



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



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Date: 11 May 2020  
 To: Maine EMS Rules Sub-Committee  
 From: Jason Oko  
 Subject: Maine EMS Rules Public Comments

**Chapter 2 Public Comments Received**

From	Tom Judge, LifeFlight of Maine
Chapter	2
Line	405-419
Comment	
Response	

**§25. MEDICAL DIRECTION AND PRACTICES BOARD** means the board consisting of each regional medical director, an emergency physician representing the Maine Chapter of the of the American College of Emergency Medicine Physicians, an at-large member, a toxicologist or licensed pharmacist, a person licensed under 32 M.R.S. §85 to provide basic emergency medical treatment, a person licensed under 32 M.R.S. §85 to provide advanced emergency medical treatment, a pediatric physician, the statewide associate emergency medical services medical director and the statewide emergency medical services medical director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services protocols

From	Tom Judge, LifeFlight of Maine
Chapter	2
Line	491-494
Comment	
Response	

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**§42. SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or an independent nurse practitioner who assumes primary responsibility to ensure quality medical care for the service. A physician assistant may assist in this role under the direct supervision of a physician, however the supervising physician must be identified to Maine EMS as the medical director.

From	Kerry McKee
Chapter	2
Line	491-494
Comment	I was just reviewing the draft 2 of the Proposed rules and have a question. Service level medical director is defined clearly in definitions but in later parts of the document specifically around PIFT (no specification on level of Medical director) and Restricted Response Air Ambulance (it reads physician medical director)?
Response	

### **Chapter 3 Public Comments Received**

From	Jay Bradshaw
Chapter	3
Line	1287-1293
Comment	<p>The standards referenced are regularly revised to keep up with contemporary safety testing and standards. GVS and NFPA are on a three-year cycle and GSA issues annual Change Notices each July. The current version of GVS is 2.0 (2019); of NFPA is 1917 (2019) and GSA recently released a draft of Change Notice 13 to KKK-A-1822F that will be effective July 1, 2020.</p> <p>In developing the resource map on <a href="http://SafeAmbulances.org">SafeAmbulances.org</a>, I learned of many states who address these ongoing changes in their rules by requiring ambulances to comply with a national standard that was in effect on the date of manufacture. An interesting variation on this is VT, who requires compliance with the standard in effect one year before the ambulance was manufactured.</p> <p>Both GVS and NFPA are also working on standards for remounted vehicles and I would encourage Maine EMS to incorporate a similar requirement when those are developed. GSA does not have a remount standard because the “K” Specs) are actually standards for government purchased ambulances, and the government does not buy remounted ambulances.</p> <p>Thank you for considering this additional clarification in the interest of improving the safety of our providers and their patients.</p> <p>Please let me know if I can assist with any questions or provide sample language.</p>
Response	

2. All ambulances newly manufactured after July 1, 2021 must at a minimum comply with one of the following standards;

- A. National Fire Protection Agency (NFPA) NFPA 1917(2016)
- B. Federal Specification for Star-Of-Life Ambulances (KKK-A-1822)
- C. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0

From	Jonathan Busko, MD
Chapter	3
Line	1299
Comment	Line 1299 should read "A" ground ambulance, not, "an" ground ambulance
Response	

**1. An Ground Ambulance Service must possess, at a minimum, the equipment listed in**

## **Chapter 4 Public Comments Received**

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1630-1636
Comment	As noted in our cover letter we do not see the need to set separate Rules for Scene vs. Transfer Air Ambulances. The distinctions in the operations which can be administered via specific language rather than a separate classification of operations.
Response	

### **§2. License Factors** – an air ambulance service license is issued for a specific:

Type of Service- which may be:

- A. Scene Response Air Ambulance Service;
- B. Transfer Air Ambulance Service

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1638-1642 & 1660-1668
Comment	We agree with the updated language and we should collectively make the effort to have this valuable service available.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1889-1892
Comment	Note: no insurance carrier will provide coverage to a strictly patient choice destination. While we will honor request the patient may be subject to significant additional charges and there should be clarity for the public in regard to this requirement.
Response	

(v) Written policy that directs air ambulance personnel to honor a patient request for a specific service or destination when the circumstances will not jeopardize patient safety or delay care.

