



To: Maine EMS Board  
 From: Maine EMS  
 Date: 28 September 2020  
 Topic: Comments on the Proposed Rules Changes

Lines	Comment	Submitted By
105/106	Why are you removing the language on Strategic Planning? One of the major issues we have faced over the years has been because of a lack of organizational focus. The Board needs to develop a strategic plan from which yearly goals are established and the various committees of the Board develop their work plans based on these goals. It would be a mistake to remove this language.	Rick Petrie
<b>Chapter 2</b>		
283	Please consider adding "Drivers" to this section. Many of our services rely on drivers to operate their services. The drivers help with lifting and moving, CPR, etc, and are integral parts of an EMS service. They also face the same dangers as licensed EMS providers but would not be covered under the LODD benefits. Possible language; " ...routinely provides emergency medical treatment to the sick or injured, or whose job description for a licensed emergency medical service involves driving the EMS vehicle to the scene or while transporting patients."	Rick Petrie
292	Too limiting considering the treatments that are now in the public domain (Narcan, Epi pens, etc.) Maybe change to "Any person administering treatments considered to be acceptable for the general public that does not require special certification."	Rick Petrie
319	Don't strike. Consider using this for Community Emergency Responders who be utilized by licensed EMS services in their communities.	Rick Petrie
386	Should we add cellular as well?	
453/463	I would request that you consider striking lines that reference the PIFT program and instead draft a new section of the rules addressing transfer. Given the resources available to Maine EMS, I believe we would be better served by establishing a foundation from which all services operate, and then provide flexibility for an EMS service to innovate based on the needs of their location and primary hospital(s) as long as they establish a relationship with a Medical Director. Their contract with the Medical Director would have to spell out, among other things, that the Medical Director is	Rick Petrie

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	<p>authorizing, under their license, any skills, procedures, devices or medications that exceed the foundation established by Maine EMS. An example of the language could be:</p> <p><i>Maine EMS licensed ambulance services may provide routine and interfacility transfers at the level to which:</i></p> <ol style="list-style-type: none"> <li>1. <i>The service is licensed/permitted, <u>and</u></i></li> <li>2. <i>The level of the provider attending the patient.</i></li> </ol> <p><i>Licensed EMS services that wish to exceed the scope of practice adopted by Maine EMS for each licensed level must have a contract with a Medical Director and develop a plan for approval by the MDPB and the Board of EMS that includes:</i></p> <ol style="list-style-type: none"> <li>1. <i>A Contract with a Medical Director that requires all skills, procedures, devices and medications, as well as all education, continuing education, QI and policies/procedures be approved by the Medical Director and authorized under their Medical license.</i></li> <li>2. <i>An outline of the educational requirements for the providers authorized to conduct these transfers.</i></li> <li>3. <i>An outline of the continuing education requirements for the providers authorized to conduct these transfers.</i></li> <li>4. <i>A description of the Quality Assurance/Improvement Program that will be associated with these transfers.</i></li> <li>5. <i>Policies/procedures/protocols associated with these transfers, as well as a description of the process by which these policies/procedures/protocols are developed and approved.</i></li> </ol> <p><i>Services that are approved under this program will provide an annual report to the MDPB and Maine EMS Board.</i></p>	
<b>Chapter 3</b>		
638	Consider adding a Certificate of Need review to the new application process.	Rick Petrie
755	January 2021 is too soon. It should be January 2022 at a minimum. In the top to-thirds of the state, qualified personnel willing to serve as service medical directors are in short supply. And what happens if they can't find one? Do they have to re-license at the BLS level? If we are going to implement this requirement, we need a plan for services that can't find a service medical director.	Rick Petrie
762/768	This language has to be changed to reflect the fact that <u>all</u> EMS services in Maine now administer medications, and BLS services may not, in fact, have a written contract with their supplier (Commercial pharmacies, Medical equipment distributors, etc). A	Rick Petrie

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	written prescription isn't a contract, and they don't even need a script to purchase aspirin or oxygen.	
770/775	Proposed Striking this language as proposed above.	Rick Petrie
790/791	Dates should be changed to January 2021 & November 2021 respectively	
830/835	Proposed Striking this language as proposed above.	Rick Petrie
867/874	As worded, this has the potential to create confusion regarding non-transporting services and the requirement for an EMS person must be on an 'ambulance'. Wording should take into consideration / differentiate situations for non-transport services that may only utilize fire rescue apparatus and may not have an EMS person available for response. Is the intent of the regulation for these service providers not to respond if they do not have an EMS person available?	Tom Bradsell
935/940	Wording may result in some confusion. Would this apply to non-transport providers who do not have an 'ambulance' but utilize fire apparatus, such as a rescue unit, for response to emergency medical calls?	Tom Bradsell
1195/1196	Unless it interferes with the delivery of patient care?	Rick Petrie
<b>Chapter 4</b>		
1660	I believe that the Maine EMS Board should put a temporary hold on this section until they can convene a work group made up of Board members and Island EMS providers to identify and evaluate the unique challenges faced by Island EMS providers when moving a patient off the island. Significantly restricting the utilization of air transport will force them to use inefficient, and potentially more dangerous, modes of transport.	Rick Petrie
<b>Chapter 5</b>		
	<p><b>I would like to express a concern about moving to a 2-year licensing period instead of 3-year license period.</b></p> <p>For the past 30 years, I have been licensed and working for smaller services. I continuously watch people scramble to complete the hours to license. There are far fewer opportunities now, especially in light of COVID-19 to even get continuing ed hours. I am aware of many small services that are struggling to even keep the doors open. Although I truly understand the need and desire for well-trained people, the hardship caused will only cause longer response times to the patient, as the larger services will be driving further and longer times to get to the patient. In my county, even the full-time services are struggling to provide enough personnel to keep ambulances on the roadway.</p>	Michael J. Azevedo, Jr.

