



JANET T. MILLS
GOVERNOR

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



MICHAEL SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

December 2, 2019

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PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

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

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Chapter 1 Comments

Rick Petrie:

Line 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.

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Chapter 2 Comments

Rick Petrie:

Line 282 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.”

Line 319 Don’t strike. Consider using this for Community Emergency Responders who be utilized by licensed EMS services in their communities.

Line 390 Strike the word “hospital”; too limiting. Instead, “... charged with medical oversight, that is credentialed to do do.”

Line 404 It appears that you left out the new positions to the MDPB authorized by LD 1724.

Line 444 – 454 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 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:

Maine EMS licensed ambulance services may provide routine and interfacility transfers at the level to which:

1. *The service is licensed/permitted, and*
2. *The level of the provider attending the patient.*

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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:

- 1. 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.*
 - 2. An outline of the educational requirements for the providers authorized to conduct these transfers.*
 - 3. An outline of the continuing education requirements for the providers authorized to conduct these transfers.*
 - 4. A description of the Quality Assurance/Improvement Program that will be associated with these transfers.*
 - 5. 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.*
- Services that are approved under this program will provide an annual report to the MDPB and Maine EMS Board.*

PO Box 521
Belgrade, ME 04917
November 17, 2019

SENT VIA EMAIL

J. Sam Hurley, Director
Maine EMS
152 State House Station
Augusta, ME 04333

Dear Sam,

I am writing to share with you and the Board of EMS my comments regarding the importance of including ambulance design requirements in the EMS Rules.

I appreciate the proposed inclusion of National Fire Protection Association (NFPA) 1917 and the Society of Automotive Engineers (SAE) J3026, but think it's time the Board go considerably further and include a more robust set of standards.

By way of background, in addition to my years with Maine EMS, I was also the representative from the National Association of State EMS Officials (NASEMSO) to the NFPA and served on the Technical Committee during the development of the 1917 (2015) standards.

I also worked with the National Institute of Standards and Technology (NIST) and the National Institute for Occupational Safety and Health (NIOSH) on the development of SafeAmbulances.org in 2016. During that project, and since, in addition to NFPA, I have worked with the Executive Director of the Commission on Accreditation of Ambulance Services/Ground Vehicle Standards (CAAS/GVS) and the director of the General Services Administration (GSA) office responsible for the K-Specs.

Over the years, this has been an almost ignored area in the Maine EMS Rules, but in light of the robust research into ambulance safety standards, I'll offer the recommendation that it's past time for that to change.

There are three documents often cited in this area:

- General Services Administration Ambulance (KKK-1822-F) that have had annual change orders issued in July. The current version is Change Order 10.

The GSA often clarify that the "K Specs" were developed as purchasing specifications for when the US Government buys ambulances. However, in the absence of other standards, for decades "Star of Life Ambulances" have been considered a de facto standard and adopted by many states. At one time, the K Specs were referenced in Maine regulations, but were removed at some point and replaced with Maine standards.

- National Fire Protection Association 1917 Standards for Ground Ambulances. The first version was in 2013; the current version is the 3rd edition effective July 1, 2019.
- Commission on Accreditation of Ambulance Services – Ground Vehicle Standards 2.0.

While there are differences in each of the above, one thing they have in common is incorporation of all current Society of Automotive Engineers (SAE) standards:

[J2956—Occupant Restraint and Equipment Mounting Integrity—Side Impact System-Level Ambulance Patient Compartment](#). — This SAE Recommended Practice describes the test procedures for conducting frontal impact occupant restraint and equipment mounting integrity tests for ambulance patient compartment applications. Its purpose is to establish recommended test procedures that will standardize restraint system and equipment mounting testing for ambulances. Descriptions of the test set-up, test instrumentation, photographic/video coverage, and the test fixtures are included.

[J3026—Ambulance Patient Compartment Seating Integrity and Occupant Restraint](#)—This SAE Recommended Practice describes the testing procedures that may be used to evaluate the integrity of ground ambulance-based occupant seating and occupant restraint systems for workers and civilians transported in the patient compartment of an ambulance when exposed to frontal or side impact.

[J3027—Ambulance Litter Integrity, Retention, and Patient Restraint](#)—This SAE Recommended Practice describes the testing procedures required to evaluate the integrity of a ground ambulance-based patient litter, litter retention system, and patient restraint when exposed to a frontal or side impact.

[J3043—Ambulance Equipment Mount Device or Systems](#)—This SAE Recommended Practice describes the dynamic and static testing procedures required to evaluate the integrity of an equipment mount device or system when exposed to a frontal or side impact.

[J3044—Occupant Restraint and Equipment Mounting Integrity—Rear Impact System-Level Ambulance Patient Compartment](#) —This SAE Recommended Practice describes the test procedures for conducting rear impact occupant restraint and equipment mounting integrity tests for ambulance patient compartment applications.

[J3057 – Modular Body Evaluation-Quasi-Static Loading for Type I and Type III Modular Ambulances](#) – This SAE Recommended Practice describes the test procedures for conducting quasi-static modular body strength tests for ambulance applications.

[J3059 – Ambulance Patient Compartment Seated Occupant Excursion Zone Evaluation](#) – This SAE Information Report describes the testing and reporting procedures that may be used to evaluate and document the excursion of a worker or civilian when transported in a seated and restrained position in the patient compartment of a ground ambulance when exposed to a front, side, or rear impact.

[J3102 – Ambulance Patient Compartment Structural Integrity Test to Support SAE J3027 Compliant Litter Systems](#) – This SAE Recommended Practice describes the dynamic and static testing procedures required to evaluate the integrity of the ambulance substructure, to support the safe mounting of an SAE J3027 compliant litter retention device or system, when exposed to a frontal, side or rear impact (i.e., a crash impact).

On the surface, this may seem like a lot to absorb, but the bottom line is that there is no dispute that these safety standards are supported by an abundance of validated research (and some sobering crash videos see: <https://www.safeambulances.org/resources/videos-and-photos/>). Most ambulances currently being purchased meet at least the GSA K-Specs, which includes all the above SAE standards.

Inspecting for compliance is easily accomplished by looking for a placard on the ambulance box itself.

While it is possible that a purchaser could request exceptions, that would be disclosed on a form provided to the buyer that is supposed to be maintained with the vehicle.

On its face, this may cause initial concern for ambulance buyers, so to allow for time for education about the safety standards and budgeting, I would suggest an extended effective date and offer a suggestion that language such as this be considered:

New ground ambulances purchased after July 1, 2021, must comply with one of the following national specifications or standards:

- *GSA KKK-1822-F, with up to Change Notice 12 (July 2019)*
- *NFPA 1917 (1919)*
- *GVS 2.0*

All of the above documents are available at no charge. However, while abstracts of the SAE standards are also offered without charge, digital or print copies of the full standard (which is very detailed technical engineering speak) cost \$81/per standard and I don't think SAE will allow a state office to purchase a single copy for further copying and distribution.

Thank you for consideration of this important safety step forward, and please let me know if there is additional information that would be of help as you consider the rules revision.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bradshaw". The signature is stylized and written in a cursive-like font.

Jay Bradshaw

Okon, Jason A

From: Liberty Volunteer Ambulance Service <lvamb0415@gmail.com>
Sent: Wednesday, November 13, 2019 10:53 AM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Each ALS service will need a Medical Director? What are the costs? This could very well put a small service, into financial hardship. Many small services Barley bring in 40k a year. If a medical director cost around 10k, that would take a major impact on our service.

--

*Thank you
Respectfully submitted,*

*Jason Earl, Asst. Chief/NREMT
Infection Control Officer
Liberty Volunteer Ambulance
187 West Main Street, Liberty ME 04949
207-542-0128 cell 207-589-4446 office*

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Thank you.

November 19, 2019

Maine EMS

45 Commerce Drive, Suite 1

Augusta, ME 04333

Dear Chairperson Kellner and Director Hurley,

I am writing with comments regarding the Maine EMS 2019 proposed rules changes for consideration by the Maine EMS Board. In full disclosure, I am an employee of Maine EMS as the program manager for EMS for Children and am also the NASEMSO national pediatric representative to the NAEMSP Ambulance Equipment Committee.

Line 5302, Airway management

- Endotracheal Tubes should be expanded to include sizes 3.5, 4.5, 5.5, 6.5, 7.5 and 8.5 (recognizing that 2.0, 9.0, 9.5. and 10.0 also exist but are rarely used in the prehospital environment). *Rationale: In the pediatric patients) as well as adults), an assortment of properly sized ET tubes is important for the effective ventilatory management of the patient.*
- Remove the requirement for Curved laryngoscope blades size 0. *Rationale: pediatric airways rely mainly on Miller (straight) blades for improved success. A Mac (curved) size 0 blade is unnecessary.*

Line 5309, Diagnostic & Monitoring Equipment

- Remove the requirement for Adult & Pediatric AED pads for AEMT, Paramedic, Air Transfer Ambulance and Scene Response Air Ambulance. *Rationale: an AED is not required for these levels (and “manual/combi” pediatric defib pads are required further in the rules)*
- Expand ETCO2 Monitor to list both adult and pediatric size measurement devices. *Rationale: Properly sized ETCO2 devices are critical to accurate measurement and confirmation of advanced airways and ventilatory exchange.*

Line 5312, Dressings & Bandages

- Remove the option for scalpel in obstetrical kit, requiring scissors only. *Rationale: Scalpels in this patient presentation unnecessarily expose providers to potential injury. As this is a rare EMS event and the only time providers below paramedic utilize scalpels (and even the paramedic only utilizes scalpels during the very rare surgical airway procedure), provider safety and decreased exposure to infectious exposure is the driving force for this change.*

Equipment Items to add

Rationale: based on equipment list recommendations from the following source and national guidelines.

American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians & National Association of State EMS Officials. (2014). Equipment for Ground Ambulances, *Prehospital Emergency Care* 18(1), 92-97, DOI:10.3109/10903127.2013.851312

- A pediatric length-based tape
- A pediatric transport device
- Pediatric pulse oximeter probes
- Antiseptic wipes (such as alcohol or chlorhexidine) – none are currently listed as necessary
- Glucometer test strips (a glucometer is listed, but test strips are not)
- Assorted syringes for medication and airway devices
- Lubricating jelly
- Meconium aspirator

Rationale: based on equipment not listed in Maine EMS ambulances requirements and needed for procedures from the following source.

Maine Emergency Medical Services. (2019, December 1). Prehospital Treatment Protocols, <https://www.maine.gov/ems/publications/documents/2019%20Protocols/2019%20Protocols%2009%2019.pdf>

- Morgan Lens (page 98, green 23)
- Pelvic Binder (page 89, green 14)

In the section of Air Ambulance Vehicle Design Requirements

Lines 2428 through 2450 reference pediatric restraints for air ambulances. These guidelines should be added to the requirements for ground ambulance design requirements (starting on line 1136) (removing FAA requirements), similar in wording to existing air ambulance requirements:

- Be equipped with a patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR);
- Patients under 80 pounds (36 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured per manufacturer recommendations to the stretcher or rear facing seat in the ambulance patient compartment;
- All patients under 55 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;

- If a car seat is used to transport an infant or child – it must be secured via manufacturer recommendations
- There must be some type of restraining device within an isolette to protect the patient from movement during transport and the isolette must be capable of being opened from its secured position in order to provide full access to the infant for patient care or extrication from the isolette becomes necessary;

Line 2518 to 2521 also lists the requirements for air ambulances to have equipment secured in flight. This should be added to ground ambulance design requirements (at or around line 1238)

- Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that all equipment is secured and positioned to provide easy access by the medical crew while they are secured in seatbelts and to prevent flying objects in the event of a crash or sudden deceleration.

Thank you for the opportunity to submit these suggestions, an thank you to all of the board members for the continued hard work and dedication to the improvement of the Maine EMS system.

Respectfully,

Marc Minkler, BS, NRP, Maine Paramedic I/C #18425
Westbrook, Maine

Okon, Jason A

From: Nate Robbins <nate@provc.net>
Sent: Tuesday, November 19, 2019 11:05 AM
To: Maine.EMS
Subject: Rules change to Ground Ambulance Design

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

I have one question in regards to the rules change for the cot retention systems. How will this impact remounted ambulances? If a service wants to remount an ambulance will they be required to change the cot mounts to meet the new rules?

Thanks,

Nate Robbins
Professional Vehicle Corporation
12 Industrial Park Rd
Rumford ME 04276
207.739.9789
207.364.2400

Cherryfield Ambulance Service

Post Office Box 58 Cherryfield, Maine 04622

For Emergencies Dial: 9-1-1 Other Business Dial: (207) 546-7890 Fax: (207) 546-2226

Jason,

I have found some time to review the proposed rule changes and have a few questions and comments in that regard.

I first of all want to express complete appreciation for all that you and the team in developing these changes and I have to admit that I am excited for many of the proposed changes.

Here is my list:

Sub 23: Full Time Dispatch.

In section 3 the rules mention communicating with two-way radio or other methods. I would like clarification and would suggest that there is language added. I would prefer to have all ambulances dispatched by radio, at least for initial information (nature of call, address, etc.). This would allow others in the community to know that their neighbor has been assigned and that they may in fact be the next available unit. The use of phone dispatch is archaic and in my opinion only slows the process of providing care to the sick and injured.

Chapter 3, Sub 5, Section C, line 12: Infection Control Officer

I appreciate the specificity of this section, and recognize the need in every aspect of what we do. What appears to be lacking in our community as a whole is the proper education for ICO's. We have made great strides in ICS, and even electronic sources of education, but I have not seen very many, if any, opportunities for ICO training. I would support this section more if there was a plan to ensure the education and adequacy of this position.

Chapter 3, Sub 8, Section 1: Availability for Emergency Response

This requirement would be helped by the first comment on Full Time Dispatch. Can we consider adding geographical importance in this section? Mutual aid should be the next closest unit or service, and one should not be bypassed if it can be avoided.



Chapter 5, Sub 2, EMT

I see the strikethrough of the IV setup information. Does this indicate that an EMT cannot begin the process of “flushing a lock” or “spiking a bag” at all, or is that part and parcel of the national standards?

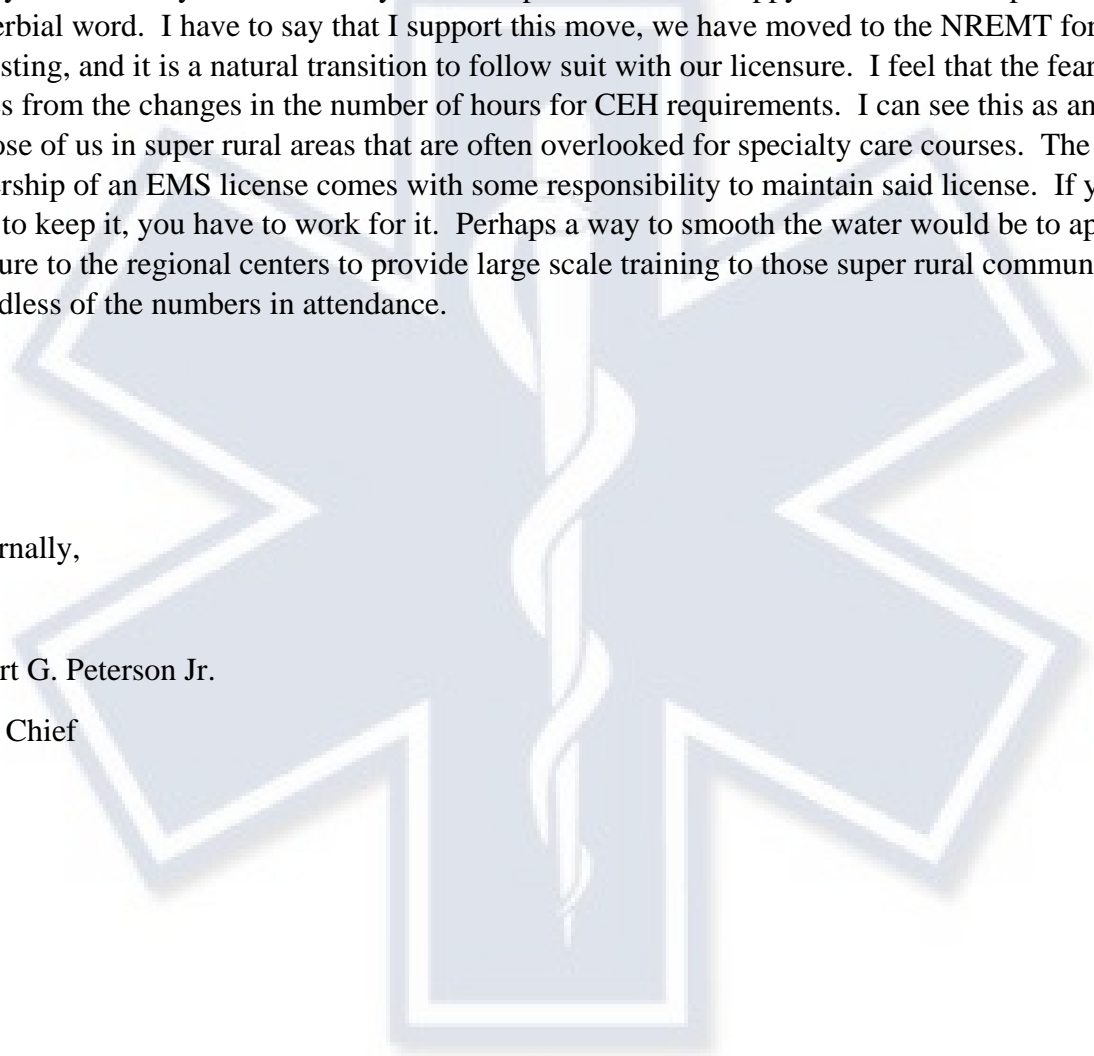
Chapter 5, Sub 5

I have been approached by another service chief regarding the change from a three year to a two year licensure cycle. That person was not happy about it and is spreading the proverbial word. I have to say that I support this move, we have moved to the NREMT format for testing, and it is a natural transition to follow suit with our licensure. I feel that the fear comes from the changes in the number of hours for CEH requirements. I can see this as an issue to those of us in super rural areas that are often overlooked for specialty care courses. The ownership of an EMS license comes with some responsibility to maintain said license. If you want to keep it, you have to work for it. Perhaps a way to smooth the water would be to apply pressure to the regional centers to provide large scale training to those super rural communities regardless of the numbers in attendance.

Fraternally,

Robert G. Peterson Jr.

EMS Chief



Oko, Jason A

From: Ryan Welch <rwelch18782@gmail.com>
Sent: Tuesday, November 5, 2019 9:04 PM
To: Oko, Jason A
Subject: Rule Change Questions

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Jason,

I know this may not be yours to answer so feel free to send this along to where it belongs.

I was reading the proposed rule changes (not the protocols). I had some questions from what I was reading:

1. What is an agency safety plan? Is there an example of what one looks like?
2. When auditing someone's CEH's, if they received them through an approved CEH course (i.e. the roster was turned into Maine EMS using the eLicense system), do they need to provide proof of something or will the signed roster attached to the course be enough?
3. With the change to a two year license cycle and the change in CEH topics/requirements, does this mean everyone has to be NREMT now?

Any thoughts you have would be greatly appreciated. I appreciate the info.

Thanks!

Ryan Welch

Oko, Jason A

From: Scott Bernier <sbernier@waterborofire.org>
Sent: Saturday, November 16, 2019 8:11 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dispatch rules - If you want to mandate anything for dispatchers, please mandate that they give all information on initial dispatch. Too many times we are already in the truck responding when we here it is a suicidal, overdose, assault and with more and more agencies carrying body armor, it would be nice to know before getting in the ambulance and being out the door that we may need the body armor. This is a provider safety issue and also can cause delay of care if we have to stop prior to arriving just to put on the vest and then continue to the scene because we really do not want to be at the scene putting on the vest.

CEH's for license renewal - The problem that should be addressed with the changes is there is no infrastructure to support this. You have outfits like APEMS who has gobbled up regions and does nothing for them except in their original home territory. Southern Maine has suffered with little to no education support from APEMS since they took over. My recommendation is to eliminate the "private" region agencies and make it an actual "office" of MEMS with an actual director and staff to support training and education in their regions. When you run something like it is a business, i.e APEMS, the providers lose.

*Captain Scott Bernier, A-EMT
Waterboro Fire Department
207-247-5299
207-247-6259 fax
207-651-1302 cell*

Okon, Jason A

From: amilia campbell <amilia.northhaven@gmail.com>
Sent: Tuesday, November 12, 2019 11:56 AM
To: Maine.EMS
Subject: SUSPEND CHANGES TO CHAPTER 4 RULES

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Board of Directors,

My name is Amilia Campbell and I am a volunteer EMT-Basic for the North Haven Island EMS Crew. I implore you to suspend changes to the rules regarding emergency air transportation. The waiver that you are removing will make it extremely difficult, time consuming, expensive and inefficient for us to transport patients off the island. The expectation that our small, volunteer island EMS Crew will be able to comply with heavy restrictions on emergency air transportation is unrealistic. Please do not make any changes to chapter 4 concerning restricted air ambulance services. Leave the existing waiver in place until you can convene a subcommittee with island representation. A compromise must be reached that does not inhibit our ability to effectively transport patients from NH/VH via PIA.

Thank you for your time and consideration,

Amilia

Okon, Jason A

From: Courtney Naliboff <courtney.naliboff@gmail.com>
Sent: Monday, November 18, 2019 9:52 PM
To: Maine.EMS
Subject: Air ambulance waiver

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

I urge you to keep the existing air ambulance waiver in place for remote EMS services. As the assistant crew chief for North Haven EMS, I can personally vouch for the importance of accessing Penobscot Island Air for emergency evacuations.

Despite our low overall call volume, PIA is responsible for a majority of our transports. When LifeFlight is unavailable, or their response time will decrease the chance of a positive outcome for a patient, PIA is a fast and reliable method of transportation. We have also been urged of late to be judicious in our use of the ferry as emergency transportation. Private boat transportation is an option, but one that does not fully account for the need to keep patients warm and dry.

PIA is a true lifeline for island residents in need of urgent medical attention. Please keep our current waiver in place until island residents' voices can be heard on this issue, and a decision can be reached that does not impede our ability to safely and efficiently transport patients from our remote locations to medical care.

Sincerely,

Courtney Naliboff
Assistant Crew Chief
North Haven EMS

Sent from my iPad

To Members of the Maine EMS Board,

As an EMT on Vinalhaven, I am astonished and dismayed at the possibility that the Board will remove a waiver whose practical effect will terminate Vinalhaven EMS' use of Penobscot Island Air for rapid, reliable and safe evacuation of our patients to hospital care.

The following are my reasons for opposing the removal of the waiver:

- Compromising Patient Safety and Care
- Increase in Patient Refusals for Transport
- Negative Impact on Service Volunteer Staffing

I base this letter on my 28 years of living and working on the island, my knowledge of the island's year-round and seasonal populations, and my 9 years and nearly 1,000 calls as a volunteer EMT.

After assessment and treatment, the key element of patient care is the rapid, safe transport of a patient to an appropriate medical setting. Vinalhaven EMS may only provide direct transport to two locations: our Island Community Medical Center Clinic [ICMS] or PenBay Medical Center in Rockport.

Our island clinic is a licensed receiving facility, but with its limited services for emergent patients, only 8 of our 195 calls this year [as of 11/12/19] have resulted in transport to ICMS. In fact, ICMS's PA's or FNP routinely accompany us on EMS calls precisely to speed up the medical transport decision process.

Therefore, virtually every call requires a determination on how to transport someone to PenBay Medical Center. That means that one EMT and/or driver must focus strictly on transport (and the reason that our service seeks a minimum of 3 crew members on every call.

The available transport options are:

- Penobscot Island Air
- Maine State Ferry Service
- Life Flight of Maine
- Maine State Marine Patrol
- US Coast Guard
- Private Lobster Boat

Penobscot Island Air

PIA has demonstrated its ability and willingness to prioritize medical evacuations from the island above their passenger/freight air taxi services. I have witnessed them bumping paying passengers so as to assist EMS with medical transport.

The flight takes 8-10 minutes. The planes have sufficient space for a patient on a backboard as well as the requisite medical equipment that EMS might require, such as a Lifepak, AED, suction, etc. The patient is always accompanied by an EMT with the appropriate license level. We transfer the patient to another ambulance service for the 15 minute drive to PBMC. PIA returns the EMT to the island, minimizing lost time for volunteer EMT's.

Our island population is largely self-employed, involving physical labor paid for by the hour and/or by the day's catch. To island residents, the cost of a PIA emergency flight is considered reasonable enough such that I have rarely experienced a patient refusal because of fear of the expense. This is *not* the case when LifeFlight is presented as an option to the patient.

