sessions and a website on AAP for Emergency Departments and PECC members.

**MOTION** to approve the request. (Smith, seconded by Ontengco).

(Yes) Cyr, Drinkwater, Gerrish, Langerman, Lewis, Libby, Ontengco, Smith

**Motion Carries**

- c. Review of Data Committee Memo
  - i. ***This item was tabled for the next meeting.***
- d. Maine Health License Application Waiver

*Lewis and Smith are recused.*

**Summary:** Maine Health, the parent company for North Star, PACE Ambulance, and Maine Medical, is undergoing a restructuring to 2 EMS agencies: Maine Health EMS Franklin, and Maine Health EMS Stephens. They are requesting a waiver for the rule regarding ambulance signage during the 2-year transition period.

Drinkwater asked the Board the list of questions from Maine EMS Rules, Chapter 13, §2:

1. Whether the person or organization seeking the waiver took reasonable steps to ascertain the rule and comply with it:
  - a. **Board Response:** Yes  
And does this weigh in favor of granting the waiver?
  - b. **Board Response:** Yes
2. Whether the person or organization seeking the waiver was given inaccurate information by an agent or employee of the State EMS program:
  - a. **Board Response:** No  
And does this weigh in favor of granting the waiver?
  - b. **Board Response:** Yes
3. Whether the person or organization seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived:
  - a. **Board Response:** Yes  
And does this weigh in favor of granting the waiver?
  - b. **Board Response:** Yes
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community:
  - a. **Board Response:** No  
And does this weigh in favor of granting the waiver?
  - b. **Board Response:** Yes
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or Office of EMS in its administration of Maine's EMS System:
  - a. **Board Response:** No  
And does this weigh in favor of granting the waiver?
  - b. **Board Response:** Yes

**VOTE** to approve the waiver.

(Yes) Cyr, Drinkwater, Gerrish, Langerman, Libby, Ontengco  
**Waiver Passes**

e. Region 1 Medical Direction

*Langerman is recused.*

- i. The Board invited Rick Petrie, Chair of the Southern Maine EMS Council, to speak.
- ii. Mr. Petrie shared that the SM Regional Advisory Council has proposed Dr. Kelly Meehan-Coussee as Region 1 Medical Director.

**MOTION** to approve Dr. Kelly Meehan-Coussee as Region 1 Medical Director.  
(Libby, seconded by Gerrish)

(Yes) Cyr, Drinkwater, Gerrish, Lewis, Libby, Ontengco, Smith  
**Motion Carries**

8. Other

- a. Next Board meeting is on November 6<sup>th</sup> beginning at 9:30am. This meeting will be in person.
- b. Public hearings for Rules Chapter 27 in the next few days.

**Meeting adjourned at 2:24 PM.**