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	<p>Fortunately, unfortunately I am considering teaching basic first aid and cpr again, so that firefighters can respond to the scene, due to our lack of EMS professionals. In the last two years, the only two people interested in becoming EMT's have been unable to pass the NREMT written test, even though they pass the Maine State Skills test and the class final exam.</p> <p>The only person that suffers with the lack of providers in our EMS system is the patient that called us for help.</p>	
3022	November 2021 is too soon. Should be at least a year from when the rules are implemented.	Rick Petrie
3236	The date needs to be updated. Should be November 2021	Rick Petrie
3237	Three-year or two-year?	Rick Petrie
3277	Should be November 2022	Rick Petrie
3284	Where is the skills competency verification defined? This reference should be listed or explained here.	Rick Petrie
3309	Should be November 2023	Rick Petrie
3062	Should we not put most current version here instead of a date in case it gets updated?	Rick Petrie
3324/3349	We want to get rid of Skills Hours? Didn't the Maine EMS office just take the position that skills verification at the completion of the initial training is critically important. So, are we sending the message then that ongoing skills competencies isn't important?	Rick Petrie
3428	Given the conversations happening at the National level on the validity of the skills exams, should we just write "Board approved evaluation" and remove "cognitive test and practical skills" throughout the document to give us flexibility?	Rick Petrie
3484	Are we saying that when a service chief/training officer/medical director signs off on continued competency, they are saying the provider has demonstrated proficiency in everything listed in the NREMT document you reference? Has everybody looked at this document? Most of our services do not have the capacity to do this, and we would be transferring a tremendous amount of liability onto the service. If we go down this path, we need to push the implementation date out and then develop a plan to help services get to this point.	Rick Petrie
<b>Chapter 6</b>		
3775	Should be a period after "seal".	Rick Petrie
3749	Does this mean that every service that wants to store their non-controlled medications in a box that does not have a pharmacy seal have to come to the Board for approval? This runs contrary to the Maine EMS Board approved policy revised in April 2012.	Rick Petrie

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<b>Chapter 7</b>		
	Based on previous comment: "An examination required for EMS licensure in Maine must consist of a Board approved <del>written (cognitive) test for the level of license sought and a Board approved practical (psychomotor) evaluation of emergency medical treatment skills.</del> <b>evaluation for the level of license sought.</b> " This will maintain the current system while giving the Board the flexibility to adapt to the changing face of EMS.	Rick Petrie
<b>Chapter 8</b>		
3999/4007	Much of this language is outdated. Services no longer submit the paperwork to Maine EMS or the Regional Offices. They upload the Roster and were told by Maine EMS to keep evaluations in case they are requested. Also, most rosters are signed by the instructor, which may not be the sponsor.	Rick Petrie
4016/4017	This language needs to be updated to reflect on-line learning, much of which does not have an evaluation piece.	Rick Petrie
<b>Chapter 16</b>		
5339/5340	replace "20-A M.R.S. Sec 12552, subsection 1-C" with "25 M.R.S. Sec 1611, subsection 3".	William J. Wiegmann
5360	replace the amount \$50,000 with "\$100,000 or such other amount as may be determined pursuant to 25 M.R.S. Sec 1612, subsection 1".	William J. Wiegmann
<b>Chapter 17</b>		
5208	This section states that the only time equipment approval from Maine EMS is required is when substituting with an item on the equipment list. However, Brown 5 of the Maine EMS protocols states that " <i>All equipment referenced in these protocols must be Maine EMS-Approved.</i> " Does this mean that all equipment carried by a licensed service must be approved by the Board? If not, then is there someplace where service can look to see what equipment must be approved by the Board? And, is there a process in place for this approval and listing? Does the Board really want to approve every piece of equipment carried by Licensed EMS services?	Rick Petrie
<b>Chapter 18</b>		
6040	Reference to the Regional QA/I committees should be placed back in this section. Below is the language that was removed from the original language the evening before the Maine EMS Board Vote:	Rick Petrie

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*Regional Emergency Medical Services Quality Assurance Committees*

1. *A Maine-EMS-approved regional emergency medical services quality assurance committee is authorized by the Board to perform regional EMS system quality assurance and improvement, to include:
  - A. *Creating regional quality improvement markers;*
  - B. *Conducting regional Quality Improvement Initiatives on its own behalf or as part of a Quality Assurance Initiative conducted by the Maine EMS Quality Assurance and Improvement Committee;*
  - C. *Receiving and interpreting results of quality marker reports;*
  - D. *Reviewing, in concert with regional medical directors and regional coordinators, local services' participation in sub regional quality assurance and improvement plans; and,*
  - E. *Leading or participating in region-based quality management education.**