Maine State Ferry Service

The Maine State Ferry Service schedules 6 runs daily from 7:00 am to 3:15 pm [4:30 in the spring/summer]. Transporting a patient on the ferry requires that an ambulance and EMS crew leave the island on at a scheduled time, make a 1 hour 20 minute run, and an additional 30 minute round-trip to PenBay and return to the Rockland Ferry Terminal.

In general, the Ferry Service allows 30 minutes from arrival in Rockland, to loading new vehicles and passengers and departure for the next trip. With luck the Ferry Service crew will wait for our ambulance to return, but often, we have been asked to wait for the next available ferry [generally 1 hour 45 minutes].

When our ambulance must go on the last ferry of the day, EMS crew members are forced to spend an overnight on the mainland and return on the first ferry the following morning.

All this detail matters because – like the majority of island adults – I am self-employed as well as a volunteer EMT. When I respond to a run, I lose income and fall behind on my promised work. My belief in the importance of my EMS service makes the decision for me, but I can provide you with the names of seasonal clients who have terminated my services because of my personal commitment to EMS made it difficult to meet their expectations. That translates to lost income.

My circumstances – single and working alone – mean that the impact is mine alone. For other island EMT's with job and/or family commitments, it means they do not/cannot sign up for on call days or nights because they cannot be assured of how long they will be away for their job or family on any call.

All but two EMT's in our service are volunteer.

LifeFlight of Maine

LifeFlight's willingness to assist our EMS crew has always been high, but with only 3 units available, on numerous occasions they've been unable to respond because of prior emergencies or transport commitments – or can't respond for hours. In addition, our weather conditions can differ from the mainland; I have participated in calls when we've arrived at a landing zone and can hear the helicopter hovering above – but the pilot has determined that they cannot land because of fog or cloud cover. We must then find modes of transport off the island.

LifeFlight's flying time to Vinalhaven [25 minutes – 1 hour, depending on departure from Bangor, Lewiston or Sanford] masks the actual time and resources required for patient care. Even when LifeFlight has a crew ready, their required safety/fueling protocols mean that we have over an hour of patient care before their arrival. Every LifeFlight call requires us to tone out Vinalhaven's volunteer Fire Department as well.

Given the real costs of operating a helicopter ambulance service, LifeFlight must charge an appropriate rate for its services. For life-threatening emergencies, patients have not refused transport. However, I have been on calls when patients, hearing a request for Lifeflight, have refused transport precisely because of its cost and their assessment of the risk of refusing transport.

Refusals will increase - even against medical advice - if Lifeflight becomes the only air transport option.

Maine State Marine Patrol

The Marine Patrol has refused to come to the island for patient transport unless the request comes through law enforcement. Even then, their transport decision is based on crew availability and weather conditions.

Simply stated, I can think of only 3 instances in 9 years/1,000 calls in which Marine Patrol has transported a patient off the island – and in each case, the request came through law enforcement.

US Coast Guard

Prior to this calendar year, the US Coast Guard did not respond to requests for patient transport. As an example, I cite an overdose incident in which a patient ingested an unknown quantity of prescription drugs. The FNP who met us at the scene confirmed our determination that the patient required transport. As the logistics person on that call, I spent nearly 3 hours speaking with Coast Guard Rockland, various supervisory officers and a flight surgeon from Coast Guard Cape Cod waiting for their decision.

During this calendar year, the Coast Guard in Rockland has been cooperative in assisting EMS with transport; however, their crew and ship preparation time is high at 30 – 60 minutes before departure and a 45 minute + trip to Vinalhaven.

The Coast Guard ships stationed in Rockland can only dock in our main harbor. This requires us to bring a patient down a ramp to a narrow, slippery wooden float – dangerous to the patient and EMS alike. We must then lift the patient over a gunwale and down a set of narrow stairs to a hold beside the engine room. The noise and odors are substantial. There is no provision for a patient on a backboard. The hold is not sterile and its small size and relative inaccessibility limits the amount of medical gear we can bring aboard.

A 2019 trip aboard a Coast Guard ship involved a pregnant patient with a history of miscarriages. She had to be assisted on the ship, down a ladder to the hold, and had to sit on a folding chair for the 45 minute run. On another Coast Guard transport a patient was a young female with severe abdominal pain. The call began around 10 pm and the Coast Guard could not arrive until after midnight. A second EMT and I accompanied the patient seated on folding chairs in the hold. Once the ship docked, the patient had to walk up a steep ramp to a waiting ambulance from South Thomaston for transport to PenBay.

The Coast Guard cannot return EMT's to the island. Thus, we walked to a motel, checked in at 1:30 am, and returned on the 7:00 am ferry that morning.

Private Lobster Boat

Lobstermen have agreed to make emergency medical trips; however, their boats often do not remain in the water during the winter months. During the period spring – autumn, boats are generally unavailable due to work needs. If a lobster boat is utilized, patients and EMT's are exposed to non-sterile conditions – and if on a backboard – on an open deck. Clearly, this is not a preferred option.

In summary, eliminating the waiver that enables Vinalhaven EMS to use Penobscot Island Air as a transport option will:

- Compromise patient care and safety by unnecessarily lengthening patient transport times
- Increase patient refusals due to concerns of expense
- Reduce the availability of volunteer EMT's with families and scheduled job commitments

Before you eliminate this waiver, I urge you to visit our island service to experience first-hand the basis for my letter.

Sincerely,

Jeffrey B. Aronson
EMT #25186

Hope R. Sage
PO Box 419
40 Iron Point Road
North Haven, ME 04853-0419
Telephone: 207-867-2096 ~ email: hopersage@aol.com

Received By:

NOV 10 2019

November 10, 2019

Maine EMS

Maine EMS Board of Directors
Maine EMS
Department of Public Safety
45 Commerce Drive, Suite 1
152 State House Station
Augusta, ME 04333-0152

Dear Board Members,

I am an 80-year old, year-round resident of North Haven. I have had serious heart problems, TIAs, and kidney stones for decades. I have had emergency transports to the Mainland via fixed-wing airplanes, lobster boat, ferry, and Life Flight in all kinds of weather. In one year I had at least 6 transports before I had cardiac ablation for Afib. I have had many emergency transports since then for several reasons. The majority of my transports have been by North Haven Ambulance Service, connecting with Penobscot Island Air, all of which have been the most efficient and fastest of all. I can't imagine the extra stress I would experience in an emergency situation if I had to go by ferry for all these transports. They are certainly the best way to get medical interventions and life-saving care in the shortest amount of time. Please consider the disadvantage island residents would face if you eliminate fixed-wing air transports via Penobscot Island Air. Living on the island requires confidence that medical treatment is easily available, especially as we get older. Please don't take that comfort and confidence away from us.

My 82-year old husband has also had emergency flights that were life-saving. He had 5-way bypass surgery and has had other conditions that have required getting to the mainland quickly. We are dependent on North Haven EMS and Penobscot Island Air to keep us safe on our island.

Thank you for your serious consideration of waivers for island transport. They are essential to our peace of mind and safety.

Sincerely,



Hope Sage

cc: Erin Cooper, Chief, North Haven EMS
Rick Lattimer, Administrator, Town of North Haven

Oko, Jason A

From: james davisson <jamied@midcoast.com>
Sent: Sunday, November 17, 2019 3:19 PM
To: Maine.EMS
Cc: erincooper207@gmail.com; administrator@northhavenmaine.org
Subject: Waiver for Air Transport

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear EMS board,

I am a member of the North Haven Medical Services board and would like to take this opportunity to strongly urge the Maine EMS to consider granting a waiver that will allow Penobscot Air to carry medical emergencies to the mainland on their aircraft.

According to 2018 figures our EMS transported 40 patients across the bay with 63% flying by plane. Other methods, including Lifeflight (10%), Maine State Ferry (20%) and Lobsterboat (7%), all have built in disadvantages including cost, speed and commitment of the ambulance for long periods.

North Haven, Vinalhaven and Matinicus in particular have a longstanding relationship with Penobscot Island Air and they have proven to be a dependable partner in our attempts to provide safe, quick evacuation off the islands. If that choice is no longer available to our medical services it's safe to say that living offshore could become a little more dangerous.

In my case a bee sting prompted a Lifeflight trip to PenBay a few years ago but it was one of those lucky instances when the weather was cooperating and Lifeflight had an available aircraft. We aren't always so lucky. Thank you for your consideration.

Sincerely, James Davisson

Okon, Jason A

From: jamien shields <jamienshields@gmail.com>
Sent: Friday, November 15, 2019 4:41 PM
To: Maine.EMS
Subject: Restricted Air Ambulance Services

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To Whom it May Concern,

I am a lifelong resident of North Haven, and have spent the past 7 years volunteering as an EMR, and more recently an EMT-B for North Haven Emergency Medical Services.

Through these years I've been witness to a variety of emergency scenarios, each subject to an extra degree of difficulty-a result of our isolation and limited transportation options. We more consistently use Penobscot Island Air because of its expediency, and especially so in the emergencies that time is critical. We can rest assured that PIA is prompt in their response, and that an advanced team is waiting to take over as soon as the patient arrives on the mainland. When Lifeflight is occupied, it is the most expedient service we have in life threatening emergencies. That said, our partnership with PIA is absolutely vital to our emergency services. In our community, PIA has been described as a 'lifeline' for the services it provides, and it's proved so in every sense of the word.

As you weigh changing legislation regarding Restricted Air Ambulance Services, we ask that you would please consider leave the existing waiver in place for now. It is not only North Haven, but all other islands and isolated communities that would be affected by such severe and potentially life-threatening changes. We would hope that you would delay any decision until input from our communities is taken into account. Perhaps we can come to a compromise that would not inhibit our ability to provide the best care for our patients.

Sincerely,
Jamien Shields

Jeanne Curtis
Medical Services Board
PO Box 225
North Haven, ME
04853

Received By
NOV 14 2019
Maine EMS

Maine EMS Board Of Directors
Maine Emergency Medical Services
Department Of Public Safety
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152

November 10, 2019

Dear Board Of Directors,

I am writing as a member of the North Haven Medical Services Board of Directors and as a life long resident of North Haven. I am deeply concerned about proposed changes to the waiver that would restrict our EMS providers ability to transport critically ill and injured patients.

My grandmother, father, and husband all were transported from the airport here by Penobscot Island Air and in all cases they had excellent care and fast arrival times at the Penobscot Bay Medical Center in Rockport.

My husband had a serious eye injury. Because of the swiftness in which he was transported to Penobscot Bay Medical Center he was in surgery within in a couple of hours of his arrival .His eye was saved.

My grandmother had a stroke and she also was swiftly taken to Penobscot Bay Medical Center by Penobscot Island Air where she was treated and survived.

My father, also was transported by Penobscot Island Air and got treatment at Penobscot Bay medical Center and recovered.

These are three examples in my own family where the time it took to transport them had a major positive impact on the outcome of their illness /Injuries .

We have a quality Medical Clinic and an Excellent Emergency Medical Service Team here on North Haven. We are fortunate to have them and depend on them for our lives. Time means everything when you are twelve miles from the mainland.

I would encourage you to consider what you would like as options if you lived on an island. .If your child, parent, husband, wife needed quick lifesaving medical attention where minutes count. I can tell you that I would always choose the quickest option when one of my families lives is at risk.

Thank you for your time. I hope you will give this letter some thought and consideration.

Sincerely,
Jeanne Curtis

Oko, Jason A

From: Jerry White <super90210@aol.com>
Sent: Wednesday, November 13, 2019 8:53 AM
To: Maine.EMS
Cc: erincooper207@gmail.com
Subject: Penobscot Island Air EMS Transport

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To the Maine EMS Board,

Penobscot Air Ambulance services are vital to our islands EMS services. Requiring a full blown air ambulance setup for their planes is cost prohibitive and doesn't make any sense whatsoever. My wife was flown out twice on an emergency run that did not require a fully equipped air ambulance plane and was delivered within 20 minutes to an ambulance at Knox County Regional Airport, then to Pen-Bay Hospital just fine, thank you very much. With the proposed changes to Chapter 4 this service would be in jeopardy and service to the islands would be at the mercy of LifeFlight which could not even come close to the PIA service time.

All too often, people who have no connection to the operations of island life project their ideas in a supposedly knowledgeable way for the good of the order and most often those people are not even close to being right. Without a subcommittee of island people to bring a realistic scenario to state agencies, decisions are made in a vacuum and do not help the people pro ported to be helped. This proposed change can only be interpreted as a jurisdictional grab by LifeFlight to monopolize air ambulance services throughout Maine. LifeFlight can't even get to the islands in less than an hour from notification of an emergency IF the flying weather is conducive to their flying, which in half of their cases is not. PIA, on the other hand, will be waiting for the patient on the island airstrip by the time the island EMS ambulance leaves the Health Clinic and drives to the airstrip, saving valuable time. PIA can fly in weather conditions that LifeFlight would deem non-flyable as LifeFlight has to come from Lewiston (other bases may be present) which has different weather than Penobscot Bay. It is a fantasy to think otherwise.

Certainly, I would volunteer to serve on a subcommittee for these discussions.

Jerry White
NREA Executive Board
REL Governance Board
PO Box 449
North Haven, ME
super90210@aol.com

145 Crabtree Point Road
North Haven, ME 04853

November 18, 2019

Maine EMS Board of Directors
Maine EMS
Department of Public Safety
45 Commerce Drive, Suite 1
Augusta, Maine 04333-0152

Re: Proposed Changes to Maine EMS Rules

Dear Maine EMS Board of Directors:

I am writing to request that you maintain the waiver provision in the Maine EMS rules which would allow Penobscot Island Air to continue to provide its service as a vital link in the emergency medical evacuation system that has served North Haven so well as well as other unbridged islands in Penobscot Bay.

Now retired, I served as North Haven's Town Administrator from 2006 until mid 2018. During those years, I came to realize that the most powerful underlying impetus behind both municipal activities and those of our local community-minded non-profit organizations was to guard the sustainability of this unbridged island with a year-round population of 400 and a summer population of 1,500. We are an *unbridged* island and we depend as well on our off-island partners, among them, you, the Maine EMS Board of Directors.

In the last twenty years, North Haven residents have done their part towards the goal of sustainability through their self-taxation and through their generous donations. Among the monuments resulting from that support are the Waterman's Community Center, providing among many other services, pre-kindergarten education; a new K-12 community school, 75% of whose \$8MM cost came from private donations; an adult fitness center overseen by the Rockport Y but with the bulk of its operating expenses supported by tax payers. But most relevant to the point of this letter: the Town created and operates its own medical clinic, staffed 24/7 and year-round by nurse practitioners in rotation, 75% of whose operating cost is borne by North Haven's taxpayers. That clinic and the Town's EMS are two of the three legs of the tripod supporting meaningful 21st century emergency medical care. While other outside partners must occasionally serve as the third leg of the tripod, Penobscot Island Air is the one on which the North Haven Clinic and the North Haven EMS most frequently rely.

I have seen the letter my successor as Town Administrator, Rick Lattimer, has written. I cannot add to his list of concerns about the inadequacy of alternatives to Penobscot Island Air if PIA were no longer allowed to transport patients between the island's EMS and a mainland EMS. It is a powerfully convincing list. What I do not understand are the concerns that your organization has about the adequacy of the emergency transport system our community has devised in partnership with Penobscot Island Air that would lead you to consider rescinding the waiver under which we are partnered with

PIA. Is this system broken? Is this system inefficient? Does this system fail to fulfill its mission? Does this system have a documented history of malpractice? I think not.

In my years as Town Administrator, I had been impressed by the flexibility of so many of our off-island partners at the local, state and even federal level. The compromises we achieved with, for instance, the MDOT, the Maine DEP or even the US Coast Guard all spoke of the community spirit of Maine, namely, that we are all in this together and committed to a common enterprise that takes account of special and local circumstances. I dare to hope that the Maine EMS Board is imbued with this spirit and keeps PIA in its vital role.

Joseph L. Stone

Okon, Jason A

From: Kerry McKee <kmckee@townofvinalhaven.org>
Sent: Tuesday, November 19, 2019 4:23 PM
To: Maine.EMS
Cc: Rick Petrie (rpetrie@apems.org); 'Joe Kellner'; Amy Dyer Drinkwater (adyer@sgvffaa.org); Amy Dyer Drinkwater; Andrew Dorr; Marc Candage; Sauschuck, Michael
Subject: Chapter 4 proposed rules Changes
Attachments: Rules proposal packet.pdf

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November 19th, 2019
Maine EMS Board

Dear Board Members:

I am writing concerning the proposed rules changes. I did attend a local rules change hearing and spoke. I am relatively new to Vinalhaven but quickly realized this is not ordinary EMS. The gravity of finding a means to reach a full service hospital is unexplainable. Although we are blessed with an Island Community Medical Center which is staffed with a midlevel provider, on duty or on call 24/7/365, the diagnostic and treatment modalities are limited. This staff provider responds in person or by phone to 100% of calls (in person to 99%). This staff member assists in treatment and transport decision making. This staff member is our local medical control.

We have few options or hypothetical "roads" off the Island. Given times to destination we lean towards two. PIA and Lifeflight of Maine. PIA when called responds immediately and is at the airstrip already or there within 15 minutes. They have the patient on the mainland in an additional 10 minutes and they are enroute via ground ambulance to a hospital. This generally is used for stable patients who need further care, diagnostics and transport to PBMC. This option is used for patients who may need monitoring, IV, oxygen, or medications but who medical control believes is unlikely to deteriorate between here and PBMC. If their condition is more critical or likely to deteriorate, we call LFOM for critical care needed enroute.

When no one can fly due to weather we seek our other "road" the water. Ferry, Maine State Coast Guard or Private Boats as necessary and available but we add numerous hours to the transport time and potentially remove valuable resources (staff and equipment) from the island for extended times (sometimes in excess of 18 hours).

Removing the waiver from Chapter 4 Section 15 page 22 and 23 (lines 2538-2577) will compromise our ability to safely and efficiently transport patients from the Island, this in turn will inevitably affect patient outcomes. How can this be best practice?

If it is necessary for Maine EMS to remove the waiver we ask that a committee be formed to find a reasonable solution. We have taken these proposed rules very seriously and considered every line of the Restricted Response Air Ambulance option. Town manager, ICMC staff, Ambulance crew members, all have reviewed these. I have attached some of our concerns, our mission, community letters, and other seemingly relevant documents.

This is my community, these are my patients, my staff and I am afraid for them. We are a long way from definitive care, with few if any options. Please reconsider the proposed changes at least until a feasible option exists.

Attached you will find a 39 pages including Island info, policies, our questions regarding many rules changes by line, letters from our community leaders, EMS providers and our Medical Control.

Sincerely,

Kerry McKee

Director, Vinalhaven Ambulance
PO Box 815
56 W Main St
Vinalhaven, ME 04863
Office (207) 863-2119
Cell (207) 307-6616
kmckee@townofvinalhaven.org

PO Box 815
Vinalhaven, ME 04863
207-863-2119
207-863-4538

Vinalhaven Ambulance



To: Maine EMS Board	From: Kerry McKee
Fax: 207 287 6251	Pages: 39
Phone:	Date: November 19, 2019
Re: Proposed Rule Changes	cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Thank you for your time and consideration.

Reference Proposed Maine EMS Rule change Chapter 4 section 15 pages 22-23 lines 2538-2577

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Vinalhaven EMS

P.O. Box 815 56 West Main St. Vinalhaven, Maine 04863

November 19th, 2019

Maine EMS Board

November 18, 2019

Dear Board Members:

I am writing concerning the proposed rules changes. I did attend a local rules change hearing and spoke. I am relatively new to Vinalhaven but quickly realized this is not ordinary EMS. The gravity of finding a means to reach a full service hospital is unexplainable. Although we are blessed with an Island Community Medical Center which is staffed with a midlevel provider, on duty or on call 24/7/365, the diagnostic and treatment modalities are limited. This staff provider responds in person or by phone to 100% of calls (in person to 99%). This staff member assists in treatment and transport decision making. This staff member is our local medical control.

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potentially remove valuable resources (staff and equipment) from the island for extended times (sometimes in excess of 18 hours).

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Sincerely,

Kerry McKee
Director, Vinalhaven Ambulance
PO Box 815
56 W Main St
Vinalhaven, ME 04863
Office (207) 863-2119
Cell (207) 307-6616
kmckee@townofvinalhaven.org



Vinalhaven has an emergency care system that attempts to reduce death, disability, human suffering, and costs from injury and medical emergencies.

Mission:

We work to maintain and strengthen an accessible, efficient, high-quality, well-coordinated, isolated island emergency care system, providing care and transportation to the sick and injured. We will provide the highest level of pre-hospital basic and advanced life support with total regard for the best possible customer service and patient outcomes. We will develop and continually improve a medical care system, while assuring high quality patient care and appropriate response in emergency situations. In cooperation with our Island Community Medical Center and integrated with other agencies, we will promote all aspects of a comprehensive system of pre-hospital emergency medical care. We will also provide the highest quality continuing education for individuals who provide emergency medical services, including Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics.

Challenges:

Ability to reach definitive care, rapidly changing healthcare environment, limited and declining resources, increasing demand, workforce(volunteer) shortages, unequal access, changes in public expectations, and sustainability of community collaboration.

Priorities:

Access, quality, cost, data-driven decision making, education and outreach, improving integration and collaboration, resource and workforce development.

The overarching goals of Vinalhaven Ambulance:

1. Increase access to quality, affordable, and integrated emergency care and transportation for everyone on Vinalhaven.
2. Prepare for, respond to, and recover from public health threats.
3. Promote programs and policies to reduce the incidence and effect of injuries, violence, and illness.
4. Promote and enhance continuous quality improvement and education for emergency providers.
5. Work toward sustainable emergency care funding, enhance workforce development, and demonstrate impact on patient outcomes.

What we know:

Maine EMS has proposed the removal of a waiver that allows any ambulance in an extraordinary circumstance to use an airplane which is not licensed as an air ambulance to transport a patient. It is a broad statewide waiver which has been included in the rules for decades. Maine EMS recently went through all of their rules making revisions and are proposing removal of this waiver.

When I spoke with the state interim director Jay Bradshaw, he stated this was being removed for safety reasons.

We have met with our regional EMS director to develop a strategic plan for this proposed change. We have also contacted the Commissioner of Public Safety and invited him to visit the island and hear/see our concerns regarding removal of the waiver.

This is the link to the proposed rules changes:

<https://www.maine.gov/ems/documents/Maine%20EMS%20Proposed%20Rule%20Changes%202019%20Revised.pdf>

The waiver can be found in chapter 4 section 15 page 22 and 23 (4-22 thru 4-23 lines 2538-2577) and I am copying here:

§15. License Waiver

2540 1. It is not the intent of these Rules to prohibit transport of a patient, in extraordinary

2541 circumstances, in an aircraft not licensed as an air ambulance when it is in the best

2542 interest of the patient. and no licensed air ambulance is available within a reasonable

2543 time as determined by on-line medical control.

2545 2. An aircraft not licensed as an air ambulance, and not operated by an air ambulance

2546 licensee, may be used to transport a patient when:

2548 A. The licensed ambulance service transporting the patient has determined after

2549 consultation with on line medical control that transport by an unlicensed air 2550 ambulance is in the best interests of the patient;

2552 B. A record of the run that documents the medical control transport order,

2553 attempts by medical personnel to secure a licensed air ambulance service to

2554 perform the run, and the circumstances and rationale for the transport is

2555 submitted to Maine EMS within 10 days of the run;

2557 C. An aircraft is used that is FAA-certified and that allows head/torso access by 2558 medical crew; 2559

2560 D. An FAA license appropriate for the aircraft and run is held by the pilot;

2562 E. The Board has not forbidden the ambulance service from conducting 2563 unlicensed air ambulance runs; 2564 2565 F.

The medical crew (except as provided for in 32 M.R.S.A.M.R.S. § 86(2)

2566 consists of at least one person licensed by Maine EMS at the level that is

2567 medically required for care of the patient. Personnel in addition to the

2568 required medical crew member will be utilized consistent with the patient's

2569 needs;

2571 G. The flight medical crew carries equipment and supplies as required for care

2572 appropriate to the patient's condition; and

2574 H. The ambulance service initiating the air transport/transfer ensures that a

2575 method of communications has been established to allow for

2576 communications among the transporting medical crew, the receiving ground

2577 ambulance service and local medical control.

The Islands primarily Vinalhaven and North Haven through PIA are the only services using the current waiver, as qualifying for an air ambulance license under the current rules would require an enormous financial and time commitment. As the rules are written in their draft form, a small isolated community would not be able to meet them. We immediately would need an individual waiver similar to the one that exists now. There currently are only two air ambulance services in the state (LifeFlight of Maine and The Aroostook Medical Center(TAMC)) and neither of these fixed wings can land on our islands due to short runways.