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1912-1914
Comment	Patient tracking procedures should have higher frequency position reports at not to exceed 5-minute intervals. With the commonality of satellite tracking in aircraft it is possible to have near contemporaneous position reporting. A 15-minute interval in an aircraft traveling in excess of 120k per hour results in a significant search area if there is an inflight emergency.
Response	

Patient tracking procedures that shall assure air/ground position reports at intervals not to exceed fifteen minutes (inflight) and 45 minutes for ground

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1967-1969
Comment	We support in coordination with the 911 PSAP's all air ambulance services including RRAAS should have full time dispatch capability.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	1979-2000
Comment	We strongly support the appropriate insurance requirements for both property/injury as well as professional liability for Scene and Transfer Air Ambulances. In order to properly protect the public, we believe minimum insurance limits should be contained within the regulations including a requirement for a minimum of \$25M in aviation liability insurance for fixed wing operations and \$100M in rotor wing operations. Assuring adequate insurance coverage is essential for patients and the public. We will note a recent air medical crash will exceed \$200M in settlements.
Response	

1. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify Maine EMS and cease operations if the coverage

required by this section is cancelled or suspended. Maine EMS will not issue an air ambulance service license to an air ambulance service unless the applicant for a license or the licensee has:

- a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.
- b. Worker's compensation coverage is required as defined by individual state regulating bodies.

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	2301-2324
Comment	We fully support the Accreditation requirements and believe it should be extended to Transfer Air Ambulance Services as well if the Board retains the two-classification system.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	2470-2474
Comment	We note the 24-hour requirement is always our goal and we do have specific pass on information forms to assure continuity of care in patient transfer to the receiving hospital. Meeting this requirement is extremely challenging when crews get backed up on calls as completion of our PCR generally takes 1-3 hours to fully finish. As stated, it is not always possible to meet this requirement.
Response	

For each request for service, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit an electronic Maine EMS patient care report as specified by Maine EMS, within ~~1 business~~ day twenty-four hours.

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	2560-2565
Comment	As noted in our cover letter we believe the twin engine and our turbine requirement should not be modified.  In addition, we believe the Board should require IFR operations for Scene and Transfer Air Ambulance Services. Assuring the highest level of safety is paramount. As we have noted no service in Maine has objected to these long-standing requirements.
Response	

P 4-21

**§13 Scene Response and Transfer Air Ambulance Vehicle Design Requirements ...**

- A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:
  - B. The aircraft engine is a gas turbine type;

From	Tom Judge, LifeFlight of Maine
Chapter	4
Line	2720-2723
Comment	We do not believe this section should be removed. This is a patient safety requirement.
Response	

- CC. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

### **Chapter 5 Public Comments Received**

From	Wayne Seeley, Denny's River Volunteer Ambulance
Chapter	5
Line	2720-2723
Comment	Just a comment about going from 3 years to 2 years on license times. It is going to make it harder to get volunteers to work in EMS and still require 52 hours in CEH hours.
Response	

**Chapter 6 Public Comments Received**

From	Jonathan Busko, MD
Chapter	6
Line	3749
Comment	3749 should read "non-controlled" not "non-cotrolled"
Response	

**Chapter 15 Public Comments Received**

From	Tom Judge, LifeFlight of Maine
Chapter	15
Line	5172-5271
Comment	<p>Regional Councils. While the idea of regional coordination amongst services is important, we do not believe there is a need to continue with the current system of allocating resources to the Regions, especially as the State EMS office is seriously underfunded. We believe continuation of regional systems should be at the Service and Hospital level with encouragement and support from the State EMS Office in the form of technical assistance and Regional Medical Directors. Original and recurrent EMS Education should be delegated and authorized through the Community College or other formal education entities. The current corporate configuration of the Regional Councils does not serve the system as efficiently and effectively as needed. Moving away from the current regional system has been noted in both evaluations of the system in Maine.</p>
Response	

## Chapter 17 Public Comments Received

From	Tom Judge, LifeFlight of Maine
Chapter	17
Line	All chapter 17 equipment lines
Comment	As noted earlier a single air ambulance classification would simplify this section.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	17
Line	Page 17-5 5489
Comment	<b>5489</b> Disaster Tags: As air medical services are secondary responders in most circumstances the requirement for disaster tags is not necessary.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	17
Line	Page 17-5 5489
Comment	The requirement for a Doppler Stethoscope was eliminated. We believe a doppler or ultrasound should be required at the air response level.
Response	

From	Tom Judge, LifeFlight of Maine
Chapter	17
Line	Page 17-7 5495
Comment	Should oral glucose be listed here? Excepting fluids, it is the only medication specifically called out. All others are as per the MDPB and protocols.
Response	

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From	Tom Judge, LifeFlight of Maine
Chapter	17
Line	Page 17-8 5498
Comment	<p>Weight and Space are limited on all aircraft.</p> <ul style="list-style-type: none"><li>▪ A short spinal immobilization device is not necessary for air ambulance services as they are secondary responders.</li><li>▪ The rigid flight frame is the equivalent of the long spinal immobilization device.</li><li>▪ Board splints should have an equivalent</li></ul>
Response	