As small isolated communities, we already struggle with logistical transport decisions. It is not uncommon on an ambulance call to dedicate one provider to transport logistics, requiring extra

manpower on a call. Staff/volunteer retention in EMS is already a struggle across the nation. It is difficult to find community members who will sacrifice their time, initially and continually to maintain prehospital education, be prepared and ready to give up their free time days, nights, weekends, and holidays, all to serve the public in their time of need.

As a community we are already bearing a much larger financial burden to provide care and transport of the sick and injured than our mainland constituents. We often bear the burden of transport costs because insurance routinely denies payment. We often in conjunction with our island medical center and providers are able to provide in place care which usually is not billable by ambulance services.

Without this waiver or significant changes to the proposed rules not only will our patient outcomes likely suffer but the quality and quantity of our volunteers will dwindle.

What we are requesting:

We need Maine EMS to understand the proposed rule changes are not feasible for the islands. They did not take into consideration our isolated situation. The plane, the ferry, LFOM are our roadways. When you remove these roadways, we have very few options. In a timely emergency these options could cost our community members, our patients, their life or their quality of life.

We need a thoughtful reasonable rule that involves the island and takes our patients into consideration

We understand that Maine EMS has the same concern that we do for patient safety. We are asking you to take this section of the rules, step back, and don't do anything with it until it is revisited. We ask that you involve the islands, develop a subcommittee to work with island EMS, and come up with a reasonable compromise. If this waiver must be removed, make the other options for air ambulance feasible. As they are written now, they contradict themselves in several places. The reality is the current waiver was written to accommodate rural islands. It makes no sense to put a rule into effect that immediately causes every island has to submit a waiver for. It would be better to take the time to modify the rule to meet the needs of all involved before removing the waiver Patient centric rules, with everyone's safety considered, but rules that consider outliers like islands and our needs, too.

Year to Date 2019

Vinalhaven	187
LOM	22
PIA	70
Ferry	22
USCG	2
Lobster Boat	1
Marine Patrol	1
To ICMC	8

Vinalhaven Emergency Transport Off the Island

	Penobscot Island Air	Life Flight of Maine	Maine State Ferry Service	US Coast Guard	Dept Marine Resources	Private Boat
Operator	Waters Aero-Marine, Inc.	Life Flight of Maine	State of Maine	US Government	State of Maine	Private
Base Location	Owls Head, ME	Bangor, Lewiston, Scarborough, ME	Vinalhaven, ME	Rockland, ME	Rockland, ME	Vinalhaven, ME
Transport Time	30 (Time from confirmation to Px delivery) (minutes)	100	105	175	120	75
Agencies Involved	VH EMS, ICMS, PIA, S. Thomaston (STA)	VH EMS, ICMS, LFOM, VH Fire (LZ)	VH EMS, ICMS, MSFS	VH EMS, ICMS, USCG, STA	VH EMS, ICMS, DMR, STA	VH EMS, ICMS, Private Operator, STA
Pros	<ul style="list-style-type: none"> • Timely • Plane arrives at air strip at about the same time as ambulance with the patient • 8-10 minute ride to mainland where we meet South Thomaston Ambulance for 15 min ride to PBMC • Ambulance and most of crew stays on island 	<ul style="list-style-type: none"> • Specialty care for critical patients • Direct transport to specialty facilities (Trauma center etc) • Timely 30-40 min inbound and 20-30 min outbound • Ambulance and EMS crews stay on island 	<ul style="list-style-type: none"> • In rough seas a more comfortable and safer transport method than smaller vessels • Up to several hours to wait for scheduled ferry • 1 hour 15 min to mainland with 15 min to PBMC • Pt is not loaded and unloaded multiple times • Available EMS equipment, meds, and personnel are in one place, easy on easy off 	<ul style="list-style-type: none"> • They don't say no • 40 to 120 min arrival 40-60 min- / to Rockland where patient is transferred to South Thomaston Ambulance for 15 min ride to PBMC 	<ul style="list-style-type: none"> • Unknown • Historically they have come to assist and transport for law enforcement only 	<ul style="list-style-type: none"> • 40-60 min to mainland where patient is transferred to South Thomaston Ambulance for 15 min ride to PBMC • 1-2 EMS with patient will return (2 hours off island)
Cons	<ul style="list-style-type: none"> • Small space • Limited to equipment loaded from ambulance, one patient care giver only • One provider off island for about 20-30 minutes • Only available during daytime hours and flying weather • Pt loaded and unloaded multiple times 	<ul style="list-style-type: none"> • Limited availability (weather and other calls) • Misuse of resource for stable but necessary transports • Pt loaded and unloaded multiple times • Pts are hesitant due to costs \$\$\$\$ 	<ul style="list-style-type: none"> • Limited availability in bad weather or nights • Up to several hours to wait for scheduled ferry • 1 hour 15 min to mainland with 15 more min to PBMC • Crew and ambulance are off island for at least 3 hours (up to 15 if we can't get back on last boat of the day) • Crew must find lodging and meals. \$\$\$ 	<ul style="list-style-type: none"> • 40-120 min minimum arrival time once they have agreed to transport • Difficulty in loading patient from dock to boat • Limited space and positioning of patient onboard • care limited to equipment loaded on boat • 1-2 EMS crew off island with no return until next ferry (2-13 hours) • All equipment must be transported and cared for with EMS crew for duration of wait to return • Not a sanitized environment • Rough ride for patient 	<ul style="list-style-type: none"> • Difficulty in loading patient from dock to boat • Limited space and positioning of patient onboard • Care limited to equipment loaded on boat • Availability • Safety • Liability • Not a sanitized environment • Very rough ride for patient 	

Chapter 4 - Air Ambulance Service Licenses

- § 2.B.1 - Restricted Response Air Ambulance Service (RRAAS)
 - Confirm our understanding that the island EMS units would be the RRAAS licensee and not PIA
 - Spell out how the island EMS units would apply and qualify as a RRAAS; see § 5; Please advise how time frames and temporary licenses would work
- § 2.B.1 1425 (b) Define non emergency medical response; Ensure options for patients who refuse for example LFOM for financial reasons or because they don't consider their illness or injury that kind of critical emergency? Applicant plan with MDPB establishing medical conditions, what will the time frame be?
- § 5 - Ensure the licensing provisions are not overly restrictive; island EMS units must qualify without significant added expenses, training requirements, or overly-restrictive medical personnel qualification requirements
- § 5.7 - Ensure the insurance requirements are consistent with the operation of volunteer EMS units in each island community
- § 5.8 - Ensure island EMS units can meet with quality assurance and quality improvement requirements set out in Chapter 18 of the Maine EMS regulations especially pertaining to oversight by a physician as islands generally are staffed by PA and FNP, mid level providers
- § 5.9 - Eliminate the requirement for an RRAAS to have a medical director; a flight surgeon may be appropriate for a Scene Response Air Ambulance Service, but it is overly restrictive for an RRAAS. PIA, for instance, never flies at levels requiring oxygen for flight crews. See 5.8
- § 5.12 - Eliminate the requirement for a qualified physician to review all flights operating under RRAAS regulations See 5.8
- § 7.2.A - Revise the requirements for the type of medical professional required for the operation of an RRAAS. Depending on the type of emergency involved, a paramedic, registered nurse, advanced practice nurse, physician, or physician's assistant may not be available to accompany a patient flying via PIA to the mainland. For example, a serious vehicle accident or structure fire may require higher level medical professionals to remain on the island to care for other patients or supervise the care of other patients. ? Should this be consistent with transfer guidelines if an MD, PA or FNP are able to advise?
- § 11 - Air Ambulance Vehicle - General

- Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
 - Discuss how PIA's multiple aircraft would be approved, certified, and annually inspected
 - Would all of PIA's planes need to be licensed through each service using them?
- § 12 - Air Ambulance Licensing Requirements
 - Determine whether licensing PIA's aircraft to the RRAAS would be necessary
 - If so, discuss how this would be done in practice without otherwise affecting PIA's
 - Operations
 - Insurance coverage
 - FAA certificates
- § 13 - Scene Response and Transfer Air Ambulance Vehicle Design Requirements
 - Discuss which of these requirements, if any, would apply to a RRAAS
 - Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
- § 14.C - Air Ambulance Service Equipment Requirements
 - Determine how the substitute equipment option would work in practice
 - Ensure this section is consistent with § 13, above
 - Ensure the provisions are flexible enough to accommodate PIA's aircraft

Meeting these requirements will be timely, costly and for some island services impossible. How do we accomplish efficient, appropriate, cost effective, timely, care and transportation?

PIA currently fills a gap. They are our road to the mainland. They are used for patients needing care, and/or diagnostics at our local hospital (PBMC). They are medivac licensed through the FAA. They are only called under the direct supervision and in person consultation with our island medical control. They are used for the 8-10 minute ride to the mainland, where we, through a mutual aid agreement, transfer care to a ground ambulance at the airport. Taking away this valuable asset or making it unattainable has the potential to cause pain, suffering, harm and even death to our patients. This is the only timely option for evacuating and transporting a patient to a hospital in a timely manner. All other options are in excess of an hour and sometimes hours. You are removing a waiver which has worked for decades to begin a very lengthy process which likely the islands cannot attain. This will require us to ask for another waiver?

Atlantic Partners EMS

Regional Island Patient Transport Policy

Background

The purpose of this policy is to establish guidelines for those occasions when emergency medical patients need to be transported off of an island and create a communication process for all involved parties.

Patient Determination

It is the responsibility of the medical personnel on the island to determine the medical status of the patient and make a transfer decision based on this medical determination. The categories listed below are intended to be used as a guideline when making these determinations.

Critically Ill or Injured

These are patients who need immediate access to critical care interventions in the shortest time frame possible. These Patients have a medium to high risk of deterioration during transport.

Medically Stable

These are patients who are ill or injured, but medically stable and are not diagnosed with a time-sensitive condition. These patients have a low risk of deterioration during transport, but further medical care is necessary. Transport should be accomplished as soon as possible.

Low Priority

These are patient who are ill or injured but have a minor medical issue and can wait for an extended period of time to be transported off the island.

Procedure

Critically Ill or Injured

1. Call Lifeflight and request them to respond to the Island 1-888-421-4228
2. If Lifeflight is not available,
 - a. and the weather will permit the plane to fly, contact Penobscot Air to fly the patient over to the mainland. If this option is used, contact a receiving EMS service to meet the plane and island EMS crew at the airport. If Penobscot Air is not able to fly the patient; Day 596-7500 Night 594-5828 Cell 542-4944
 - b. and the Ferry is docked at the Island during normal working hours, transport to the Ferry for priority boarding. Have someone call the ferry ahead of time to warn them of your impending arrival and need. VH 596-5450; First Crew 863-4496Rockland 596-5400
 - c. and it is after normal working hours, call the Coast Guard emergency number 1-207-596-6667 and request approval for the ferry crew to be activated under the emergency exclusion. The best option from a patient care and safety perspective is for the patient to be transported in the ambulance on the ferry. Secondary options include:

APEMS - Regional Island Patient Transport Policy

- i. Coast Guard dispatches a ship to the island for emergency transport. If this option is used, contact a receiving EMS service to meet the Coast Guard ship and island EMS crew on the mainland.
- ii. Reach out for private watercraft to transport the patient and crew over to the mainland. If this option is used, contact a receiving EMS service to meet the boat and island EMS crew on the mainland. Contact list for private watercraft:
 1. Bobby W 863-4871
 2. Geno L. 863-4923
 3. Richie C 863-4624 cell 691-5411
 4. Troy A 607-9358 or 863-0917

Medically Stable

3. Contact Penobscot Air Day 596-7500 Night 594-5828 Cell 542-4944 to fly the patient over to the mainland. If this option is used, contact a receiving EMS service to meet the plane and island EMS crew at the airport. If PIA is not available to fly
 - a. and the Ferry is docked at the Island during normal working hours, transport to the Ferry for priority boarding. Have someone call the ferry ahead of time to warn them of your impending arrival and need. Crew can also make the decision to wait for the Ferry to return to the Island for transport based upon patient condition. Contact phone numbers for the Ferry and Captains:
 - i. First Crew 863-4496
 - ii. VH 596-5450
 - iii. Rockland 596-5400
 - iv. Capt Hopkins 863-2358 cell 406-0498
 - b. If the crew feels, based on patient condition, that they cannot wait for the Ferry to return in order to transport the patient call Lifeflight and request them to respond to the Island 1-888-421-4228
 - c. If Lifeflight is not available and it is after normal working hours, call the Coast Guard emergency number 207-596-6667 and request approval for the ferry crew to be activated under the emergency exclusion. The best option from a patient care and safety perspective is for the patient to be transported in the ambulance on the ferry. Secondary options include:
 - i. Coast Guard dispatches a ship to the island for emergency transport. If this option is used, contact a receiving EMS service to meet the Coast Guard ship and island EMS crew on the mainland.
 - ii. Reach out for private watercraft to transport the patient and crew over to the mainland. If this option is used, contact a receiving EMS service to meet the boat and island EMS crew on the mainland. Contact list for private watercraft:
 1. Geno L. 863-4923
 2. Bobby W 863-4871

APEMS - Regional Island Patient Transport Policy

3. Richie C 863-4624 cell 691-5411
4. Troy A 607-9358 or 863-0917

Low Priority

1. Contact Penobscot Air Day 596-7500 Night 594-5828 Cell 542-4944 to fly the patient over to the mainland. If this option is used, contact a receiving EMS service to meet the plane and island EMS crew at the airport. If PIA is not available to fly
2. If it is during normal working hours, transport to the Ferry for priority boarding on the next ferry. Have someone call the ferry ahead of time to warn them of your impending arrival and need. Contact phone numbers for the Ferry and Captains:
 - i. First Crew 863-4496
 - ii. VH 596-5450
 - iii. Rockland 596-5400
 - iv. Capt Hopkins 863-2358 cell 406-0498
3. If it is after hours, contact on-line medical control (OLMC) and discuss the case with them. If OLMC agrees that the patient is low-priority, options would be:
 - a. Leave the patient at their house or island clinic (if one exists) for transport out on the next ferry. Someone should be available to stay with the patient while waiting for the next available ferry. Discussion with OLMC should include the qualifications of the person who will stay with the patient (family member, EMS provider, etc.).
 - b. If OLMC agrees that the patient is low-priority but the patient does not want to wait for the next available ferry, offer to help them make arrangements for private transportation to the mainland if you feel that can be accomplished safely (at their expense). Make sure to remind them that they will need to also make arrangements for transportation once they reach the mainland. This should be handled as a *treatment but refused transport* call with appropriate documentation and sign-offs.

Return

Once on the ferry transporting a patient, a member of the crew should make contact with the Captain and let them know whether the crew will be returning immediately or will be delayed so a return place on the ferry can be secured as outlined in the tariff. The crew should call the Captain (see numbers above) when leaving the hospital (or if they are going to be unexpectedly delayed) so the Captain can make appropriate arrangements.

Operations Procedure



Islands Community
Medical Services
Our Medical Center

Procedure Name:	After Hours Emergencies & Triage
Creation Date:	06/01/2019
Replaces Procedure:	NA
Revised Dates:	
Next Review Date:	06/01/2021

AC03	Providing access to routine and urgent-care appointments outside regular business hours		
Effective Date:	Est. 01/01/2010	Revised Date:	2/28/2018
Purpose:	To provide a system that responds to need for routine and non-routine care outside of business hours.		

Documented Process/Policy: After-Hours Access

Islands Community Medical Services, Inc. is located on an island off the coast of Maine, leaving our patient population without any other medical care facility in the area. The closest hospital is located on the mainland, which is accessible by an hour and fifteen minute ferry ride. It is our goal to prevent, as much as possible, visits to the emergency room. Medical and Behavioral Health Providers are available during non-business hours to patients as needed.

Regular Office Hours: Islands Community Medical Services, Inc. is open for business as follows:

Monday: 8:00-12:00, 1:00-5:00
 Tuesday: 1:00-5:00
 Wednesday: 8:00-12:00, 1:00-5:00
 Thursday: 8:00-12:00
 Friday: 8:00-12:00, 1:00-5:00

POLICY- The designated scheduling manager will prepare and maintain a schedule for members of the medical staff to provide on-call services. The schedule will provide for one provider to be on call for Islands Community Medical Services, Inc. Call will transfer to the designated provider at the end of primary care hours on the day(s) listed on the schedule.

PROCEDURE:

Provider Procedure: The primary care provider assigned to on-call coverage will be available at all times and capable of responding by telephone within 30 minutes. The on call provider will document in the telephone template the following information:

1. Patient Name
2. Person Call, if other than the patient

Operations Procedure

3. Provider Name
4. Time and Date of the call
5. Reason for call
6. Advice given
7. Follow up needed

It is the policy of Islands Community Medical Services, Inc. to provide routine and non-routine care outside of business hours as follows:

1. Providers will work on Tuesday mornings, visiting home-bound patients for routine and non-routine care.
2. Providers will be available on Tuesday mornings to see patients at the Ivan Caulderwood Homestead, an assisted living facility here on the Island
3. Providers will be available to see pediatric patients during non-business hours for symptoms requiring a face-to-face visit. Patients will be seen at the medical center or in the patient's home.
4. Providers will respond either by telephone or in person to all 911 calls
 - a. Providers will determine if a patient will be transported to the mainland emergency room. ICMS providers will do all they can to prevent any unnecessary ER visits by treating the patient at the medical center, a patient's home, or at the scene, when appropriate.

**Maine EMS Board Proposed Rules
Air Ambulance Service
Island Concerns**

Request to the Maine EMS Board:

- Maintain the waiver provisions for the near term. See the current regulations at 16-163, C.M.R. ch. 4, § 15.
- Suspend the issuance of new regulations for the near term
- Form a subcommittee consisting of EMS Board members, island healthcare providers, and other interested parties to discuss the challenges of transporting patients from the islands to the mainland
- Revise the draft regulations based on the subcommittee's output with the dual goals of protecting patients during transport while meeting their emergency medical needs in the best way possible, consistent with the islands' remote and isolated locations

General Concerns

- Maine has several unbridged islands with seasonal and year-round communities that occasionally require emergency medical care
- Because the islands are not bridged to the mainland, patients cannot be transported by any type of ground-based vehicle
 - Contrast other rural areas in which people can use their own vehicles
 - Contrast parks and wilderness areas in which rescuers can use trucks, snowmobiles, etc.
- Medical and Emergency Facilities
 - Vinalhaven operates a Federally Qualified Health Center (FQHC) with a physician, nurse practitioner, and other medical professionals. The facility has limited emergency capabilities
 - North Haven operates a town-owned medical clinic staffed by a nurse practitioner
 - The Clinic is not a FQHC
 - The Clinic is not a terminating facility, meaning North Haven's EMS ambulance may not transport a patient to the Clinic
 - Both islands have EMS teams
 - Vinalhaven has two ambulances
 - North Haven has one ambulance
 - The nearest fully-staffed emergency room is at PenBay Medical Center in Rockport, approximately 12 miles from both Vinalhaven and North Haven
- Due to our remote nature, the islands use a variety of means to transport patients to the mainland
 - LifeFlight - limited availability, expensive
 - Coast Guard - limited availability
 - Marine Patrol - limited availability

- Ferry - limited availability (crew day)
- Penobscot Island Air
- Private Boats
- All means of emergency transport are dependent on:
 - the patient's medical condition
 - weather
- Whenever a ground ambulance is used to transport a patient to the mainland via the ferry, the ambulance is gone for hours
 - This leaves Vinalhaven with just one ambulance
 - This leaves North Haven without an ambulance
 - North Haven - if the nurse practitioner accompanies the patient, the island is without a clinician until the NP can return to the island
 - If PIA transports a patient and flies the NP back to North Haven, the NP is absent for about 1 hour
 - If the Ferry is used, the NP is absent for about 3 hours
 - If a private boat is used, the NP is absent for about 2-1/2 hours
 - Vinalhaven - if a clinician accompanies the patient to the mainland, this results in coverage issues, requiring cancellation of many appointments
- Penobscot Island Air (PIA) is a small, regional carrier serving the islands
 - The islands use PIA extensively to transport emergency patients off the islands, usually to Owls Head Airport, where the patients are met by ambulances
 - Historically, island EMS units have transported patients via PIA under a waiver provision in the Maine EMS's Air Ambulance regulations. See 16-163, C.M.R. ch. 4, § 15.
 - Regrettably, the island EMS units have not been diligent about keeping their waiver applications updated
- Air evacuation statistics — During the last two years,
 - Vinalhaven has used PIA to transport 177 patients and LifeFlight to transport 38 patients
 - North Haven has used PIA to transport 33 patients and LifeFlight to transport 4 patients
- Concerns about the impact of relying on LifeFlight alone for air transport
 - Costs
 - LifeFlight - \$12,000 per trip (average - see <https://www.lifeflightmaine.org/LifeFlight-Community/News/LifeFlight-Maine-s-nonprofit-emergency-medical-he.aspx#targetText=Actually%2C%20while%20the%20average%20bill, and%20charges%20in%20the%20country.>)
 - Ferry - \$650 per trip
 - PIA - \$600 per trip (an extra fee of \$150 applies to call out a pilot in the middle of the night)

- Availability
 - North Haven has one ferry which leaves for three round-trips each day, returning to the island each night
 - Vinalhaven has two ferries making a total of six round-trips each day; one ferry lays up on the island each night
 - The ferry's availability is subject to the captain's discretion and depends on weather and the crew's mandated rest periods under Coast Guard rules
- Time - especially critical for patients exhibiting stroke symptoms
 - PIA - 28 minutes to the hospital
 - LifeFlight - 125 minutes to the hospital
 - Ferry - 190 minutes to the hospital
 - Coast Guard - 175 minutes to the hospital
 - Private boat - 110 minutes to the hospital
- Concerns if forced to wait for the Ferry Service
 - Vinalhaven - a clinician would have to remain available to monitor the patient until the patient could be transported to a hospital; this severely limits the clinician's availability for the following day, disrupting other appointments and postponing medical care
 - North Haven - the town's medical clinic is not set up to house an emergency patient for extended periods of time. As with Vinalhaven, the nurse-practitioner would not be available to see patients the next day if required to stay up all night tending to an emergency patient

Concerns about the Specific Provisions of the Proposed Regulations

Chapter 4 - Air Ambulance Service Licenses

- § 2.B.1 - Restricted Response Air Ambulance Service (RRAAS)
 - Confirm our understanding that the island EMS units would be the RRAAS licensee and not PIA
 - Spell out how the island EMS units would apply and qualify as a RRAAS; see § 5
- § 5 - Ensure the licensing provisions are not overly restrictive; island EMS units must qualify without significant added expenses, training requirements, or overly-restrictive medical personnel qualification requirements
- § 5.7 - Ensure the insurance requirements are consistent with the operation of volunteer EMS units in each island community
- § 5.8 - Ensure island EMS units can meet with quality assurance and quality improvement requirements set out in Chapter 18 of the Maine EMS regulations

- § 5.9 - Eliminate the requirement for an RRAAS to have a medical director; a flight surgeon may be appropriate for a Scene Response Air Ambulance Service, but it is overly restrictive for an RRAAS. PIA, for instance, never flies at levels requiring oxygen for flight crews.
- § 5.12 - Eliminate the requirement for a qualified physician to review all flights operating under RRAAS regulations
- § 7.2.A - Revise the requirements for the type of medical professional required for the operation of an RRAAS. Depending on the type of emergency involved, a paramedic, registered nurse, advanced practice nurse, physician, or physician's assistant may not be available to accompany a patient flying via PIA to the mainland. For example, a serious vehicle accident or structure fire may require higher level medical professionals to remain on the island to care for other patients or supervise the care of other patients.
- § 11 - Air Ambulance Vehicle - General
 - Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
 - Discuss how PIA's multiple aircraft would be approved, certified, and annually inspected
- § 12 - Air Ambulance Licensing Requirements
 - Determine whether licensing PIA's aircraft to the RRAAS would be necessary
 - If so, discuss how this would be done in practice without otherwise affecting PIA's
 - Operations
 - Insurance coverage
 - FAA certificates
- § 13 - Scene Response and Transfer Air Ambulance Vehicle Design Requirements
 - Discuss which of these requirements, if any, would apply to a RRAAS
 - Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
- § 14.C - Air Ambulance Service Equipment Requirements
 - Determine how the substitute equipment option would work in practice
 - Ensure this section is consistent with § 13, above
 - Ensure the provisions are flexible enough to accommodate PIA's aircraft

Islands Community Medical Services, Inc.

15 Medical Center Loop
Vinalhaven, ME 04863
Telephone: (207) 863-4341
Fax: (207) 863-2737

11/15/2019

Dear Maine EMS Board,

My name is Jennifer Sargent Desmond. I am a Family Nurse Practitioner and the Clinical Director at the Islands Community Medical Services, Inc. in Vinalhaven, Maine. For the past thirteen years I have worked to provide both the emergency and primary care needs of our wonderful and unique population. When I graduated from Johns Hopkins FNP Program I never imagined that the most important question of every day would be "What's the weather?" I start each day by looking at the sky, checking the weather, and listening to the Fishermen talk about the direction and speed of the wind. These things make all the difference in patient care when you practice Island Medicine.

We rely on three basic modes of transport to get ill patients off the island, to a hospital with the advanced level of care that they require: the ferry, Penobscot Island Air, and Life Flight of Maine. To a lesser extent we also use private fishing boats and the Coast Guard. Every night before I tuck my seven year old into bed I look up at the sky, wondering what the night will bring. This is a high stress job made even more stressful by recent issues with patient transport. If we have a critically ill patient and the weather is not suitable for transport, or we cannot find transport, that means the patient is at the Medical Center overnight with me, and the limited resources I have to keep the patient alive until I can find adequate transport. This is a very long night for both patient and Medical Provider.

We have been more than blessed to have Kevin Waters and the pilots and staff of Penobscot Island Air transporting patients for us. This ten or so minute ride across the bay to a waiting ambulance on the mainland is the fastest transport time to the hospital. As a medical provider caring for a critically ill patient, my number one goal after ensuring they are stable is to get them to a place where they can receive the care that they need. For us, this has always been Penobscot Island Air. If we are unable to utilize Penobscot Island Air it will have a major impact on our patients and our medical staff. First and foremost I am concerned about patient safety, but there are other issues here as well: Medical Provider retention, financial cost of transport for patients, transport time and the amount of time it takes to actually acquire safe transport for the patient are a few of the issues that come to mind.

There are other people who are better equipped to give you the number of times we have counted on Penobscot Island Air for transport. I can honestly say that in the thirteen years that I have worked out here I have counted on them every day to help me do my job to the best of my abilities. They care about us and our Island patients and it certainly shows. I could, and would be happy to, give you countless examples of times when every minute counted and Penobscot Island Air was there to bring our patients to safety and the higher level of care they needed.

I ask that you kindly continue to allow Penobscot Island Air to transport our patients as they have been doing. I am more than happy to answer any questions or respond to any concerns that you may have. Thank you so much for your consideration and time.

Sincerely,

A handwritten signature in black ink that reads "JSDesmond FNP." The signature is written in a cursive style with a large initial "J" and "S".

Jennifer Sargent Desmond, FNP, Clinical Director

Sam Hurley
Director
Maine EMS

17 November, 2019

Dear Director Hurley:

Thank you for the opportunity to voice our concerns relative to the proposed change to the Maine EMS System Rules, specifically the change that would remove the long standing waiver permitting an aircraft not licensed as an air ambulance to nonetheless transport patients from the islands to mainland medical facilities when occasions warrant. Those occasions, as provided in the existing waiver, exist when, in the opinion of on-line medical personnel, such immediate evacuation is in the best interest of the patient.

This waiver has, for decades, made a safe and secure life on these islands possible for many who otherwise would, and will, if this waiver is rescinded, find the attendant uncertainty intolerable.

Living on the mainland, it's comforting to know that one is in relative proximity to a hospital, assured of immediate transportation to such a facility when and if circumstances require it. No such assurance exists out here on the islands. We all know that if an emergency requires immediate, often life-saving, medical attention beyond what can be provided by each island's limited resources, such attention hinges on the

availability of transportation to the mainland. Among those options are:

The Maine State Ferry which is often—more often than not—unavailable and, if available, dependent on rousing a four-man crew, perhaps in the middle of the night, and, if successful, consuming at least a couple of, often precious hours.

A privately-owned boat, also dependent on finding a vessel and captain, also consuming more time than can often be afforded, also un-licensed as an ambulance service, and offering a ride that will likely magnify existing discomfort.

The USCG is very slow to even respond to a request for medical evacuation, often reluctant to muster a crew to accomplish such a mission and, when they do manage such a mission, often consuming critical hours. Additionally, an after-hours evacuation via Coast Guard, last ferry, or private boat results in our attendant EMS personnel having to spend the night on the mainland before returning home on a ferry the next day.

Life Flight is very responsive and, if its aircraft are not saving lives elsewhere, can be depended upon to get here fairly quickly but, because those resources *are* often tied up elsewhere, wait time can be as long as two hours. Equally important, however, is the \$8,600-20,000 cost for such an evacuation, a cost that is not covered by insurance because insurers regard Life Flight as excessively expensive and not a good option when so many less costly alternatives exist.

Penobscot Island Air (PIA) has several single engine planes and has, in one capacity or another, served the islands for twenty-seven years. *Last year they answered 312 requests for*

medical evacuation and mustered the resources to respond immediately and without mishap to nearly all of them. In nearly every case the patient has received the needed treatment within forty-five minutes, often half an hour. Every year many island lives are saved and immeasurable anxiety erased thanks to PIA's exceedingly generous involvement in our lives and the waiver that has made that involvement possible. And they wait to return the attendant EMS personnel to their island homes.

We have not heard a remotely persuasive argument for eliminating the waiver and we are speaking for our entire island communities when we urge you not to rescind the critical and entirely reasonable waiver that has made life on these Maine islands—quite literally—possible.

Sincerely,

Vinalhaven Board of Selectpersons:

Eric Gasperini, Chair

Phil Crossman, Vice Chair

Pamela Alley

Donald Poole

Jake Thompson

Transition it may Concern:

I am a part time provider on VH. I practice fulltime at the Emergency room at Togus & practiced emergency medicine in Portland for most of my career.

As you can imagine, practicing in this & any rural setting in Maine can be challenging. We have had recent set backs in the past year with our inability to use the Maine State ferry service to transport our pts who are not critically ill but still require prompt treatment.

If this next change regarding PIA & their exemption goes in effect, you will see the quality of care provided on this island will be severely compromised.

There are many issues with just relying on life flight. There are patients that are stable & can be quickly transported ~~not necessary~~ to the mainland via PIA.

This allows life flight to be used only for critical pts. Which is the proper use of that particular resource.

It also provides the patient quick transport in the event that they become unstable. PIA is ideal in

this setting. Without this option the providers will be put in a position

where they have to care for the patient on island. We usually do not have the ability to care for patients properly as it has the resources that the average urgent care clinic has on the mainland. Without PIA, we no longer have the option of the ferry taking patients over to the mainland either.

This will put us in the position of using life flight, marine patrol or the coast guard for stable patients. Not the best use of any of these resources.

The exception is helpful for best & timely treatment for islanders.

Thank you for your input

Regards,

Charles Moz

Sam Hurley
Director
Maine EMS

18 November, 1917

Dear Mr. Hurley:

A few months ago my wife took a tumble on the sidewalk here on Vinalhaven. She fell face first. The EMS team responded immediately as did the medical center's PA. He determined, because her blood pressure was alarmingly high, that she should be taken to Pen Bay where immediate attention could be given from professionals whose training was specific to such an injury. Penobscot Island Air (PIA) was called, dispatched a plane right away and she was in the hospital with thirty minutes of having fallen. As it turns out she had broken her arm and suffered a fairly severe concussion.

Had the existing waiver not applied, PIA would not have been allowed, at a cost of \$680, to transport her to the hospital.

Instead she'd perhaps have boarded the next scheduled ferry in an ambulance, which would have left her as uncomfortable as she was for another three hours, time during which she would not be receiving treatment for head injuries that the medical personnel on duty felt was required immediately.

Or Life Flight could have been summoned. They might have gotten her to the hospital just as quickly as PIA but at a cost, not covered by insurance, of \$8,600.

PIA is a life saver. Please do not get rid of the waiver that allows them to continue to be precisely that.

Sincerely,

Phil Crossman



Vinalhaven Fire Department
Marc Candage, Fire Chief / EMA Director / 911 Addressing Officer
19 Washington School Rd. (Mailing) 56 West Main St. (Physical)
Vinalhaven, Maine 04863

Maine EMS
152 State House Station
Augusta, ME 04333-0152

Ref: Proposed Rule Change – Chapter 4, section 15 Page 22 & 23 (4-22 thru 4-23 lines 2538-2577)

My name is Marc Candage. I have been involved in emergency services for over 29 years and have served as Fire Chief for Vinalhaven for the past 21 years. I am licensed as an Advanced EMT and an active member of Vinalhaven Ambulance. I am a life-long resident of the Island being born and brought up here.

I can tell you I was very taken back, shocked, angry, and mostly disappointed when the proposed rule change referenced above came out. Vinalhaven is an island 13 miles off from the coast of Rockland. There are no timely mutual aid resources available and transport time to the closest hospital can be over two hours depending on the means of transport used. We have two ways, roads, if you will, off from the island, one being a boat and the other being an aircraft. We have utilized Penobscot Island Air (PIA) for the majority of our medical transports off the Island for many, many years without incident. Lifeflight of Maine is requested when the patient's condition warrants that level of care, as determined by our Medical Control. PIA is the fastest mode of transport off the island, typically 30 minutes from time of request. Removing the waiver from the rules creates a multitude of issues which would affect the quality care that we are all trying to provide to our patients, as well as strain the limited resources that we have on the island.

Lifeflight of Maine is a great resource, but many times they are not available, or their response time may be 2-3 hours. How do we care for this patient? The options remaining if the waiver is removed would be: Go by ferry (if available at all) this could take well over 2 hours, United States Coast Guard, which often take over 2 hours, in a boat that is not conducive to transporting a patient, Private lobster boat, which can be a little faster (approx. 1hr & 15minutes), but the patient and crew are subject to being partially or wholly outside the cabin, in a, let's say not so clean environment on the platform of a lobster boat, being pounded across the ocean. The timeliness and conditions are not the best for quality patient care. Many of these scenarios involve taking two to three crew members and an ambulance (if going by ferry) off the island for sometimes up to 5-6 hours during the day and often requires them to have to stay the night on the



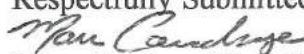
mainland, not returning to service until 0830 the next morning. A small service such as our own, has a difficult time staffing as it is, with no mutual aid available to backfill if needed. We understand the scenarios I listed above are still going to occur, due to weather, availability, and the nature of the business we work in, however removing the waiver will make it the “norm” and not the occasional difficult transport which is not in the best interest of patient care or the continuance of providing emergency medical services to our community.

A recent call demonstrated the importance of PIA to our community. The first call went out for a gentleman who had fallen on the rocks with a head injury. Lifeflight was activated on scene and would be en-route. It was approx. 10 minutes after this request that a second call for EMS came in to transport a patient from our Medical Center to Pen-Bay Medical Center. The short of the story is that PIA arrived and transported this second patient, before Lifeflight ever touched down. The timeliness of PIA and their commitment to providing a much needed service to our community is invaluable.

Lifeflight is a valuable resource, this is not in question at all and will be continued to be utilized. If this waiver is removed as proposed and Lifeflight is our only air option, I can foresee what may become a huge issue for patient care and safety. We already have had people who refuse to be transported via Lifeflight, mainly due to the cost of the transport. The critically ill or injured are not the problem, as generally they realize the severity of their condition. It's the stable patients, that need to be seen in a hospital for diagnostic testing, pain control, or other treatment, who are of concern. It is my fear these patients will sign off Against Medical Advise (AMA), call, and then get on the airplane, and either call an ambulance on the other side or take a taxi to the hospital, all without emergency medical personnel accompanying them with tools and skills. Ask yourself if this is good patient care? Is this something we want patients doing? – Because this may very well be what we are facing if approved as proposed.

Another concern with Lifeflight being our only air option is their availability. It is not uncommon that they are busy and not available – now what? Go back to our other options I listed earlier and look at the transport times and conditions. Is waiting 2-3hours with a critical patient good care, not at all.

We understand we need rules, this is not in question. What we are requesting is that Maine EMS leaves the waiver in place for the interim and forms a committee, made up of various representatives, including island representation. This committee would come up with rules in regard to our situation that are realistic, fair, safe, and have the best interest of patient care at the forefront.

Respectfully Submitted,

Marc Candage, Fire Chief

To Members of the Maine EMS Board,

As an EMT on Vinalhaven, I am astonished and dismayed at the possibility that the Board will remove a waiver whose practical effect will terminate Vinalhaven EMS' use of Penobscot Island Air for rapid, reliable and safe evacuation of our patients to hospital care.

The following are my reasons for opposing the removal of the waiver:

- Compromising Patient Safety and Care
- Increase in Patient Refusals for Transport
- Negative Impact on Service Volunteer Staffing

I base this letter on my 28 years of living and working on the island, my knowledge of the island's year-round and seasonal populations, and my 9 years and nearly 1,000 calls as a volunteer EMT.

After assessment and treatment, the key element of patient care is the rapid, safe transport of a patient to an appropriate medical setting. Vinalhaven EMS may only provide direct transport to two locations: our Island Community Medical Center Clinic [ICMS] or PenBay Medical Center in Rockport.

Our island clinic is a licensed receiving facility, but with its limited services for emergent patients, only 8 of our 195 calls this year [as of 11/12/19] have resulted in transport to ICMS. In fact, ICMS's PA's or FNP routinely accompany us on EMS calls precisely to speed up the medical transport decision process.

Therefore, virtually every call requires a determination on how to transport someone to PenBay Medical Center. That means that one EMT and/or driver must focus strictly on transport (and the reason that our service seeks a minimum of 3 crew members on every call.

The available transport options are:

- Penobscot Island Air
- Maine State Ferry Service
- Life Flight of Maine
- Maine State Marine Patrol
- US Coast Guard
- Private Lobster Boat

Penobscot Island Air

PIA has demonstrated its ability and willingness to prioritize medical evacuations from the island above their passenger/freight air taxi services. I have witnessed them bumping paying passengers so as to assist EMS with medical transport.

The flight takes 8-10 minutes. The planes have sufficient space for a patient on a backboard as well as the requisite medical equipment that EMS might require, such as a Lifepak, AED, suction, etc. The patient is always accompanied by an EMT with the appropriate license level. We transfer the patient to another ambulance service for the 15 minute drive to PBMC. PIA returns the EMT to the island, minimizing lost time for volunteer EMT's.

Our island population is largely self-employed, involving physical labor paid for by the hour and/or by the day's catch. To island residents, the cost of a PIA emergency flight is considered reasonable enough such that I have rarely experienced a patient refusal because of fear of the expense. This is *not* the case when LifeFlight is presented as an option to the patient.

Maine State Ferry Service

The Maine State Ferry Service schedules 6 runs daily from 7:00 am to 3:15 pm [4:30 in the spring/summer]. Transporting a patient on the ferry requires that an ambulance and EMS crew leave the island on at a scheduled time, make a 1 hour 20 minute run, and an additional 30 minute round-trip to PenBay and return to the Rockland Ferry Terminal.

In general, the Ferry Service allows 30 minutes from arrival in Rockland, to loading new vehicles and passengers and departure for the next trip. With luck the Ferry Service crew will wait for our ambulance to return, but often, we have been asked to wait for the next available ferry [generally 1 hour 45 minutes].

When our ambulance must go on the last ferry of the day, EMS crew members are forced to spend an overnight on the mainland and return on the first ferry the following morning.

All this detail matters because – like the majority of island adults – I am self-employed as well as a volunteer EMT. When I respond to a run, I lose income and fall behind on my promised work. My belief in the importance of my EMS service makes the decision for me, but I can provide you with the names of seasonal clients who have terminated my services because of my personal commitment to EMS made it difficult to meet their expectations. That translates to lost income.

My circumstances – single and working alone – mean that the impact is mine alone. For other island EMT's with job and/or family commitments, it means they do not/cannot sign up for on call days or nights because they cannot be assured of how long they will be away for their job or family on any call.

All but two EMT's in our service are volunteer.

LifeFlight of Maine

LifeFlight's willingness to assist our EMS crew has always been high, but with only 3 units available, on numerous occasions they've been unable to respond because of prior emergencies or transport commitments – or can't respond for hours. In addition, our weather conditions can differ from the mainland; I have participated in calls when we've arrived at a landing zone and can hear the helicopter hovering above – but the pilot has determined that they cannot land because of fog or cloud cover. We must then find modes of transport off the island.

LifeFlight's flying time to Vinalhaven [25 minutes – 1 hour, depending on departure from Bangor, Lewiston or Sanford] masks the actual time and resources required for patient care. Even when LifeFlight has a crew ready, their required safety/fueling protocols mean that we have over an hour of patient care before their arrival. Every LifeFlight call requires us to tone out Vinalhaven's volunteer Fire Department as well.

Given the real costs of operating a helicopter ambulance service, LifeFlight must charge an appropriate rate for its services. For life-threatening emergencies, patients have not refused transport. However, I have been on calls when patients, hearing a request for Lifeflight, have refused transport precisely because of its cost and their assessment of the risk of refusing transport.

Refusals will increase - even against medical advice - if Lifeflight becomes the only air transport option.

Maine State Marine Patrol

The Marine Patrol has refused to come to the island for patient transport unless the request comes through law enforcement. Even then, their transport decision is based on crew availability and weather conditions.

Simply stated, I can think of only 3 instances in 9 years/1,000 calls in which Marine Patrol has transported a patient off the island – and in each case, the request came through law enforcement.

US Coast Guard

Prior to this calendar year, the US Coast Guard did not respond to requests for patient transport. As an example, I cite an overdose incident in which a patient ingested an unknown quantity of prescription drugs. The FNP who met us at the scene confirmed our determination that the patient required transport. As the logistics person on that call, I spent nearly 3 hours speaking with Coast Guard Rockland, various supervisory officers and a flight surgeon from Coast Guard Cape Cod waiting for their decision.

During this calendar year, the Coast Guard in Rockland has been cooperative in assisting EMS with transport; however, their crew and ship preparation time is high at 30 – 60 minutes before departure and a 45 minute + trip to Vinalhaven.

The Coast Guard ships stationed in Rockland can only dock in our main harbor. This requires us to bring a patient down a ramp to a narrow, slippery wooden float – dangerous to the patient and EMS alike. We must then lift the patient over a gunwale and down a set of narrow stairs to a hold beside the engine room. The noise and odors are substantial. There is no provision for a patient on a backboard. The hold is not sterile and its small size and relative inaccessibility limits the amount of medical gear we can bring aboard.

A 2019 trip aboard a Coast Guard ship involved a pregnant patient with a history of miscarriages. She had to be assisted on the ship, down a ladder to the hold, and had to sit on a folding chair for the 45 minute run. On another Coast Guard transport a patient was a young female with severe abdominal pain. The call began around 10 pm and the Coast Guard could not arrive until after midnight. A second EMT and I accompanied the patient seated on folding chairs in the hold. Once the ship docked, the patient had to walk up a steep ramp to a waiting ambulance from South Thomaston for transport to PenBay.

The Coast Guard cannot return EMT's to the island. Thus, we walked to a motel, checked in at 1:30 am, and returned on the 7:00 am ferry that morning.

Private Lobster Boat

Lobstermen have agreed to make emergency medical trips; however, their boats often do not remain in the water during the winter months. During the period spring – autumn, boats are generally unavailable due to work needs. If a lobster boat is utilized, patients and EMT's are exposed to non-sterile conditions – and if on a backboard – on an open deck. Clearly, this is not a preferred option.

In summary, eliminating the waiver that enables Vinalhaven EMS to use Penobscot Island Air as a transport option will:

- Compromise patient care and safety by unnecessarily lengthening patient transport times
- Increase patient refusals due to concerns of expense
- Reduce the availability of volunteer EMT's with families and scheduled job commitments

Before you eliminate this waiver, I urge you to visit our island service to experience first-hand the basis for my letter.

Sincerely,

Jeffrey B. Aronson
EMT #25186



Andrew Dorr
Town Manager
19 Washington School Rd
207-863-2042 | 207-266-7806
townmanager@townofvinalhaven.org

November 18, 2019

Maine EMS
152 State House Station
Augusta, Maine 04333-0152
maine.ems@maine.gov

Dear Maine EMS Board Members,

I am writing on behalf of the Vinalhaven Board of Selectmen and our EMS department as it relates to operational and budget constraints. Since the release of the proposed rule changes, we have followed intently on the next steps and what we would need to change/modify if approved. Please accept these questions/comments as part of the public hearing process for these rule changes.

As you are likely aware, Vinalhaven is an unbridged island community with over 1,200 year-round residents and upwards of 4-5,000 people on any given day in the summer. Vinalhaven EMS averages 200+ calls for service annually over the last few years, the majority needing off-island transportation. Despite having Island Community Medical Services, a Federally Qualified Health Center, patients are limited in the services available. When imaging or more definitive diagnostics are required, we seek a means to transport those patients to higher levels of care. With over 12 miles of water between our island and Rockland, we always seek water or air transportation, it is the **ONLY** way off the island.

In 1992, when the legislature passed the Maine Emergency Medical Services Act (Title 32, Chapter 2-B), they sought to create an agency that would assist in delivering **prompt, efficient and effective emergency** medical dispatch and **emergency medical care**, a well-coordinated trauma care system, effective communication between prehospital care providers and hospitals and **the safe handling and transportation of the sick and injured..**" It is some of those key elements of an emergency medical services system that we feel may jeopardize our service's ability to promptly transport patients in a safe manner. Attached you will see a chart that summarizes the different means of transportation off the island, Figure 1. Take note of the amount of time it takes to deliver a patient to definitive care and the pros/cons of each option.

The following are a list of questions and concerns from the proposed rule changes document:

Chapter 2:

- **Section 3:** "RRAAS...to provide limited air ambulance services in order to meet a need within the State not otherwise fulfilled by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service." The lack of a bridge or paved road to simply drive to the hospital 24/7 certainly sounds unique enough to consider RRAAS. The fact that the

island runway does not accommodate all types of licensed air ambulance available in the state seems like there would be an unmet need.

- **What does this look like?** We are concerned that you will be eliminating the ability for us and other islands to continue our past practice, one that has been in place for over a decade, likely two.

Chapter 4:

- **Section 2.1.B.1:** “..demonstrate to the Board that the limited scope of the proposed service will fulfill a unique and/or unmet need regarding the air transport of patients in the state.”
 - **Does the Maine EMS Board consider the islands to be in a unique enough situation that we can license as an RRAAS?**
- **Section 2.1.B.2.1.b:** Limiting the use of an RRAAS air ambulance to those of **non-emergency medical calls** will significantly reduce the ability to transport patients promptly.
 - **If this will eliminate our service’s ability to contact an FAA certified medivac service to transport emergency call patients, how do you see our service delivering those patients?**

Furthermore, requiring that a scene response air ambulance be notified first does not always put the patient’s needs at the forefront as the time it takes to confirm may be detrimental to the outcome.

- For example, when our service calls for a LifeFlight transport, it can take between 10 and 20 minutes to confirm availability. During that time, PIA, an FAA certified air ambulance is likely enroute or on the ground waiting for our crew. By the time a service like LifeFlight is able to land, the patient would most likely have been delivered to Penobscot Bay Hospital.
- **Section 4:** The 70-day timeframe to approve the license application would restrict us from using any air transport of PIA, unless the board granted conditional approval.
- **Section 5:** The policies that the Vinalhaven EMS would have to create would take an estimated 3-6 months to create, approve, and train our responders. This would go beyond the 60-day allowance Maine EMS can grant for temporary licensing.
- **Section 7:** Requiring a Paramedic (VHEMS) or an RN/APRN/PA/MD to be in the air ambulance may not always be practical or necessary. If an EMS service is approved for RRAAS, they would be required to staff at that level, even if they are not licensed at that level or have the other agency be prepared to remove the RN/APRN/PA/MD from their clinic. This type of budget and operation implication could take up to a year, or not be supported at all by our community.
- **Section 11:** If VHEMS is the licensee, per Chapter 4 §2, as an RRAAS, **do the same standards apply if you’re unable to transport emergency medical patients?** If it is expected that the aircraft service no other type of transports other than medical patients, we would likely be looking at hundreds of thousands of dollars to dedicate a vehicle. **If multiple services use the same aircraft, are we each paying for the aircraft(s)?**

With the previous questions unanswered, it is hard to identify an accurate financial and operational cost, let alone the full amount of time to become licensed. Meeting these requirements will be timely, costly, and for some island services, impossible. How do we accomplish efficient, appropriate, cost effective, timely, care and transportation? As it reads in your own mission statement, “to assure the

successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation”, we ask that you postpone the Chapter 4 rules changes at this time and allow the services that utilize air ambulance services to talk with the board about solutions that will not impact our ability to serve our communities.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Dorr", written over a horizontal line.

Andrew Dorr
Town Manager

Cc:

Eric Gasperini, Chairperson, Vinalhaven Board of Selectmen
Kerry McKee, VH EMS Director

Vinalhaven Emergency Transport Off the Island

	Penobscot Island Air	Life Flight of Maine	Maine State Ferry Service	US Coast Guard	Dept Marine Resources	Private Boat
Operator	Waters Aero-Marine, Inc.	Life Flight of Maine	State of Maine	US Government	State of Maine	Private
Base Location	Owls Head, ME	Bangor, Lewiston, Scarborough, ME	Vinalhaven, ME	Rockland, ME	Rockland, ME	Vinalhaven, ME
Transport Time	30 (Time from confirmation to Px delivery) (minutes)	100	105	175	120	75
Agencies Involved	VH EMS, ICMS, PIA, S. Thomaston (STA)	VH EMS, ICMS, LFOM, VH Fire (LZ)	VH EMS, ICMS, MSFS	VH EMS, ICMS, USCG, STA	VH EMS, ICMS, DMR, STA	VH EMS, ICMS, Private Operator, STA
Pros	<ul style="list-style-type: none"> Timely Plane arrives at air strip at about the same time as ambulance with the patient 8-10 minute ride to mainland where we meet South Thomaston Ambulance for 15 min ride to PBMC Ambulance and most of crew stays on Island 	<ul style="list-style-type: none"> Specialty care for critical patients Direct transport to specialty facilities (Trauma center etc) Timely 30-40 min inbound and 20-30 min outbound Ambulance and EMS crews stay on Island 	<ul style="list-style-type: none"> In rough seas a more comfortable and safer transport method than smaller vessels Up to several hours to wait for scheduled ferry 1 hour 15 min to mainland with 15 min to PBMC Pt is not loaded and unloaded multiple times Available EMS equipment, meds, and personnel are in one place, easy on easy off 	<ul style="list-style-type: none"> They don't say no 40 to 120 min arrival 40-60 min +/- to Rockland where patient is transferred to South Thomaston Ambulance for 15 min ride to PBMC 	<ul style="list-style-type: none"> Unknown Historically they have come to assist and transport for low enforcement only 	<ul style="list-style-type: none"> 40-60 min to mainland where patient is transferred to South Thomaston Ambulance for 15 min ride to PBMC 1-2 EMS with patient will return (2 hours off island)
Cons	<ul style="list-style-type: none"> Small space Limited to equipment loaded from ambulance, one patient care giver only One provider off island for about 20-30 minutes Only available during daytime hours and flying weather Pt loaded and unloaded multiple times 	<ul style="list-style-type: none"> Limited availability (weather and other calls) Misuse of resource for stable but necessary transports Pt loaded and unloaded multiple times Pts are hesitant due to cost \$ \$\$\$ 	<ul style="list-style-type: none"> Limited availability in bad weather or nights Up to several hours to wait for scheduled ferry 1 hour 15 min to mainland with 15 more min to PBMC Crew and ambulance are off island for at least 3 hours (up to 15 if we can't get back on last boat of the day) Crew must find lodging and meals. \$\$\$ 	<ul style="list-style-type: none"> 40-120 min minimum arrival time once they have agreed to transport Difficulty in loading patient from dock to boat Limited space and positioning of patient onboard Care limited to equipment loaded on boat 1-2 EMS crew off island with no return until next ferry (2-13 hours) All equipment must be transported and cared for with EMS crew for duration of wait to return Not a sanitized environment Rough ride for patient 	<ul style="list-style-type: none"> Difficulty in loading patient from dock to boat Limited space and positioning of patient onboard Care limited to equipment loaded on boat Availability Safety Liability Not a sanitized environment Very rough ride for patient 	

ME EMS Public Hearing Comments

Good Evening

My name is Andrew Dorr and I am the Town Manager for Vinalhaven.

- 1915: Call dispatched for Female in her 50's with chest pain.
- 1930: Vinalhaven Rescue on scene, Paramedic, Basic, Driver
- 1935: Call to PIA to request air transport, no pilots
- 1937: Call to Lifeflight to request medivac.
- 1947: Lifeflight confirms wait time would be at least 2 hours
- 1948: Call to MSFS to request an emergency trip
- 1950: MSFS calls, no boat due to crew availability
- 1952: Call to USCG to request emergency transport
- 2015: USCG confirms, after numerous calls and phone transfers, they will be able to transport the patient and crew off the island.
- 2130: USCG docks at Vinalhaven pier, patient is loaded down the ramp at low tide (10.5'), angle approximately 30 degrees, Crew brings their Lifepak, jump bag, oxygen, computer, etc. The patient has to be assisted into the center cabin of the vessel which is partially below deck. Patient is secured in the stair chair for transport and equipment must be secured with seatbelts before departure.
- 2150: USCG departs Vinalhaven
- 2250: USCG arrives at Rockland pier, transferred to second ambulance service
- 2305: Patient is successfully transported to ambulance and enroute to PenBay
- 2315: Patient arrives at PenBay, Vinalhaven crew look for room at nearby hotel

That is not a normal call, but it is also more likely the reality of the logistical challenges we are faced with this time of year, when daylight is less, weather is worse, and options to transport patients continue to decrease. Over the last two years, we have continuously had to modify our means of transporting patients or the process in which we confirm IF we even have transport.

We accept that there are logistics to manage due to living on the island. We accept that it will take longer to get to higher levels of care. We accept the ride may not be as smooth or that we may need our sea legs. We accept the fact things may cost more because of the challenges of living on the island. What we cannot accept are the lack of options to be transported. We expect prompt, efficient, and effective emergency transport to the appropriate levels of care. We expect that our health and outcome will not deteriorate due solely because of any rule changes that reduce our options of transport.

If the proposed changes go through as presented, our residents fear their access to prompt and effective modes of transportation will be reduced and that their emergency medical care could be less effective. Please consider amending changes to Chapter 4 that allow for a waiver to transport patients via FAA accredited planes.

Thank you

To: Maine EMS Rules Sub-Committee
From: Patricia Lundholm, Vinalhaven EMT
Date: November 7, 2019

Subject: Proposed revocation of air transport waiver Chapter 4 page 22-23 lines 2538-2577

Whether we grow up on Vinalhaven or move here from away, we are well aware that transportation, or the lack of it, is part of the allure – there is a challenge and a risk to living twelve miles out to sea without a bridge. Yet, when we make that choice and consider the risks of developing a medical emergency, we are also aware that we have a wonderful clinic available 24/7 and a caring and innovative EMS team who will do what it takes to get us to the mainland for more specialized care.

For the twenty years that I have lived on the island, (an EMT for fifteen of those years), we have relied on Penobscot Island Air and the Maine State Ferry Service to transport the bulk of our patients off island. Weather permitting, the plane is our first choice. With an eight minute flight time, this is the fastest, most efficient means of getting a patient from the island to the hospital.

We are taught over and over how important time is to a person suspected of having a stroke, and we know, too, that Pen Bay Medical Center is a stroke center. It is hard to understand why that is not the best and “safest” option for our patient. Of course, there are a myriad of transport reasons that are less time critical than a stroke, when our patient would still benefit from that plane ride. For instance, why should a youngster with abdominal pain who may have appendicitis have to suffer any longer than necessary with the pain?

If we are no longer permitted to use the plane, our day time options are two: Lifeflight of Maine and Maine State Ferry Service. We do not hesitate to call LOM for the stroke patient or STEMI patient; however, they are not always available, take longer to get here than the plane, and the expense is astronomical. It is not reasonable to take such a valuable resource off line for calls that do not require their high level of expertise. We all sigh with relief when the LOM crews enter our ambulance for the STEMI patient, but are somewhat embarrassed when the reason they are there is less critical.

That leaves the ferry. During the day the Maine State Ferry Service will take our patients on the next scheduled trip. This trip takes seventy-five minutes, but there may be as much as another two and a half hours to wait for the next boat. That is certainly not a good option for the stroke patient or the patient with abdominal pain. This is made worse if the transport team is made up of Basics or Advanced, and something changes during that seventy-five minutes on the water. **There is NO MUTUAL AID in the middle of the ocean.** We are a Basic service, permitted to paramedic, but that does not mean a paramedic or an advanced is available to make the trip.

As I understand it, the reason for the proposed revocation of the rule is because it is “unsafe” to fly. Given where we are located, it is fair to say that all our transport options have something about them that is unsafe. I have not heard what about the flight is unsafe –

- *Is it unsafe because we don't have all our equipment with us?* That is true also of a coast guard ride or a private lobster boat ride.
- *Is it unsafe because we have limited access to the patient?* That is true also of Lifeflight. Before loading the patient into the plane, we start IVs, do our diagnostics, and medicate the patient when appropriate. Prior to departure, we do whatever we anticipate will be needed,

and take the tools we may need in the next eight minutes. Those tools may include additional pain medication, a compression bag to keep fluids running while in the air, oxygen, an AED, or our Lifepak for ongoing monitoring. This is how Lifeflight operates – if intubation is called for, they do that in the back of our ambulance, not the air, and they will not take a pregnant woman whose contractions are too close together because they can't deliver a baby in the helicopter.

- *Is it unsafe because of sanitation?* The plane is cleaner than the coast guard and private lobster boat, so if this is the reason they must be eliminated as transport options as well. In fact, in any of these transport methods, our patients are well protected and padded with clean linens and blankets. Hearing protection is available.
- *Is it unsafe because of loading and unloading the patient from the plane?* It is only slightly more awkward than loading into the helicopter. However, loading a patient onto a boat is a nightmare. If the patient is unable to walk, we maneuver the stretcher down the ramp with no ability to support the sides of the cot. The next step is to lift them over the gunnels onto the boat. If traveling with the coast guard, we have to get them up several steps and down even more steps into the bottom of the boat. These steps are steep and narrow. If traveling on a lobster boat, we have to hope they fit in the cabin. Communication on both of these boats is next to impossible due to noise (we have headphones on the plane).
- *Is it unsafe because planes crash?* In Maine, I know of one helicopter crash that killed people, but not of any similar plane crashes. That doesn't mean it can't or hasn't happened, but Penobscot Island Air is a federally licensed air evac operator. Just like Lifeflight, they don't come when it is not safe to fly. I have been on the ferry when we had to belt ourselves in because we were being tossed about so much.

A year ago, Rick Petrie mentioned that you were considering removal of the waiver in your rules review. I was director of Vinalhaven Ambulance at the time, and asked him if you were coming to the island to see for yourselves how our transport options work. He told me no, that the time to react was after your review was done. I regret that I did not pursue this while you were working on the project, but I firmly believe that you have to travel the ferry, take the plane ride, and get on a coast guard boat at low tide – even high tide – and descend into the bowels of the boat where patients ride, to really understand the whole picture and what “safe” is. We need our full range of options. Please do not remove this waiver.

Sincerely,

Patricia Lundholm

AEMT 21674, Vinalhaven Ambulance

Laura Jermann
lbmadden@msn.com
P.O. Box 212, North Haven, ME. 04853

November 12, 2019

Maine EMS Board of Directors
Maine Emergency Medical Services
Department of Public Safety
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152

Maine EMS Board of Directors,


I am writing you today to ask that you reinstate the waiver that allows any ambulance in an emergency to use an airplane that is not licensed as an air ambulance to transport a patient. This waiver has been in place for many years and allowed North Haven and Vinalhaven to use Penobscot Island Air (PIA) to transport patients to the mainland so that they can receive needed care at the hospital. It is our lifeline in many cases.

I have lived on North Haven full time for 20 years. I am now 65 years old. In the past few years both my husband and I have been carefully and safely transported back to the mainland for emergency medical reasons. My husband had a heart attack and was transported to the mainland by way of PIA. It was the fastest way to get him to the hospital. I was transported by way of a lobster boat because the weather was bad and the ferry was on the mainland. Without these safe and efficient options for transporting patients in an emergency our islands would lose their viability.

I understand that it may be necessary to update the EMS regulations. I am simply asking that while this process is on going, that you reinstate our waiver and perhaps form a subcommittee to work with island EMS members to find a workable and safe solution.

Thank you for your time,

Sincerely,



Laura Jermann

Oko, Jason A

From: Laura Jermann <lbmadden@msn.com>
Sent: Wednesday, November 13, 2019 11:58 AM
To: Maine.EMS
Cc: Erin Cooper; administrator@northhavenmaine.org
Subject: Proposed EMS Regulations Changes

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Laura Jermann

lbmadden@msn.com

P.O. Box 212, North Haven, ME. 04853

November 12, 2019

Maine EMS Board of Directors

Maine Emergency Medical Services

Department of Public Safety

45 Commerce Drive Suite 1

152 State House Station

Augusta, ME 04333-0152

Maine EMS Board of Directors,

I am writing you today to ask that you reinstate the waiver that allows any ambulance in an emergency to use an airplane that is not licensed as an air ambulance to transport a patient. This waiver has been in place for many years and allowed North Haven and Vinalhaven to use Penobscot Island Air (PIA) to transport patients to the mainland so that they can receive needed care at the hospital. It is our lifeline in many cases.

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transported by way of a lobster boat because the weather was bad and the ferry was on the mainland. Without these safe and efficient options for transporting patients in an emergency our islands would lose their viability.

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Thank you for your time,

Sincerely,

Laura Jermann

Okon, Jason A

From: Linda Darling <lindaadarling@gmail.com>
Sent: Wednesday, November 13, 2019 5:51 PM
To: Maine.EMS
Cc: Rick Lattimer
Subject: Air Ambulance North Haven Maine

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I am writing to express the absolute necessity for the Island of North Haven to have the use of Penobscot Island Air service. It takes about 8mins from the time they are called to arrive on the Island. Many of us have had life threatening experiences where survival depends on immediate transportation off the Island and quickly get to the Hospital.

I can attest to this having broken my femur last winter after falling on the ice. This particular break is extremely serious where a high percentage of older patients with this injury die. I was 76yrs.old and think I was in shock after the fall but by 1hr. I was in the Hospital, and told I needed surgery.

PIA is dependable whereas Life Flight located in various parts of the State can not be on the Island in 8 mins. And the cost between the two services are extremely different. PIA \$600. Compared to Life Flight as much as \$15,000. Many Island folks can not afford such extreme costs.

Please do all that is possible to allow PIA to continue the excellent service they provide North Haven. Without this service many, many people lives could be in jeopardy.

Thank you.

Linda Darling
Selectboard Member

Sent from my iPad

Oko, Jason A

From: Lisa Shields <lisadick@gmail.com>
Sent: Monday, November 18, 2019 6:21 PM
To: Maine.EMS
Subject: Penobscot Island Air

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To Whom It May Concern:

I am writing as a private citizen of North Haven for 47 years to add to the voices you've heard requesting, if not pleading, for a waiver for Penobscot Island Air to be able to continue transporting patients to a mainland medical facility when necessary, despite not being classified as an "air ambulance".

Several personal examples:

Five years ago my husband this month had a stroke. Getting him to a medical facility in a timely manner was essential. It happened in the morning after the ferry had left and was at least halfway to Rockland. Travel conditions were horrendous as there had been a freak ice and snowstorm (November 2-3, 2014) and there was absolutely no way a helicopter could have landed on North Haven. As well, blades must certainly have iced during the storm. Private boats that were still in the water were covered with ice and snow. This being a caring and responsive community, the airstrip at Watson's was cleared by using private plows, enough for Kevin Waters (or another PIA pilot) to land and evacuate my husband. It was literally the only way he could have gotten to a hospital. He was flown to Eastern Maine Medical Center where he survived 24 hours - long enough for all four of his daughters to make it to Bangor to say goodbye.

Several years later, Penobscot Island Air flew me off with a badly broken wrist. Hardly worthy of Life Flight, but necessary to access a hospital quickly before the swelling became unmanageable.

I will be eternally grateful and eternally passionate about retaining the ability for Penobscot Island Air to continue this essential, truly vital, service. Without the ability to call PIA in a medical emergency, many of us would not feel comfortable in living on these islands - island that contribute heavily to the culture, attraction, lure, AND economy of Maine.

I am happy to come to Augusta to testify before any committee if necessary. Actually, I'm certain that islanders would be happy to hire buses so that dozens and dozens of us could testify. My husband's and my experiences are not the only time, by far, that it has been necessary to call PIA. They have helped hundreds of us, I am certain.

Thank you for your consideration.

Lisa Shields
140 Middle Road
North Haven, Maine 04853
207-867-4894

Oko, Jason A

From: Lorraine Reiser <lreiser@outlook.com>
Sent: Tuesday, November 19, 2019 4:33 PM
To: Maine.EMS
Subject: EMS Changes

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November 19, 2019

Lorraine Reiser PhD, CRNP
North Haven Medical Clinic
North Haven, ME 04853
lreiser@outlook.com

Board of Directors, Maine EMS
maine.ems@maine.gov

Dear Board of Directors,

I am writing this comment letter to request that you maintain the waiver provision in the Maine EMS rules under which Penobscot Island Air (PIA) is authorized to fly emergency medical patients to Knox County Regional Airport in Owls Head, Maine. I ask that you not make any changes to chapter 4 concerning restricted air ambulance services, and request that you leave the existing waiver in place until discussions related to the proposed changes, which include island representation, can occur resulting in a reasonable compromise that does not inhibit the ability to effectively transport patients from NH/VH via PIA.

As one of the two medical care providers on North Haven, an unbridged island 12 miles out from Rockland, it is essential that I have a timely, safe, reasonable, and cost effective way to transport patients in need of advanced medical care to facilities on the mainland. As part of the medical care services on the island, I respond to EMS calls and take an active part in transportation and medical needs decision making for those calls. I understand that public safety is the underlying goal in the proposed changes, however I feel further discussion is warranted to insure that there are no harmful unintended consequences for rural and remote health care.

The use of PIA allows us to quickly transport patients to the mainland in a safe and effective manner. I have been on several calls where patient were in the ER at Pen Bay Hospital in less than an hour from the initial call because we could quickly coordinate transportation with PIA and I have been able to accompany the patient on the flight maintaining the appropriate medical support until transfer to EMS services at Owl Head. This transport plan has me off the island for less than one hour and results in minimal disruption to the needs of the remainder of the islanders. I have also been on calls that required Ferry Transport which resulted in transport time to the ER of nearly 2 hours and the absence of Medical care on the island for more than three and a half hours or more, not to mention the need to cancel a ferry run due to Coast Guard work hour timing regulations. I have additionally been on several calls where Life Flight services were requested and were either not available or would have an estimated wait time of more than an hour. Having the option of using PIA allowed for much more rapid and seamless transport of patients in situations where time is of the essence.

Providing high quality health care in rural and remote areas, of which Maine has many, requires thoughtful use of available resources. I understand that those who do not experience barriers present in these locations may not realize how apparent safety rules may actually make for a less safe situation.

The use of PIA and the flexibility that it provides in medical transport decision making provides us with a much better access to care situation. Certainly in mass trauma or extreme life threatening situations Life Flight is the most reasonable option, however in urgent situations requiring hospital based care but with a reasonably stable patient, the PIA option is

a win/win. There is quick access to care at a reasonable cost in a reasonable time frame with minimal interruption to island services.

I again ask that allow the current waiver to remain in place. If additional discussions are warranted by the Board, I would be happy to participate and provide input from an island medical provision perspective. My goal, which I am sure is also a goal of yours, is to provide safe, competent, cost effective health care to my patients. Please feel free to contact me if you need any additional comments or information.

Sincerely

Lorraine Reiser PhD CRNP
Family Nurse Practitioner
North Haven Medical Clinic

Sent from [Mail](#) for Windows 10

Erin Cooper
Crew Chief, North Haven EMS
erincooper207@gmail.com
PO Box 355, North Haven, ME 04853
Home (207) 863-5128
Cell (207) 542-5287

Medical Services Board and Board of Selectmen,

I am writing to you as the NH EMS Director/Crew Chief to request your assistance. Recently, Maine EMS went through all of their rules, making revisions and proposing changes. One of these proposed changes is to remove a waiver that allows any ambulance in an extraordinary circumstance to use an airplane which is not licensed as an air ambulance to transport a patient. It is a broad, statewide waiver which has been included in the rules for decades. This is the waiver that allows North Haven, Vinalhaven, and other islands to use Penobscot Island Air (PIA) to transport patients to the mainland to receive emergency care at the hospital. If this waiver is removed, we will no longer be allowed to use Penobscot Island Air to transport patients.

Transportation is NH EMS' biggest logistical hurdle. Finding a way to safely and efficiently transport a patient considering resources, time of day, weather, patient condition, etc. is exceptionally challenging when the closest hospital is 20 miles away, and 12 of those miles are open ocean. The reasons that we need the ability to use PIA for transport are many and varied. For starters, North Haven only has one ambulance. This means that if we have to take the ferry to the hospital, we no longer have any of our equipment or personnel (often including the clinic provider) on island. All of our resources are on the ferry, on the mainland and unavailable for, at the very least, 4 hours. When you're an EMT on North Haven you can never only think about the current patient, you have to always think about the next patient because of our lack of resources and our inability to call for mutual aid. When we fly with PIA, only some of our resources are off the island/unavailable – and those resources return after only 15 minutes.

LifeFlight is exceptionally busy, particularly in the summer when our call volume increases significantly. We called for LifeFlight 5 times this summer and they were unavailable each time. Additionally, LifeFlight is very expensive. North Haven EMS is the only EMS department in the state that does not bill for our services because we understand the financial burden of emergency care, which is why LifeFlight is not a feasible solution here. I would estimate that nearly 75% of our patients would not be able to foot the bill for LifeFlight when their insurance will not cover it or when they do not have insurance. Most insurance companies will not cover the cost of LifeFlight or a PIA medivac because it is not "pre-approved". PIA charges \$600 for a medivac, LifeFlight charges between \$7,000-\$10,000 depending on which hospital the patient is taken to. Over the past 2 years NH EMS used PIA for transport on 62% of our transporting calls.

Among these reasons, however, the single most important consideration here is patient safety and care. Critically ill or injured patients need access to emergency care as quickly as possible. The more time that a critically ill or injured patient is without emergency care, the

worse their condition becomes – time is often literally the difference between life and death for these patients. Without Penobscot Island Air, the quickest we could ever reasonably get a patient to the hospital is 2 hours from onset of symptoms – and that is the absolute best-case scenario. Using Penobscot Island air, we can get patients to the hospital from onset of symptoms in 30-40 minutes.

For some patients, waiting 2-4 hours to get to the hospital simply means that they are uncomfortable for an unnecessary amount of time, but ultimately does not worsen their condition or effect their overall quality of life in the long term. Unfortunately, that is not the case for all patients. For example, this summer we received a call at about 5:00pm for a patient with stroke symptoms. We arrived on scene, confirmed “code stroke” and immediately contacted LifeFlight of Maine. LifeFlight was busy and told us it would be at least 90 minutes before they could even tell us if they would be able to come to the island – meaning that even if the answer was yes, they could come, their ETA would have been 3 hours from onset of symptoms. The ferry was docked in Rockland, about to make its return trip to North Haven – meaning that if we had waited for the ferry, our ETA to the hospital would have been over 3 hours after loading and unloading, from onset of symptoms. For stroke patients, the estimated time you have from onset of symptoms to push thrombolytics in an ER before the patient will have serious, lifetime deficits is 1 hour. Fortunately for this patient, when LifeFlight said no, we called PIA to find out that Kevin Waters had heard our radio traffic and sent a plane to North Haven – it was waiting for us at Watson’s Air Strip. We loaded the patient into the ambulance, onto the plane, and handed them off to South Thomaston EMS, Paramedic back-up from St. George and they had the patient in the ER, pushing thrombolytics, 48 minutes after onset of symptoms.

This patient is now home, recovering with no deficits. I can confidently say that without PIA that night I likely never would have seen that patient again. This is what I mean when I say that this is life or death, it isn’t a metaphor.

North Haven, Vinalhaven, Atlantic Partners EMS, and Penobscot Island Air have been working together for the past couple of months to devise a plan. We plan to attend and speak at the Midcoast Maine EMS hearing this Friday, November 8th. Following that meeting, we will be conducting a letter writing campaign to rally community members to write letters to the Maine EMS board, imploring them not to make any changes to chapter 4, section 15 (this is the chapter that includes the waiver) until they can convene a subcommittee with island representation to ensure that the changes that go into effect do not dramatically and negatively affect our ability to safely and effectively transport our patients.

We need Maine EMS to understand that the proposed rule changes are not feasible for the islands and they did not take our isolated situation into consideration when writing these revisions. PIA, the ferry, and LifeFlight are our roadways. When you remove these roadways, we have very few options. In a timely emergency these options could cost our community members, our patients, their life or their quality of life. We understand that Maine EMS has the same concerns that we do for patient safety. What we are asking them to do is to take this section of the rules, step back, and don’t do anything with them until it is revisited. We are asking that they involve the islands, develop a subcommittee to work with island EMS, and come up with a reasonable compromise. Here is a link to the proposed changes document

<https://www.maine.gov/ems/documents/Maine%20EMS%20Proposed%20Rule%20Changes%202019%20Revised.pdf>

Although I know you all understand the gravity of this issue, I think it is worth noting that if this rule change comes to fruition, I fear it is likely that North Haven EMS will not be able to maintain our service. As of the last 3 years, NH EMS has transported using PIA about 62% of the time. If our transport times increase to 3 hours, minimum, we are going to lose EMTs. If the stress of the job increases because we know we will not have the ability to quickly transport critical patients to the mainland, we will lose EMTs. If our ability to care for our patients is interrupted to this extent, we will simply be unable to keep enough volunteers to sustain our department.

Every single person on North Haven has either been transported or had a relative/close friend transported by North Haven EMS. Holding this position as Volunteer Ambulance Director/EMS Crew Chief is the single greatest honor I have had. Being able to positively contribute to the community that raised me is deeply important to me, as it is to all of our volunteer drivers and EMTs. However, if we are unable to do so effectively, I doubt our department will survive and we will be the next island volunteer EMS department to dissolve.

There is going to be a hearing about the proposed rule changes on November 8th. Representatives from North Haven and Vinhaven will attend to make statements in person. After the hearing, we have 10 days to submit written comments or statements for the board to consider. We thought it would be best to start with the board of selectmen and medical services board on each island. Then, after the hearing, we will rally the communities to write letters of support. Please use any of the provided information and draw on personal experience to write these letters. Individual letters from each of you would make the most impact. If the board understands the gravity of this issue from many varying perspectives, they are more likely to work with us. We were informed that form letters rarely have a serious impact.

If you would be willing to write a letter, please send it directly to me or to the Maine EMS Board of Directors

*Maine EMS Board of Directors
Maine Emergency Medical Services
Department of Public Safety
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152*

Thank you for your time and consideration.

Erin Cooper
Ambulance Director/Crew Chief
North Haven EMS
(207)863-5128/(207)542-5287
PO Box 355 North Haven, ME 04853

Okon, Jason A

From: Mina Wade <mina.wade31@gmail.com>
Sent: Monday, November 18, 2019 3:00 PM
To: Maine.EMS
Cc: erincooper207@gmail.com; nhadmin@midcoast.com
Subject: Penobscot Island Air

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To those whom it may concern at the Maine EMS board-

I am writing in strong support of continuing to allow Penobscot Island Air (PIA) to assist in EMS runs for our island communities. I was a long-term, lead EMT out on North Haven Island. I do not have the exact numbers, but I would guess that we used PIA for over 50% of the EMS calls of which I was a part.

Sometimes over 2 hours away from definitive care, North Haven Island, while seemingly un-remote, can lie just outside of the "golden hour" depending on the type of transportation we have available. Our choices are PIA, LifeFlight of Maine, Ferry and personal lobster boat. LifeFlight is a wonderful option for those calls that it makes sense, and is an indispensable resource in our state in general. However, there are a few drawbacks: it is pricey; they fly patients to Bangor or Portland (not to Rockland); they can deny a call if they think their services are unnecessary or if they do not have a helicopter available. Our other options on the island consist of the ferry boat and personal lobster boats, both of which take about an hour from dock to dock (if not longer), not to mention the rough seas that can make a ride quite uncomfortable for the patient. Using the ferry also affects the daily ferry schedule frequently, related to safety caps on hours worked by the crew during a 24 hours time frame.

PIA has been a critical resource for the island communities and their wellness. If this resource is taken away, our community members will suffer. Access to care has become a very hot topic in most public health discussions today. It feels irresponsible to take this crucial access line away from some of our most rural communities. Please do not allow this to happen.

If I can be of any more help, please feel free to email or call (207.522.4467).

Warmly,
Serena Wade
Former EMT on North Haven Island

To: Maine EMS Rules Sub-Committee
From: Patricia Lundholm, Vinalhaven EMT
Date: November 7, 2019
Subject: Proposed revocation of air transport waiver

Whether we grow up on Vinalhaven or move here from away, we are well aware that transportation, or the lack of it, is part of the allure – there is a challenge and a risk to living twelve miles out to sea without a bridge. Yet, when we make that choice and consider the risks of developing a medical emergency, we are also aware that we have a wonderful clinic available 24/7 and a caring and innovative EMS team who will do what it takes to get us to the mainland for more specialized care.

For the twenty years that I have lived on the island, (an EMT for fifteen of those years), we have relied on Penobscot Island Air and the Maine State Ferry Service to transport the bulk of our patients off island. Weather permitting, the plane is our first choice. With an eight minute flight time, this is the fastest, most efficient means of getting a patient from the island to the hospital.

We are taught over and over how important time is to a person suspected of having a stroke, and we know, too, that Pen Bay Medical Center is a stroke center. It is hard to understand why that is not the best and “safest” option for our patient. Of course, there are a myriad of transport reasons that are less time critical than a stroke, when our patient would still benefit from that plane ride. For instance, why should a youngster with abdominal pain who may have appendicitis have to suffer any longer than necessary with the pain?

If we are no longer permitted to use the plane, our day time options are two: Lifeflight of Maine and Maine State Ferry Service. We do not hesitate to call LOM for the stroke patient or STEMI patient; however, they are not always available, take longer to get here than the plane, and the expense is astronomical. It is not reasonable to take such a valuable resource off line for calls that do not require their high level of expertise. We all sigh with relief when the LOM crews enter our ambulance for the STEMI patient, but are somewhat embarrassed when the reason they are there is less critical.

That leaves the ferry. During the day the Maine State Ferry Service will take our patients on the next scheduled trip. This trip takes seventy-five minutes, but there may be as much as another two and a half hours to wait for the next boat. That is certainly not a good option for the stroke patient or the patient with abdominal pain. This is made worse if the transport team is made up of Basics or Advanced, and something changes during that seventy-five minutes on the water. **There is NO MUTUAL AID in the middle of the ocean.** We are a Basic service, permitted to paramedic, but that does not mean a paramedic or an advanced is available to make the trip.

As I understand it, the reason for the proposed revocation of the rule is because it is “unsafe” to fly. Given where we are located, it is fair to say that all our transport options have something about them that is unsafe. I have not heard what about the flight is unsafe –

- *Is it unsafe because we don't have all our equipment with us?* That is true also of a coast guard ride or a private lobster boat ride.
- *Is it unsafe because we have limited access to the patient?* That is true also of Lifeflight. Before loading the patient into the plane, we start IVs, do our diagnostics, and medicate the patient when appropriate. Prior to departure, we do whatever we anticipate will be needed,

and take the tools we may need in the next eight minutes. Those tools may include additional pain medication, a compression bag to keep fluids running while in the air, oxygen, an AED, or our Lifepak for ongoing monitoring. This is how Lifeflight operates – if intubation is called for, they do that in the back of our ambulance, not the air, and they will not take a pregnant woman whose contractions are too close together because they can't deliver a baby in the helicopter.

- *Is it unsafe because of sanitation?* The plane is cleaner than the coast guard and private lobster boat, so if this is the reason they must be eliminated as transport options as well. In fact, in any of these transport methods, our patients are well protected and padded with clean linens and blankets. Hearing protection is available.
- *Is it unsafe because of loading and unloading the patient from the plane?* It is only slightly more awkward than loading into the helicopter. However, loading a patient onto a boat is a nightmare. If the patient is unable to walk, we maneuver the stretcher down the ramp with no ability to support the sides of the cot. The next step is to lift them over the gunnels onto the boat. If traveling with the coast guard, we have to get them up several steps and down even more steps into the bottom of the boat. These steps are steep and narrow. If traveling on a lobster boat, we have to hope they fit in the cabin. Communication on both of these boats is next to impossible due to noise (we have headphones on the plane).
- *Is it unsafe because planes crash?* In Maine, I know of one helicopter crash that killed people, but not of any similar plane crashes. That doesn't mean it can't or hasn't happened, but Penobscot Island Air is a federally licensed air evac operator. Just like Lifeflight, they don't come when it is not safe to fly. I have been on the ferry when we had to belt ourselves in because we were being tossed about so much.

A year ago, Rick Petrie mentioned that you were considering removal of the waiver in your rules review. I was director of Vinalhaven Ambulance at the time, and asked him if you were coming to the island to see for yourselves how our transport options work. He told me no, that the time to react was after your review was done. I regret that I did not pursue this while you were working on the project, but I firmly believe that you have to travel the ferry, take the plane ride, and get on a coast guard boat at low tide – even high tide – and descend into the bowels of the boat where patients ride, to really understand the whole picture and what “safe” is. We need our full range of options. Please do not remove this waiver.

Sincerely,

Patricia Lundholm

AEMT 21674, Vinalhaven Ambulance

Town of North Haven
16 Town Office Square
Post Office Box 400
North Haven, Maine 04853
207.867.4433

November 18, 2019

Maine EMS Board of Directors
Maine EMS
Department of Public Safety
45 Commerce Drive, Suite 1
Augusta, Maine 04333-0152

Re: Proposed Changes to Maine EMS Rules

Dear Maine EMS Board of Directors:

I am writing on behalf of the Town of North Haven to request that you maintain the waiver provision in the Maine EMS rules under which Penobscot Island Air (PIA) is authorized to fly emergency medical patients to Knox County Regional Airport in Owls Head, Maine.

Background

North Haven is an island located in Penobscot Bay, twelve miles off the coast of Rockland. The island is not connected to the mainland by a bridge, so the only ways on and off the island are by boat or aircraft. The Town's volunteer EMS squad operates one ambulance. The Town also operates a medical clinic staffed by one nurse practitioner. Typically, the nurse practitioner attends ambulance calls.

When a medical emergency arises, the EMS squad determines whether the patient needs to be seen at an emergency medical facility on the mainland. Depending on the nature of the patient's emergency, weather, and availability of transport, the EMS squad arranges for transportation to the mainland. There are six transportation options:

1. U.S. Coast Guard vessel
2. Maine State Ferry Service vessel
3. Marine Patrol vessel
4. LifeFlight of Maine
5. Private boat
6. Penobscot Island Air

Each of these options has its operational strengths and weaknesses.

1. U.S. Coast Guard vessel

While we appreciate the Coast Guard's support, its primary mission is not to provide emergency medical transportation from Maine's islands. The Coast Guard has numerous, competing demands for its resources, so it cannot simply dispatch a vessel upon call from North Haven's EMS squad. As Andrew Dorr, the Town Manager of Vinalhaven testified during the public hearing held on November 8, 2019, several hours typically elapse between the emergency medical call and the arrival of a Coast Guard vessel for emergency transport. As Mr. Dorr also indicated, the Coast Guard's vessels are not configured to carry an ambulance, so a patient must be transferred from a gurney to another secure device, such as a stair chair, before boarding the vessel. Additionally, Coast Guard vessels do not necessarily have personnel aboard with the same equipment and training as North Haven's EMTs and nurse practitioners. The patient may thus lose the benefit of higher levels of emergency care as well as the ambulance's protection and equipment while crossing the Penobscot Bay in a Coast Guard vessel. Depending on the vessel dispatched and the weather, the vessel may take 45 minutes or more to reach the mainland. Bad weather may preclude the trip entirely.

2. Maine State Ferry Service vessel

Similar to the Coast Guard, the Maine State Ferry Service's mission is not principally to provide for emergency medical transportation. Weather and crew fatigue limitations (as set out in Coast Guard regulations) permitting, the Ferry Service will make an emergency trip outside of the normal schedule to transport a patient in our ambulance to Rockland. The Ferry Service will also make space for the ambulance during its regularly scheduled trips to Rockland at 7:30 am, 12:30 pm, and 3:45 pm. Each trip takes about one hour and ten minutes. If the ferry makes an unscheduled emergency trip, the next scheduled trip is cancelled to allow the crew to recover.

3. Marine Patrol vessel

The Marine Patrol is another example of an option we can use for emergency medical transport that is outside the primary mission of the organization. The Marine Patrol vessels are not large enough to accommodate an ambulance, so the patient must be put on the boat without a gurney and without the attendant benefits of the ambulance. Weather, vessel availability, and mission demands are all factors that limit the use of this option.

4. LifeFlight of Maine

LifeFlight of Maine operates three helicopters and one fixed-wing aircraft. The fixed-wing aircraft is too large for North Haven's airstrips. LifeFlight of Maine is a valuable resource and we are grateful that the organization will respond to our community's emergency medical needs. Yet, as Erin Cooper, our EMS Crew Chief, made clear during the public hearing held on November 8, 2019, LifeFlight is not always available. She testified that on one call, LifeFlight needed 90 minutes before it could determine whether it could dispatch a helicopter to attend to a patient with stroke symptoms. In cases of

apparent stroke or heart attack in particular, time is of the essence. Two other characteristics also factor into whether LifeFlight is the best option, cost and the nature of the medical emergency. LifeFlight's website notes that its "average charge per transport was about \$12,000" in 2017.¹ In comparison, the Ferry Service charges \$650 per trip and PIA charges \$600. The nature of the emergency is also a factor in whether to use LifeFlight. If the patient requires critical care, LifeFlight may be the best option as it operates fully equipped and staffed air ambulances. Yet, in some cases, the nature of the EMS call requires timely transport but not emergency transport. As Kerry McKee, Vinalhaven's Ambulance Department Director, noted at the November 8th public hearing, there are cases in which a patient should be transported to the mainland for x-rays or further examination, but the patient is stable and LifeFlight's services are not warranted. PIA often provides transport in these cases.

5. Private boats

Several North Haven boat captains will make themselves and their boats available to transport patients to the mainland in the event of a medical emergency. Like the Coast Guard and Marine Patrol, these boats are too small to accommodate an ambulance. Further, most of these vessels are working lobster boats, so they lack comfortable and clean facilities. These boats are usually smaller than other water-transportation options, so rough weather has a greater impact on both patients and attending EMS personnel.

6. Penobscot Island Air

Penobscot Island Air operates Cessna fixed-wing aircraft. In addition to passenger and freight transport, PIA flies both patients and EMS providers from the islands to ambulances awaiting them at Knox County Regional Airport. PIA has Federal Aviation Administration approval to provide this emergency transport service. Roundtrip flight time from Rockland to North Haven is 16 minutes. PIA uses a 2,800 foot lighted airstrip on North Haven when transporting medical emergency patients.

Considerations

North Haven's EMS squad has a long history of safely and effectively caring for patients. This includes arranging for the patients' transportation to the mainland for increased levels of care. What follows are specific considerations we believe Maine EMS should take into account in any effort to change existing Maine EMS rules.

- North Haven Clinic. North Haven's Medical Clinic is not a terminating facility, meaning the ambulance and EMS crew cannot bring a patient to the Clinic for ultimate care. Instead, there are two choices, either the patient is transported to the mainland or the patient refuses further treatment and is released from EMS care on the island.

¹ LIFEFLIGHT, MAINE'S NONPROFIT EMERGENCY MEDICAL HELICOPTER SERVICE, IS DIFFERENT THAN FOR-PROFIT COUNTERPARTS,

<https://www.lifeflightmaine.org/LifeFlight-Community/News/LifeFlight,-Maine-s-nonprofit-emergency-medical-he.aspx?feed=Lifeflight-of-Maine-News-Feed>.

- PIA used most frequently. From January 2018 through October 2019, North Haven EMS responded to 85 calls. Of these, 53 required transportation to the mainland and PIA provided that transportation 33 times. This means PIA provided transportation 62 percent of the time.² The Town is not aware of any incidents during PIA's flights in which patients have complained about their care or about any unsafe conditions. To the contrary, both our EMS squad and PIA regularly receive thanks and high praise from the people who are flown to the mainland for medical care.
- Cost. Flying to the mainland for emergency medical care costs \$600 on PIA; as mentioned above, LifeFlight charges an average \$12,000 per flight. Thus PIA's costs are within reach of the uninsured and the underinsured. When faced with a potential bill of \$12,000 that may not be covered by insurance, patients may refuse service and take their chances without receiving mainland medical care.
- Impact on EMS volunteers. Eliminating PIA would force the Town's EMTs to accompany patients to the mainland mostly by boat. The turnaround time for water-transit is at least three hours, often longer. Many of our volunteer EMTs are parents and have commitments to their families. Asking them to accompany a patient into the night would force these parents to choose between spending time with their families or making hasty arrangements for childcare while off the island for an extended period. Faced with this choice, our volunteer EMS force would likely diminish as a result.
- Only one ambulance and one nurse practitioner. If forced to use the ferry, the ambulance, attendant EMTs, and our one nurse practitioner are off the island for at least three hours, leaving the remainder of the island's residents without emergency care. In contrast, PIA routinely flies the EMS crew back to the island as soon as the patient is transferred to a mainland ambulance. And by flying patients to the mainland, our ambulance remains on the island to attend to other possible emergencies.
- Eliminating PIA as an emergency transport provider would lead to patient refusals. Once North Haven's residents found out that PIA is unavailable — leaving boat transport or LifeFlight as the alternatives — people with emergency conditions would be more likely to refuse care or to ignore their conditions and hope for the best. The cost of LifeFlight is daunting. And many people try to avoid using the Ferry Service because it inconveniences their fellow islanders when the next ferry trip is cancelled. Other people might engage in self-help by asking PIA to transport them without first calling 911 to activate North Haven's EMS squad, attempting to obscure their medical conditions from the PIA pilots. Imagine a pilot alone in the air having to cope with a passenger experiencing a heart attack or a stroke while in flight.

From the Town's perspective, our EMS squad and PIA work seamlessly together to provide medical care and quick transportation from North Haven to the mainland. The system works. It

² In contrast, we used the Maine State Ferry Service 9 times, private boats 5 times, LifeFlight 4 times, and the Coast Guard once. We did not use Marine Patrol during this 22-month period.

has worked for years. And while we are constantly looking for ways to improve safety and patient care, the Town does not believe the State should force us to jettison an effectively-working system. Instead, together we should focus on improving patient care and safety while operating within this established system.

Request

North Haven requests that you delay making any changes to the waiver provisions³ under which PIA currently operates to allow the proposed rules to be adjusted to account for the concerns of Maine's island residents. Our preliminary concerns are set out in the attached document. North Haven would welcome the opportunity to participate in a working group to carefully consider necessary changes.

In the meantime, our EMS squad will prepare the waiver applications each time a patient requires transportation to the mainland via PIA as the Town's EMS squad now understands is required by Maine EMS rules.

Thank you for offering the Town the opportunity to comment on the proposed rules. We look forward to continuing to work with Maine EMS to arrive at a workable set of rules that provide for high levels of patient care and protect our EMS volunteers.

Very truly yours,

//s//

Rick Lattimer
Town Administrator

Attachment:
Preliminary concerns with the proposed rules

Copy to:
Erin Cooper, North Haven EMS Crew Chief
Andrew Dorr, Vinalhaven Town Manager
Kerry McKee, Vinalhaven Ambulance Department Director

³ Section 15 of the current rules, 16-163, C.M.R. ch. 4, § 15. The proposed rules would eliminate this waiver. See the struck-out language in lines 2538 to 2577.

Preliminary Concerns about the Specific Provisions of the Proposed Rules

Chapter 4 - Air Ambulance Service Licenses

- § 2.B.1 (lines 1562-1566) - Restricted Response Air Ambulance Service (RRAAS)
 - Confirm our understanding that the island EMS units would be the RRAAS licensee and not PIA
 - Spell out how the island EMS units would apply and qualify as a RRAAS; see § 5
- § 5 (lines 1662-2070) - Ensure the licensing provisions are not overly restrictive; island EMS units must qualify without significant added expenses, training requirements, or overly-restrictive medical personnel qualification requirements
- § 5.7 (lines 1885-1909) - Ensure the insurance requirements are consistent with the operation of volunteer EMS units in each island community
- § 5.8 (lines 1913-1914) - Ensure island EMS units can meet the quality assurance and quality improvement requirements set out in Chapter 18 of the Maine EMS rules
- § 5.9 (lines 1917-1959) - Eliminate the requirement for an RRAAS to have a medical director; a flight surgeon may be appropriate for a Scene Response Air Ambulance Service, but it is overly restrictive for an RRAAS. PIA, for instance, never flies at levels requiring oxygen for flight crews.
- § 5.12 (lines 1988-1990) - Eliminate the requirement for a qualified physician to review all flights operating under RRAAS rules
- § 7.2.A (lines 2180-2186) - Revise the requirements for the type of medical professional required for the operation of an RRAAS. Depending on the type of emergency involved, a paramedic, registered nurse, advanced practice nurse, physician, or physician's assistant may not be available to accompany a patient flying via PIA to the mainland. For example, a serious vehicle accident or structure fire may require higher level medical professionals to remain on the island to care for other patients or supervise the care of other patients.
- § 11 (lines 2277-2325) - Air Ambulance Vehicle - General
 - Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
 - Discuss how PIA's multiple aircraft would be approved, certified, and annually inspected
- § 12 (lines 2327-2342) - Air Ambulance Licensing Requirements
 - Determine whether licensing PIA's aircraft to the RRAAS would be necessary

- Determine whether PIA's aircraft could qualify for licensing without substantial and costly modifications
- If so, discuss how this would be done in practice without otherwise affecting PIA's
 - Operations
 - Insurance coverage
 - FAA certificates
- § 13 (lines 2344-2513) - Scene Response and Transfer Air Ambulance Vehicle Design Requirements
 - Discuss which of these requirements, if any, would apply to a RRAAS
 - Ensure PIA's aircraft can meet these requirements without significant added expenses or qualifications
- § 14.C (lines 2531-2536) - Air Ambulance Service Equipment Requirements
 - Determine how the substitute equipment option would work in practice
 - Ensure this section is consistent with § 13, above
 - Ensure the provisions are flexible enough to accommodate PIA's aircraft

Okon, Jason A

From: anthony white <ofd11@hotmail.com>
Sent: Wednesday, November 13, 2019 1:19 PM
To: Maine.EMS
Subject: Rule changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Rule changes: Sometimes services use part time (on call) ems providers. These people often have other full time jobs and it can be a struggle to get the CEH's they need over three years. Will the CEH requirement be less or stay at the current levels?

Okon, Jason A

From: Basil Mahaney <basilmahaney1@hotmail.com>
Sent: Tuesday, November 19, 2019 3:55 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Maine EMS,

I am writing to submit public comments regarding the 2019 Maine EMS proposed rule changes. After reviewing the proposed changes, I am concerned that the smaller volunteer and non-career ambulance services will be affected in a negative way by a few of the proposed changes.

The areas of concern are:

1. Changing to a two year relicensure requirement.
2. Increasing continuing education hour requirements.

These two areas add an extra burden on non-career, call and volunteer EMS personnel. Many of our staff work non-EMS jobs and put in extra time to help their communities by being EMTs. Since many of our staff work other fulltime jobs, they can only commit so many hours towards EMS. Many of our call EMS staff are already struggling to meet the increased Maine EMS CEH requirements. I worry that the constantly increasing requirements from Maine EMS will cause many EMTs around the state and on our service to eventually be unable to relicensure.

There are also a few items which seem excessive with little value. One of these items is requiring dispatch centers to give EMS determinant dispatch codes. This would seem to add an extra step for dispatch and also gets away from the plain talk encouraged for radio use. Another item is annual PIFT licensure, could this license be included with each agency's regular licensure, does it need to be separate? It just becomes an extra item for services to navigate as proposed, when it doesn't need to be.

While I recognize that having high standards for training and licensure are very important. I worry that the constantly increasing requirements to be an EMT will mean that Maine will eventually lose its rural EMS. It seems that instead of becoming more aligned with national standards, Maine should be looking at creative ways to help preserve call and volunteer EMS for our rural towns and coastal islands. As written, this makes being a small rural EMS agency in Maine a little bit harder.

Thank you for considering these concerns,

Basil Mahaney, Service Chief

Northeast Harbor Ambulance Service

Okon, Jason A

From: Eddington Fire Department <eddingtonfiredept@roadrunner.com>
Sent: Friday, November 15, 2019 3:07 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

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On page 17-7 section 5:

Requiring an IV pump for all services licensed and permitted up to the paramedic level. This change is new. I would like the propose that a non-transporting service permitted to the Paramedic level would be exempt from this. This has financial impacts and would require additional training for a device that would never be used.

In chapter 5 regarding the changing of licenses from 3 years to 2 years:

Nearly every fire department and ems service in the State of Maine is struggling with having adequate personnel. Decreasing from 3 years to 2 years is just going to further complicate this. Rural Maine EMS is struggling. Not sure if you have noticed. This will be bad! I have heard from several long term volunteer EMS providers that they will not be able to obtain the required CEHs within the 2 year period. Six of our EMS providers do this to help our community. They do not do this full time anywhere else. The sole reason for them to have an ems license is to be an on-call provider. You are pushing these people away and are only going to further complicate OUR ems agency. PLEASE rethink this and stop driving away our help.

Capt Craig Russell
Eddington Fire Department
906 Main Road
Eddington, ME 04428

(207) 843-5251
eddingtonfiredept@roadrunner.com

Okon, Jason A

From: Dustin Rhodes <drhodes@waterborofire.org>
Sent: Wednesday, November 13, 2019 5:13 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Maine EMS,

I have been an EMS provider for 18 years as a part-time employee. Over the years the amount of CEH training has greatly increased with the amount of those classes needed has dramatically decreased making it very hard to meet requirements. I am located in region 1, southern Maine. With this problem and now wanting to switch to 2-year renewals makes it impossible for a part-time employee with another full-time job to meet requirements to remain in the EMS field. As you know just about every agency relies on providers to provide coverage. It is no secret that the number of people is declining in this field and this change will force the majority of part-time EMS folks to leave causing a large gap. Services struggle every day now to provide coverage. I understand and agree continuing education is important but asking people with other full-time jobs to get the same number of hours in less time is a bit much to ask. While I am here, I would also like to say that I think the online EMS education is great but is highly underutilized and that is a big disappointment and has potential to be a great resource for all services and providers. I thank you for your time and the opportunity to hear from us.

Thankyou,
Dustin Rhodes

Oko, Jason A

From: Jeremy Ogden <jogden@hancockvfd.com>
Sent: Wednesday, November 13, 2019 12:05 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom it May Concern,

My name is Jeremy Ogden and I am the EMS Service Chief for Hancock Volunteer Fire Department. My department is a non-transporting service that averages roughly 250 EMS calls during the calendar year. Our service is solely operated by volunteer EMS providers with no paid staffing. Over the past several years the department has lost several EMS providers who have chosen to let their EMS license expire and not renew because they were simply unable to obtain enough of the required credit hours in the three year licensing period. My providers do not do this as a career. They have other day jobs completely unrelated to the department, so between their occupation and other life events they struggle to find time to attend CEH classes need to maintain their license. This has put a significant strain on the service and has drastically decreased the level of care that we are able to provide to our community because as of late more and more calls are going left unanswered by our service due to not having anyone available to respond. I currently have three active EMS providers that regularly respond to calls. This is three providers for 250 plus calls a year. This is putting a strain on everyone. The providers I do have are struggling to earn enough hours to keep their license and having to travel all over the State to earn to the CEHs due to their being limited classes in our area. If this trend continues and providers continue to not renew their licenses due to not being able to get required hours in three years, it may result in the department no longer being able to provide an EMS service to our town. The result of that, as you know, will drastically directly impact our residents and visitors.

For the reasons I mentioned above, I strongly encourage Maine EMS to keep the current license term at 3 years and NOT change it to the proposed 2 years. I can say, without question, that the volunteer and rural based EMS services will be impacted significantly in the future if this change is approved. Please do not hesitate to contact me if you have questions or need any more information.

Thank you for your time.

Respectfully,

Jeremy Ogden
EMS Service Chief
Hancock Fire/EMS
(207) 266-6742

Okon, Jason A

From: Lois A Libby <gabesbabes@hotmail.com>
Sent: Saturday, November 16, 2019 9:28 AM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I have a quick question. I have been asked that when the two year rule goes into effect(which will be hardest on rural areas) what happens to those who are not nationally registered? Will they have to go through the time and expense to get this rating? I sincerely hope not because I have many members that are saying maybe its time to get out of it. They do not want to have to do this. If they had wanted to be nationally registered they would have done it by now.

Lois A. Libby, Chief
Machias Ambulance
Machias Me 04654
gabesbabes@hotmail.com

Oko, Jason A

From: Michael Azevedo <emteng@aol.com>
Sent: Saturday, November 16, 2019 12:39 AM
To: Maine.EMS; emteng@aol.com; acshawcfd@gmail.com
Subject: Public Comment on Maine EMS Rule Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good day;

I would like to comment on the proposed rule changes to move licensing from 3 years to 2 years, and at the same time increase the number of CEU's that will be required.

It is no secret that volunteers are dwindling. The EMS service that I work with is not able to respond nights and some weekends as a result of the EMS crew being 1/2 the size it used to be. Recently I have made the recommendation that we bring back advanced first aid, and let fire fighters respond to medical calls, to provide care until an ambulance can come from another town. Otherwise it will be a 25 minute wait for our townspeople. We are unable to entice new people, even by paying an hourly wage, to bring new people on.

I am very concerned that by increasing the required training in a shorter time frame, this is only going to make those like me, who have been licensed 30 years to let our licenses expire. I am not aware if Maine EMS has a plan to increase EMT's working on the street.

My dispatch agency provides the Non Linear Response Level on all EMS codes. The entire determinant code is not necessary and we do not use it. **I therefore think that this requirement in lines 1552, 1553,1554, and 1555 should be a local decision, not a state mandate.**

Thanks for your time

Michael J. Azevedo, Jr.
Carmel Fire & Rescue

Oko, Jason A

From: Michael Fraser <mfraser@waterborofire.org>
Sent: Friday, November 15, 2019 1:25 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

I am writing in regards to the proposed Maine EMS rule changes, specifically the change in length of licensure. Maine, like the rest of the nation is suffering a critical shortage of EMS and other public safety personnel. In my agency we struggle on a regular basis to recruit and retain staff. That includes volunteer / paid per call and per-diem. Other agencies are struggling to fill career positions. It wasn't too many years ago when there would be dozens of applicants for one career position and now agencies are struggling to fill them.

Maine is a vastly rural state with many fire and EMS services that protect their communities with volunteer and paid per call staffing. The constant barrage of additional training requirements and regulations are compounding the existing problems of limited staffing.

Chapter 1, SS3.1.B of this document says "Mission, Vision, Goals, & Core Values of the Maine EMS system is support and guidance to systems, providers, & organizations".

Cutting the length of EMS licensure from 3 years to 2 years with no real measurable reduction in continuing education requirements is 100% contradictory to your mission statement. Reducing the length of licensure by 1 years will be a significant burden and potentially crippling to the providers, services, and the communities they serve. The statement we hear time and again from staff that are unable to take an EMS or fire certification class, or the ones who are leaving our agency is "Sorry, I don't have enough time".

It is my perception that there isn't one single state or federal government agency that is doing anything to make our job easier, only more difficult. This proposed rule change is just more of the same.

I respectfully request that those in power seriously consider the negative consequences this rule change will have on the citizens and visitors of the State of Maine. It is my recommendation that the licences remain 3 year licenses. If the change to 2 years actually accomplishes something measurable, prorate the continuing education hours to be equivalent to what is required today. For example, as an A-EMT I am required to have 56 hours of CEH's over 3 years which is 18.67 CEH's per year. A 2 year license would require 37.34, or call it 38.

There could also be competency based CEH's provided based on provider's PCR's. Provide CEH's based on the number of and type of PCR's completed. If the patient care and the PCR have been done correctly there could be a predetermined amount of CEH credit or portion of credit issued in the appropriate category. These credits could be just like any other category where they accumulate up to, but no more than a certain amount towards licensure. This would reduce some of the training requirements while possibly encouraging providers in volunteer / paid per call / per-diem agencies to be more active. That would be a rule change that falls in line with your mission statement!

Thank you for your time.

Respectfully submitted:

Michael Fraser
A-EMT

Captain Michael Fraser
Fire Marshal / Fleet Maintenance
Waterboro Fire Department

Okon, Jason A

From: rgrayemti@aol.com
Sent: Saturday, November 16, 2019 7:56 AM
To: Maine.EMS; rpetrie@apems.org
Subject: Opposition to rule change

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am writing in opposition to the below referenced rule change regarding Continuing Education two year licensing cycle and National Registry requirements. There is nothing wrong with the current 3 year licensing cycle. At times, it is incredibly difficult to get the required training in 3 years, let alone 2. In rural Down East Maine, EMS has taken hit after hit. We don't have enough EMT's to fill schedules now, due to everyone having other FULL-TIME jobs. This change could have a detrimental effect on retaining those EMTs we do have. Washington County is a very large area. Run mostly with volunteer ambulance services. We don't have enough EMTs now. When one ambulance service goes out of service due to lack of personnel, the other surrounding services have to cover larger distances and respond. This leaves our towns uncovered while responding to other towns. Please don't change it, and don't require National Registry standards. Maine EMS standards have worked for decades. Leave it alone.

Thank you,
Renee Gray
A-EMT
Moosabec Ambulance Service Chief, Jonesport

(f) . E effective MayJuly 1, 20 2 0 2, Continuing Education 3106 Requirements will be based upon a two -year licensing cycle 3107 and shall be in accordance with the National Registry of 3108 Emergency Medical Technicians' 2016 National Continued 3109 Competency Program Hour Requirements , as approved by the 3110 Boardlisted below : This rule incorporates by reference the 3111 National Registry of Emergency Medical Technicians' Agency 3112 Guide for Recertification (October 2017 edition). Copies of 3113 this standard are available from the National Registry of 3114 Medical Technicians, 6610 Busch Blvd., Columbus, OH 3115 43229, or Maine EMS, Department of Public Safety, 45 CHAPTER 5: PERSONNEL LI

Okon, Jason A

From: Waldoboro EMS Director <ems@waldoboromaine.org>
Sent: Thursday, November 14, 2019 1:05 PM
To: Maine.EMS
Subject: Rule Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It may Concern:

In regard to rule changes in Chapter 5, I have a concern about EMS personnel attesting to having sufficient CEH credits to renew their license and allow Maine EMS to audit a random selection of license renewals. Concerning is how this is to be monitored. If each provider is policing themselves and then are audited and have either not been truthful or did not have a full understanding of what they needed to complete for CEH work, could cause serious problems. Upon audit their license is suspended and as a service we could potentially owe Medicare and Medicaid reimbursement on those calls the "unlicensed provider" attended to. Many of our providers work for multiple services. What kind of monitoring can an individual service have in place to assure that each provider is actually licensed appropriately?

Maine EMS past practice has monitored this very effectively. I would ask that you continue this process.

Sincerely,
Richard Lash, Director
Waldoboro EMS

Oko, Jason A

From: Ryan Welch <rwelch18782@gmail.com>
Sent: Tuesday, November 5, 2019 9:04 PM
To: Oko, Jason A
Subject: Rule Change Questions

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jason,

I know this may not be yours to answer so feel free to send this along to where it belongs.

I was reading the proposed rule changes (not the protocols). I had some questions from what I was reading:

1. What is an agency safety plan? Is there an example of what one looks like?
2. When auditing someone's CEH's, if they received them through an approved CEH course (i.e. the roster was turned into Maine EMS using the eLicense system), do they need to provide proof of something or will the signed roster attached to the course be enough?
3. With the change to a two year license cycle and the change in CEH topics/requirements, does this mean everyone has to be NREMT now?

Any thoughts you have would be greatly appreciated. I appreciate the info.

Thanks!

Ryan Welch

Oko, Jason A

From: Scott Bernier <sbernier@waterborofire.org>
Sent: Saturday, November 16, 2019 8:11 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dispatch rules - If you want to mandate anything for dispatchers, please mandate that they give all information on initial dispatch. Too many times we are already in the truck responding when we here it is a suicidal, overdose, assault and with more and more agencies carrying body armor, it would be nice to know before getting in the ambulance and being out the door that we may need the body armor. This is a provider safety issue and also can cause delay of care if we have to stop prior to arriving just to put on the vest and then continue to the scene because we really do not want to be at the scene putting on the vest.

CEH's for license renewal - The problem that should be addressed with the changes is there is no infrastructure to support this. You have outfits like APEMS who has gobbled up regions and does nothing for them except in their original home territory. Southern Maine has suffered with little to no education support from APEMS since they took over. My recommendation is to eliminate the "private" region agencies and make it an actual "office" of MEMS with an actual director and staff to support training and education in their regions. When you run something like it is a business, i.e APEMS, the providers lose.

*Captain Scott Bernier, A-EMT
Waterboro Fire Department
207-247-5299
207-247-6259 fax
207-651-1302 cell*

Okon, Jason A

From: slash@brasems.org
Sent: Thursday, November 14, 2019 1:02 PM
To: Maine.EMS
Subject: Rules change comments

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

I am writing to provide my written comments related to the proposed rules change. Specifically, two changes are of great concern- the CEH requirement and license duration change as well as the change in licensing to an audit process. Maine EMS has traditionally provided support in the licensure process. The proposed methodology opens up providers and their services to significant risk and uncertainty. The burden of individual integrity and clarity in educational requirements will place an undue burden on multiple services and licensees. Since our state is in a dire shortage of licensees one provider who erroneously categorizes a CEH topic or miscounts could result in unlicensed practice throughout multiple systems. This is not shifting of personal responsibility to Maine EMS rather it is the checks and balance system we have counted on for decades. Changing this system will undoubtedly result in process frustration and set up licensees for failure.

Secondly, the two-year license and increase of CEH's is an undue burden to staff. We are already facing multiple disciplines which require education. Some of these either do not cross over are of such abundance those content areas are wasted on consuming time which are not necessary to meet any other category including "further education" (elective). Despite a personal desire to have adequate education to do my job well, I am very concerned these requirements will weigh down licensees to the point where they will attrition out of the system.

I hope the Board will seriously consider the negative impact these changes will incur.

Regards,

Scott

Scott T. Lash, B.A., CCEMTP
Director of Operations

Boothbay Region Ambulance Service
1033 Wiscasset Road
PO Box 280
Boothbay ME 04537

(207) 633-7711 Administration
(207) 633-4491 Fax
(207) 691-4866 Cell



slash@brasems.org

This e-mail communication and any attachments is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If you received this e-mail in error, please notify Scott Lash at (207) 633-7711 or reply to slash@brasems.org and destroy all copies of this message and any attachments.

Okon, Jason A

From: Old Doc Hall's Mail <olddochall@gmail.com>
Sent: Thursday, November 14, 2019 11:56 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

First thank you for all your hard work on the changes. While I Am in favor of most of changes except the span of licensing. While I understand wanting to be in line with national standards. Life in rural Maine is hard enough to maintain an EMS license over 3 year let alone 2. Providers on average are 2 to 3 nights plus working to get training. Time for family and decompression are needed, we will lose many providers in areas we need them most because they just lack time.

I have been involved in Maine EMS since 1982 both career and part time and the two year requirement may end my career due to in ability to have time to get needed education even with the proposed education changes. The current education system while not prefect works well, why fix something that is not really broken and the change will take something that works and break it, at the expense of the Maine people.

Sincerely

Sean Hall EMT-P

We will not rest til all our MIA / POW's are home, and may God bless those serving both past and present



JANET T. MILLS
GOVERNOR

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



MICHAEL SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Chapter 6 Comments

Rick Petrie:

Line 3567

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.

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

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

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

Oko, Jason A

From: President@memorialambulancecorps.com
Sent: Saturday, November 9, 2019 4:11 PM
To: Maine.EMS
Subject: EMS Rules Changes

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Ladies and Gentlemen:

The published version of the proposed EMS Rules changes contains an error in lines 5124-5125 that should be corrected: In Chapter 16, Section 1(4), "Emergency medical services person" is defined by reference to 20-A M.S.A. Sec 12552, sub-sec 1-C. This provision has been repealed and no longer exists. Presumably, the reference should be changed to 32 M.S.A. Sec 83(12), or some other valid provision.

Thank you.

William J. Wiegmann
President, Board of Trustees
Memorial Ambulance Corps
PO Box 387
Deer Isle, ME 04627

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Okon, Jason A

From: Eddington Fire Department <eddingtonfiredept@roadrunner.com>
Sent: Friday, November 15, 2019 3:07 PM
To: Maine.EMS
Subject: Public Comment On Proposed EMS Rules Changes

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On page 17-7 section 5:

Requiring an IV pump for all services licensed and permitted up to the paramedic level. This change is new. I would like the propose that a non-transporting service permitted to the Paramedic level would be exempt from this. This has financial impacts and would require additional training for a device that would never be used.

In chapter 5 regarding the changing of licenses from 3 years to 2 years:

Nearly every fire department and ems service in the State of Maine is struggling with having adequate personnel. Decreasing from 3 years to 2 years is just going to further complicate this. Rural Maine EMS is struggling. Not sure if you have noticed. This will be bad! I have heard from several long term volunteer EMS providers that they will not be able to obtain the required CEHs within the 2 year period. Six of our EMS providers do this to help our community. They do not do this full time anywhere else. The sole reason for them to have an ems license is to be an on-call provider. You are pushing these people away and are only going to further complicate OUR ems agency. PLEASE rethink this and stop driving away our help.

Capt Craig Russell
Eddington Fire Department
906 Main Road
Eddington, ME 04428

(207) 843-5251
eddingtonfiredept@roadrunner.com

November 19, 2019

Maine EMS

45 Commerce Drive, Suite 1

Augusta, ME 04333

Dear Chairperson Kellner and Director Hurley,

I am writing with comments regarding the Maine EMS 2019 proposed rules changes for consideration by the Maine EMS Board. In full disclosure, I am an employee of Maine EMS as the program manager for EMS for Children and am also the NASEMSO national pediatric representative to the NAEMSP Ambulance Equipment Committee.

Line 5302, Airway management

- Endotracheal Tubes should be expanded to include sizes 3.5, 4.5, 5.5, 6.5, 7.5 and 8.5 (recognizing that 2.0, 9.0, 9.5. and 10.0 also exist but are rarely used in the prehospital environment). *Rationale: In the pediatric patients) as well as adults), an assortment of properly sized ET tubes is important for the effective ventilatory management of the patient.*
- Remove the requirement for Curved laryngoscope blades size 0. *Rationale: pediatric airways rely mainly on Miller (straight) blades for improved success. A Mac (curved) size 0 blade is unnecessary.*

Line 5309, Diagnostic & Monitoring Equipment

- Remove the requirement for Adult & Pediatric AED pads for AEMT, Paramedic, Air Transfer Ambulance and Scene Response Air Ambulance. *Rationale: an AED is not required for these levels (and “manual/combi” pediatric defib pads are required further in the rules)*
- Expand ETCO2 Monitor to list both adult and pediatric size measurement devices. *Rationale: Properly sized ETCO2 devices are critical to accurate measurement and confirmation of advanced airways and ventilatory exchange.*

Line 5312, Dressings & Bandages

- Remove the option for scalpel in obstetrical kit, requiring scissors only. *Rationale: Scalpels in this patient presentation unnecessarily expose providers to potential injury. As this is a rare EMS event and the only time providers below paramedic utilize scalpels (and even the paramedic only utilizes scalpels during the very rare surgical airway procedure), provider safety and decreased exposure to infectious exposure is the driving force for this change.*

Equipment Items to add

Rationale: based on equipment list recommendations from the following source and national guidelines.

American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians & National Association of State EMS Officials. (2014). Equipment for Ground Ambulances, *Prehospital Emergency Care* 18(1), 92-97, DOI:10.3109/10903127.2013.851312

- A pediatric length-based tape
- A pediatric transport device
- Pediatric pulse oximeter probes
- Antiseptic wipes (such as alcohol or chlorhexidine) – none are currently listed as necessary
- Glucometer test strips (a glucometer is listed, but test strips are not)
- Assorted syringes for medication and airway devices
- Lubricating jelly
- Meconium aspirator

Rationale: based on equipment not listed in Maine EMS ambulances requirements and needed for procedures from the following source.

Maine Emergency Medical Services. (2019, December 1). Prehospital Treatment Protocols, <https://www.maine.gov/ems/publications/documents/2019%20Protocols/2019%20Protocols%2009%2019.pdf>

- Morgan Lens (page 98, green 23)
- Pelvic Binder (page 89, green 14)

In the section of Air Ambulance Vehicle Design Requirements

Lines 2428 through 2450 reference pediatric restraints for air ambulances. These guidelines should be added to the requirements for ground ambulance design requirements (starting on line 1136) (removing FAA requirements), similar in wording to existing air ambulance requirements:

- Be equipped with a patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR);
- Patients under 80 pounds (36 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured per manufacturer recommendations to the stretcher or rear facing seat in the ambulance patient compartment;
- All patients under 55 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;

- If a car seat is used to transport an infant or child – it must be secured via manufacturer recommendations
- There must be some type of restraining device within an isolette to protect the patient from movement during transport and the isolette must be capable of being opened from its secured position in order to provide full access to the infant for patient care or extrication from the isolette becomes necessary;

Line 2518 to 2521 also lists the requirements for air ambulances to have equipment secured in flight. This should be added to ground ambulance design requirements (at or around line 1238)

- Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that all equipment is secured and positioned to provide easy access by the medical crew while they are secured in seatbelts and to prevent flying objects in the event of a crash or sudden deceleration.

Thank you for the opportunity to submit these suggestions, an thank you to all of the board members for the continued hard work and dedication to the improvement of the Maine EMS system.

Respectfully,

Marc Minkler, BS, NRP, Maine Paramedic I/C #18425
Westbrook, Maine

Okon, Jason A

From: Brian K. Mullis <bnullis@MayoHospital.com>
Sent: Thursday, November 14, 2019 3:25 PM
To: Maine.EMS
Subject: RE: Proposed Rules Change Summary Document

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Jason

Thanks for the email; I did not see anything of concern and quite frankly, I thought some of these changes were already in the rules.

Brian

From: Maine.EMS <Maine.EMS@maine.gov>
Sent: Wednesday, November 13, 2019 10:25 AM
To: Rick Petrie <rpetrie@apems.org>; Joanne Lebrun <lebrunj@cmhc.org>; Debbie Morgan <aroostookems@gmail.com>
Cc: Maine.EMS <Maine.EMS@maine.gov>
Subject: Proposed Rules Change Summary Document

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

November 13, 2019

Re: Maine EMS proposed Rules Changes

This is a general overview of the proposed changes. This is not intended to be a complete assessment of the proposed changes. A complete rules document can be found by clicking on this link.

[Maine EMS Proposed Rules Change Document](#)

The public comment period closes on November 19, 2019 at 5:00 P.M. Public comments can be submitted electronically by clicking on this link.

[Submit a public comment.](#)

You may also submit public comments in writing by mail at the address below.

Maine EMS
152 State House Station
Augusta, Maine 04333-0152

A summary document is attached to this email as well.

- Chapter 1 Mission and Goals Of The Maine EMS System
 - Minor technical changes

- Chapter 2 Definitions
 - Minor technical changes
- Chapter 3 Ground Ambulance Service And Non-transporting Service Licenses
 - Adds a requirement that all agencies designate a point of contact for education and training
 - Adds a requirement for agencies licensed or permitting to the AEMT or paramedic level to have a medical director
 - For services that apply with a medical director, they must include a medical director acknowledgement
 - Adds a requirement for a safety plan that addresses patient, provider and public safety
 - Sets agency expiration dates to November 30
 - PIFT designations must be renewed annually with the service license
 - Clarifies the meaning of “able to provide care”
 - Removes the annual average response time of 20 minutes or less
 - Patient care reports will be due in 24 hours
 - Incorporates by reference the NFPA 1917 & SAE J 3027 standard for ambulance litter integrity, retention, and patient restraint fasteners
- Chapter 3-A Emergency Medical Dispatch Center Licenses
 - Requires dispatch centers to utilize the electronic version of the EMD protocol
 - Adds a requirement for dispatch centers to have a policy that addresses what to do when an EMS agency does not respond to the notification of a call.
 - Adds a requirement that effective June 1, 2020, licensed EMD Centers must provide the Emergency Medical Dispatch Determinant code to responders as part of the Emergency Medical Services dispatch to a call for medical treatment or transport on all calls received through the 911 system.
- Chapter 4 Air Ambulance Service Licenses
 - Moves the Restricted Response Air Ambulance requirement away from an air ambulance service and makes it available to a ground ambulance service for licensing requirements.
 - Several changes in this chapter focus on regulating the medical care provided by an air ambulance service instead of on areas that are regulated by the FAA.
- Chapter 5 Personnel Licenses
 - Incorporates by reference the 2007 NHTSA EMS Scope of Practice
 - Over a period of time, CEH hours for all levels will transition towards the NCCP model, which removes the requirement for providers to seek out skills hours and offers the opportunity for competency verifications from the agency training officer
 - Requires EMS personnel to attest to having sufficient CEH credits to renew and allows Maine EMS to audit a random selection of license renewals to check for compliance
 - Adds language regarding competence verification requirements
 - Changes the licensing period from three years to two years
- Chapter 5-A Emergency Medical Dispatcher Licenses
 - Removes the requirement that a dispatcher be employed by a dispatch center in order to maintain their license
- Chapter 6 Advanced Life Support Drugs And Medications
 - Minor language changes
- Chapter 7 State Licensure Examinations

- Minor language changes
- Chapter 8 Training Courses And Continuing Education Programs Used For Licensure
 - Minor technical clarifications
- Chapter 8-A Training Centers
 - Minor language clarifications
- Chapter 9 Instructor Coordinator Licenses
 - Changes the licensing period from three years to two years
 - Allows Maine EMS to audit random renewal applications for compliance
- Chapter 9-A Emergency Medical Dispatch Training, Instructors, And Continuing Education Programs
 - Minor language changes
- Chapter 10 Reciprocity
 - Minor language changes
- Chapter 11 Standards and Procedures For Refusing To Issue Or Renew A License, And For Modifying, Suspending, Or Revoking A License
 - Minor language updates
 - Adding quality rules for dispatchers
- Chapter 12 Procedures for Licensing Actions And Board Actions
 - Minor language changes as this chapter is largely derived from statute
 - Adds a non-disciplinary refusal to renew
- Chapter 13 Waiver of The Rules
 - Minor language changes
- Chapter 14 Sexual Misconduct
 - Minor language changes
- Chapter 15 Maine EMS Regions and regional Councils
 - Minor language changes
- Chapter 16 Death Benefits for Emergency Medical Services Persons Who Die In The Line Of Duty
 - Minor language changes
- Chapter 17 Equipment Lists For Maine EMS Services And regional EMS Radio Frequencies
 - Changes the equipment chapter from a list to a table
 - Adds clarification to sizes of equipment
 - Brings equipment required by protocol into the Rules
- Chapter 18 Quality Assurance and Improvement
 - Minor language changes
- Chapter 19 Community Paramedicine
 - No changes

Thank you,

Jason Oko

Jason A. Oko, NR-Paramedic
Licensing Agent & EMD Program Coordinator

Maine Emergency Medical Services
152 State House Station
45 Commerce Dr, Suite 1
Augusta, Maine 04333
207-626-3860
207-626-3863 – Direct

<http://www.maine.gov/ems>

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Okon, Jason A

From: leroyhall@tds.net
Sent: Monday, November 18, 2019 11:13 AM
To: Maine.EMS
Subject: Rules

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you people complain that there is not enough people in the field to treat the sick and injured but still you make it harder for the volunteers to keep up with the training and the rules all you want is for every body to be payed and devote every minute to the service but we have family's and need some time to ourselves it use to be fun to work EMS I have don it for many years probably longer the most of you are old now it is a drag to keep up with every thing you demand of us so why make more rules

LeRoy Hall Ass. Chief Etna Fire and Rescue

Comments on the Proposed Rules Changes

November 2019

Rick Petrie, EMT-P

Chapter 1

Line 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.

Chapter 2

Line 282 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.”

Line 319 Don’t strike. Consider using this for Community Emergency Responders who be utilized by licensed EMS services in their communities.

Line 390 Strike the word “hospital”; too limiting. Instead, “... charged with medical oversight, that is credentialed to do do.”

Line 404 It appears that you left out the new positions to the MDPB authorized by LD 1724.

Line 444 – 454 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 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:

Maine EMS licensed ambulance services may provide routine and interfacility transfers at the level to which:

1. *The service is licensed/permitted, and*
2. *The level of the provider attending the patient.*

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:

- 1. 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.*
- 2. An outline of the educational requirements for the providers authorized to conduct these transfers.*
- 3. An outline of the continuing education requirements for the providers authorized to conduct these transfers.*
- 4. A description of the Quality Assurance/Improvement Program that will be associated with these transfers.*
- 5. 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.*

Services that are approved under this program will provide an annual report to the MDPB and Maine EMS Board.

Chapter 3

Line 739 Do we define anywhere who can serve as a Medical Director? Also, is there a time line for this requirement? We know that we have shortage of available Medical Directors in most areas of the State, so services will need time to get this done. And then, if they can't, what happens? Do that have to re-license at the BLS level? I think there is probably a better way to accomplish this goal.

Line 754 – 759 Proposed striking this language as detailed above.

Line 813 – 818 Proposed Striking this language as proposed above.

Chapter 4

Line 1606 I believe that the Maine EMS Board should put a temporary hold on these changes 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.

Line 1949-1950 Can you require this? Doesn't Title 32, 2-B, §93-C. Liability insurance, prohibit this requirement?

Chapter 5

Line 3081 Where is the skills competency verification defined? This reference should be listed or explained here.

Line 3108 I believe that there is an updated version of the NCCP program. Maybe not put a date in here, and instead state most current version?

Chapter 6

Line 3567 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.

Chapter 17

Line 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 *All equipment referenced in these protocols must be "Maine EMS-Approved."* 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?

Page 17-9 (Pacing) The chart appears to say that a monitor capable of pacing is required, but Maine EMS protocols indicate that pacing is only required if a pacer is available, which would appear to give services wiggle room.

Chapter 18

Line 6040 Reference to the Regional QA/I committees should be placed back in this section

Rules Comments (part 2) November 19, 2019

Joanne Lebrun– (part 1 - oral comments provided on Nov 5, 2019)

3111 and 3283	Chapter 5	The only standard I could locate was from July 15, 2019. The actual hours are from 2016. This reference is not clear. If used please place on Maine EMS website.
3080, 3086, 3093, 3099	Chapter 5	Which skills must be verified? Who will provide this list?
3122, 3130, 3136, 3143	Chapter 5	What will the Maine EMS requirements be?
3151	Chapter 5	“Section (g)” What does this now refer to?
3177	Chapter 5	Documentation must be kept for 24months, yet audit trail is for at 48 months? Unclear.
3457	Chapter 5-A	Dispatchers must keep records for 36months, yet audit trail is for 48 months? Inconsistent and unclear.
3422	Chapter 5-A	What entity is approved for this training? What is the standard? The standards are listed in the sections for other licensees. Why is there a discrepancy?
3452	Chapter 5-A	What is required for continuing education? Requirements are carefully laid out in the rules for other licensees, why the discrepancy for dispatchers?
3478 and 3479	Chapter 5-A	What are the continuing education requirements?
3534	Chapter 6	Does not read correctly. May want to remove the word “as”?
3539-3540 and 3547-3548	Chapter 6	3539 and 3540 Replaces responsible pharmacist with “licensed pharmacist” and regional medical director with “licensed physician”, however on 3547-3548 the language was not changed. Should this be updated or is it correct? Confusing.
3551	Chapter 6	Is there a form, person or process to be used for this report?
3566-3567, and 3599	Chapter 6	There is no mention of the Out of Box (OOB) options which we have had for years. Is this what is meant by “Unless otherwise approved by the Board”? We have had OOB options for years, why not incorporate that into rule? I believe 3599 (section 3) refers to OOB meds, but maybe this should be moved to (section 1)
3789	Chapter 8	Does this mean rosters must only be submitted directly to Maine EMS and will be prohibited from being submitted to and uploaded by regional offices and training centers?
3792	Chapter 8	If a person participated by Zoom or did an on-line program, etc. an actual signature will be problematic. Will exceptions be made for distributive learning?

Rules Comments (part 3) November 19, 2019

Joanne Lebrun

3987	Chapter 9	How will operational experience be judged? Seems like this is murky water?
4016	Chapter 9	Although the number of hours of overall CEH reduced, the percentage that can be used for teaching a class has been effectively increased. This may be intentional, but begs the question of should ICs be licensed at all?
4052	Chapter 9	The look back period is 24months, which differs from the EMR, EMT, AEMT and Paramedic. I think an audit period of the programs used for renewal of the license is sufficient in all cases and looking back 2 license period (48months) is not necessary.
4132	Chapter 9-A	Is a specific reference required for the EMD Course such as the year of the program? (as was required for other personnel licenses?)
4146	Chapter 9-A	What is the reference and where is this located for the con ed requirements?
4154	Chapter 9-A	Does the elimination of Section 3 discourage dispatchers from attending or seeking credit for EMS related education? This section seems to treat dispatchers differently from other licensees?
4304, 4400, 4405	Chapter 11	Thanks for this clarification.
4415	Chapter 11	Do we have a reference in Maine law for the definition of Abandonment and Neglect? A reference should be incorporated into this section for clarity.
4445, 4448	Chapter 11	Definition of acting neglectfully? Definition of acting negligently?
4719	Chapter 12	Is there significance to this section being BOLD?
4831	Chapter 13	How does the condition "A waiver is to be granted only under extraordinary circumstances" aid this rule? Often this is misinterpreted.
5312	Chapter 17	Hemostatic agent – Would Z fold gauze meet the "rolled" gauze requirement? Under OB kit – surprised to see no meconium aspirator listed?
5315	Chapter 17	footnote 13 – must support wound packing; IO needles what about bariatric needles or pedi needles?

Oko, Jason A

From: Rusty Gossard <rustyg@stuartcompany.net>
Sent: Monday, November 11, 2019 3:20 PM
To: Maine.EMS
Subject: FW: Comments on proposed EMS rules

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I have reviewed the proposed EMS rules and find the definition of an EMERGENCY SERVICE PERSON line 282 needs to be clarified. It currently reads: “EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides emergency medical treatment to the sick and or injured.”

I have been a Non EMT driver for Memorial Ambulance in Deer Isle for a number of years driving 192 emergency runs over the past 35 months. I believe this definition as written may not include Non EMT drivers such as myself since we do not provide emergency medical treatment. What we do is provide emergency transport.

The impact of this is if a Non EMT driver was involved in a fatal incident on duty and they are not considered to be an EMERGENCY MEDICAL SERVICE PERSON they would not qualify for the State of Maine \$50,000 death benefit for Emergency Medical Services Persons who die in the line of duty.

To clarify this I believe the definition should be amended to the following:

EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides **emergency transport and or** medical treatment to the sick and or injured.”

Amended this would clearly provide the same benefits for the for all crewmembers, both EMT’s and a Non EMT driver in the ambulance.

Regards:

Rusty Gossard
Treasurer and Driver (Non EMT)
Memorial Ambulance
Deer Isle, Maine

Oko, Jason A

From: Ted Freeman <tfreeinx@aol.com>
Sent: Monday, November 11, 2019 10:26 AM
To: Maine.EMS
Subject: Proposed Rule - Emergency Medical Services

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings.

Thank you for the opportunity to comment on the proposed rules. My concern is centered around the lack of recognition afforded to volunteer (or paid) drivers of ambulance services. I am a volunteer driver (and Secretary/VP of the Board of Trustees) of Memorial Ambulance Corps, Deer Isle. I applied for an EMS vanity plate last spring and was told that I could not qualify as I did not have an EMT license. That was troublesome. More importantly, I have learned this morning that while EMTs and paramedics qualify for a death benefit if one is killed in the line of duty, I do not. The likelihood of my death in the line of duty is low - and I certainly do not volunteer my time in order to receive such a benefit - but it is very troubling to consider that if our ambulance is slammed by a semi on the way to the hospital and my crew and I are all killed, the families of the EMTs in the back will receive \$50,000 each, while my widow would receive nothing. This does not seem to be appropriate.

Memorial Ambulance Corps would not be able to serve our community without the work of the volunteer drivers. For example, I have transported over 100 patients to the hospital over the last couple of years - and I do not know how many times I have responded to a scene to assist the duty crew in a difficult situation. I think it is past time for the State of Maine to recognize the value of the work of volunteer drivers in providing emergency medical services.

Please consider amending the definitions to recognize drivers as emergency medical services persons.

Thanks you for considering my comments, I look forward to your response.

Jon (Ted) Freeman
Driver
Memorial Ambulance Corps, Deer Isle
479-3575

Maine EMS Rules Hearing

Wednesday, November 6, 2019

DeChamplain Conference Room, Maine EMS Office, Augusta, Maine

Board members: Dennis Russel, Rich Kindelan

Staff: J. Sam Hurley, Jason Oko, Marc Minkler

In attendance:

Jason Oko opened the hearing at 4:00 PM there were no attendees.

Maine EMS Rules Hearing

Tuesday, November 5, 2019

Eastern Maine Community College Rangeley Hall, Bangor, Maine

Board members: Joseph Kellner, Amy Drinkwater

Staff: Jason Oko

In attendance: Ed Moreshead

Jason Oko opened the hearing at 4:00 PM and offered the single attendee an opportunity to review the Rules Overview document. A review of the hearing process was given.

Chapter 1 – Chapter 19 - No Comments

Maine EMS Rules Hearing

Monday, November 4, 2019

Central Maine Medical Center, Conference Rooms A, B, C, Lewiston, ME

Board members: Brent Libby, Dennis Russell, Steve Smith

Staff: San Hurley, Jay Bradshaw

In attendance: Joanne Lebrun, Toby Martin

Jay Bradshaw opened the hearing at 4:10 PM and explained the process for conducting the public hearing.

Ch 1

- Joanne Lebrun –
 - Concerned about removing reference to Maine EMS strategic plan and things such a plan is useful to meet defined goals (105).
 - Requests clarification and suggests using plain language to make the intent understood (114)

Ch 2

- Joanne Lebrun – request clarification on whether this change will require licensing wheelchair vans or other services used to transport ill patients? Examples of types of services the rules are seeking to address would be helpful (164 – 165)
- Toby Martin – request clarification on whether this would this affect using fire apparatus such as a pumper or engine when responding to a medical call? (174 – 192)
- Joanne Lebrun
 - Concern about using the term Training vs Certification (231 and several other places)
 - Would the Board consider adding First Aid for police officers who have this training when they respond to a medical emergency (291, 319)
- Toby Martin – would someone responding on fire apparatus such as a pumper need to be licensed if (319) is removed?
- Joanne Lebrun
 - The practice of an Advance Practice Registered Nurses does not require physician supervision (389)
 - The definition of the MDPB should add BLS and ALS providers to be to be consistent with current statute (404)
 - Add Advanced Practice Registered Nurse (424)
 - There is a change from the word group to the word business entities, does this mean in the future, that a coalition would not be able to be a regional council? Could there be a definition of a business entity?(469)
 - Concerned that the Response Assignment Plan (478) does not need to be approved.

- Concern that removing “approved by Maine EMS” (496) would allow providing treatment from substandard courses, especially online programs.

Ch 3

- Joanne Lebrun
 - Would the effect of this change be that any change in licensure requires new approval? (644)
 - Does this require an ambulance service to have its own dispatch center? Would PSAPs or shared dispatch centers be allowed? (673)
 - Who can be a service level medical director? Will there be a standard job description? Should this be added to the Definitions (Ch 2)? Would use of a Regional Medical Director satisfy this requirement? What is the estimated cost to services and the expectations? (739)
- Toby Martin
 - Should a specific training program for service medical directors be cited? (739)
- Joanne Lebrun
 - Why is there a separate application required for PITF and why are the Rules referencing a program that has significant problems? (754 and 813)
 - Will there be a template provided for the safety plan? (761 and 820)
 - The wording is confusing and seems to be allowing use of unlicensed personnel. (846)
 - Refers to “Maine EMS approved” which was removed in a previous section (line 478). (856)(noted by Sam Hurley)
 - “Ground ambulance” is listed under non-transporting services. (1342 and 1354)

Ch 3-A

- Joanne Lebrun
 - Would dispatch centers be required to work with affected EMS services in developing their policy? Will there be guidance provided? (1488)
 - Concern about the impact on restrictions regarding the use of a card set. (1467)

Ch 4 – no comments

Ch 5

- Joanne Lebrun
 - Why is this referring to the NHTSA National Scope of Practice, which is 12 years old? How would this affect changes in Maine that are not part of the National SOP. Will such treatments become incorporated into the Maine SOP by being referenced in the Maine EMS Protocols? This creates confusion between the National SOP and Maine EMS Protocols. Will the Protocols allow Maine providers to exceed national standards e.g.. naloxone administration by EMR? will "clinical practice" allow EMD providers in the State of Maine to exceed the national EMS Scope of Practice?(2688)

- The reference to Wilderness EMT is in conflict with the proposed Definition (Ch 2). (2750)
- Has there been an evaluation and consideration of going to longer license periods e.g. 4, 5, or 6 years to support workforce resources? The language regarding transition from three to two-year licenses is very confusing. (2824 et al).
- Will the change in skill competency verification allow certification of skills to take place at other places, such as conferences? (3259)

Ch 5A- no comments

Ch 6 – no comments

Ch 8 – no comments

Ch 9- Toby martin - would the board consider having the IC license expiration date match their EMS license? (3969)

Ch9A-= no comments

Ch 10- no comments

Ch 11-16– no
comments

Ch 17

- Toby Martin
 - The equipment list references ET Tubes starting at 2.5, but the new protocols start at 2.0, the new protocol starts at 3.0 (5302)

Ch 18- no comments

ch 19- No changes

Joanne Lebrun asked if there would be a document explaining the proposed changes and the rationale behind the changes. Especially regarding the changes to the length of license term and relationship to the NREMT and the NCCP.

Ms. Lebrun also asked if the Board would look at the waiver process and in particular the consideration for what constitutes “extraordinary circumstances”. She stated that being in Board meetings for close to 40 years, she has heard the Board use a variety of interpretations some of which have not helped our system and have not been kind or helpful to EMS providers. The term extraordinary has been subject to significant interpretation and changes.

There being no other comments, Jay reminded attendees that the complete hearing schedule is available on the Maine EMS web site and that written comments may be submitted until 5:00 PM on November 19.

The hearing was ended at 5:10 PM

Maine EMS Rules Hearing

Monday, November 4, 2019

Maine Medical Center, Dana Education Center, Portland, ME

Board members: Brent Libby, Joe Conley, Rich Kindelan

Staff: San Hurley, Jay Bradshaw

In attendance: Marc Minkler, Paul Conley, Robert Russell, Angela Calvo, Clifton Whitten

Jay Bradshaw opened the hearing at 4:35 PM and explained the process for conducting the public hearing.

Ch 1 – no comments

Ch 2 – no comments

Ch 3

- Robert Russell – question regarding the what is meant by “able to provide care”. (836) Jay Bradshaw explained this means that there must be a person on the ambulance who is licensed at the same level as the service. That higher licensed provider must assess the patient and depending on the assessment, that provider may then drive the vehicle as long as they have the ability to communicate with the care provider and switch roles if needed.
- Angela Calvo – question regarding requirement for medical director (743) and whether the Board would accept a contract with the medical director as sufficient. Jay Bradshaw responded that what the Board is seeking is verification that services licensed or permitted at the Advanced EMT or Paramedic levels have a service level medical director. The verification process would be established by Maine EMS as part of the licensing process.
- Angela Calvo – question regarding the 24 hour requirement for submitting run reports (969). Her department currently has such a policy and the question is who will be enforcing the requirement in the EMS rules. Jay Bradshaw responded that the Board is responsible for enforcing the Rules and it would be up to the individual services to enforce their policies.
- Paul Conley – question regarding notification to Maine EMS about changes in personnel (859). Jay Bradshaw responded that he would ask Jason to follow-up.
- Cliff Whitten – question regarding the definition of the proposed safety plan (761). To be answered by the Board.
- Robert Russell – expressed concern that the stretcher fastener requirement (1179) is an unfunded mandate that will cost services ~ \$10,000 per ambulance. Will there be a provision to grandfather existing vehicles? This is not clear in the rules.

Ch 3-A

- Observation by staff that the wording starting in line 1488 seems confusing

Ch 4 – no comments

Ch 5

- Paul Conley – concern about educating licensees regarding the change from a three-year license to a two-year license (2860).

Ch 5A = no comments

Ch 6 = no comments

Ch 7 – no comments

Ch 8 – no comments

Ch 9 – no comments

Ch 10 – no comments

Ch 11 – no comments

Ch 12 – no comments

Ch 13 – no comments

Ch 14 – no comments

Ch 15 – no comments

Ch 16 – no comments

Ch 17

- Marc Minkler – regarding the equipment requirements, he suggested:
 - Encourage adding the ½ size of ET tubes up to 8.5
 - Removing the 0 size blade
 - Why are AED pads required for AEMT and Paramedics who are required to have a monitor/defibrillator, but are not required to carry an AED?
 - Adding the requirement that ambulances have a “pediatric transport device” (5344)
- Paul Conley commented that the requirement to carry two pillows is a burden due to available space within an ambulance and makes swapping at the hospitals a challenge.

Ch 18 = no comments

Ch 19= no changes, no comments

Jay reminded attendees that the complete hearing schedule is available on the Maine EMS website and that written comments may be submitted until 5:00 PM on November 19, 2019.

There being no other comments, the hearing was ended at 5:05 PM

Maine EMS Rules Hearing

Monday, November 4, 2019

A.R. Gould, The Aroostook Medical Center, Presque Isle, Maine

Board members: Scott Susi, Nate Allen

Staff: Jason Oko

In attendance: Ben Zetterman (Aroostook Region 5 EMS), Walter Mosher, Peter LaPlante, Morgan Grant, Barbara Ireland

Jason Oko opened the hearing at 4:00 PM and explained the process for conducting the public hearing. And read a summary of the changes to the Maine EMS RULES.

Chapter 1 - No Comments

Chapter 2 – No Comments

Chapter 3 – No Comments

Chapter 3-A – No Comments

Chapter 4 – No Comments

Chapter 5 – Walter Mosher asked if going from a three-year license to a two-year license had anything to do with the proposed audit of an applicant's CEH.

Chapter 6 – No Comments

Chapter 7 – No Comments

Chapter 8 – No Comments

Chapter 8-A – No Comments

Chapter 9 –

- Walter Mosher asked in the licensing period for an Instructor Coordinator license will become a two-year license as well.
- Peter LaPlante asked if there would be a change in the amount of CEH required for an Instructor Coordinator license at a two-year license.
- Ben Zetterman asked if this would be competency base das well.

Chapter 10 – Chapter 16 – No Comments

Chapter 17 –

- Scott Susi mentioned he liked the new layout.

Chapter 18 – No Comments

Chapter 19 – No Comments

Maine EMS Rules Hearing

Friday, November 8, 2019

Samoset Resort, Rockport, Maine

Board members: Judy Gerrish, Joseph Kellner, Amy Drinkwater

Staff: J. Sam Hurley, Jason Oko, Marc Minkler, Christopher Azevedo

In attendance: Denise Hopkins, Kerry McKee, Jesse Thompson, Stephen Rine, Erin Cooper, Mike Drinkwater, Kevin Springer, Rick Petrie, Chris Whytock, Michael J. Mirisola, Rick Lattimer, Andy Dorr, Roman Cooper, Daniel Landers, Laurie Dobson, Abby Planeta, Jay Bradshaw

Jason Oko opened the hearing at 6:00 PM. And explained the process for the public hearing.

Chapter 1 - No Comments

Chapter 2 - No Comments

Chapter 3 –

- Jesse Thompson asked will a service licensed at the EMT level, that permits to the paramedic level, be required to have an emergency medical services medical director.
 - Joseph Kellner provided an answer of yes.

Chapter 3-A – No Comments

Chapter 4 –

- Kerry McKee stated that by removing the waiver (Chapter 4, pg. 22&23) we will no longer be able to use air ambulance as a viable means to transport patients off of the island. The requirements for restricted response air ambulance are extensive, and very vague. It looks like the would be a very costly, and timely change. We do approximately 200 calls a year, we transport about half of those, of our total calls we transport about 35% on PIA on that waiver. The waiver has been in place for two or three decades. Every patient is seen by a mid-level provider prior to getting on the plane, and they are advising that is the best care for that patient. They understand safety is an issue, we want safety for our patient as well, we are requesting that the waiver no be removed until there is a subcommittee that can look at options. It doesn't make sense to remove a waiver, that will cause an island to ask for another waiver. We currently only have a few ways off the island, there are no roads, PIA is the only flight off the island, we have documents that we use LifeFlight extensively, they are not always available, not always timely, and not always appropriate. We have patients that are stable, but still need care in an

emergency room. Patients are refusing LifeFlight because of cost. They need lab work, or they have a broken bone, they are not always critical patients. The only option is to license at Restricted response air ambulance, which will cost us a lot of money, and a lot of time, which will be trickled down to the patients. There is a reason why LifeFlight charges what they do.

- Kellner follow up – Have you done an assessment on what that would cost you?
 - McKee – we have an assessment of what our costs are now. as far as getting Restricted air, we have some documents, I will email them to you as well. We only have a few options off the island, the ferry, the coast guard, PIA, LifeFlight, or a lobster boat. There are very few safe options off the island. PIA is 8 minutes side to side. We serve 1200 in the winter 4-500 during the summer, we cannot have. We average about a hundred dollars for re-imburement on a call. LifeFlight is about \$20,000, the ferry is about \$1,000, PIA is \$650
- Kerry McKee also provided information regarding the cost of LifeFlight, the ferry service, and PIA, PIA is the most reasonable for them.
- Andrew Dorr from Vinal Haven shared a summary of a call that had come in before.
 - If the proposed rules changes go through as presented, our residents fear that their access to fast and effective transportation will be reduced and their ability to receive effective medical care will be reduced. Please consider suspending the changes to chapter to remove the waiver and allow the transport of patients via FAA certified planes.
- Denise Hopkins Advanced EMT on Vinal Haven Rescue
 - I have been on the service for seven years and have been in charge of making the transport call many times. Without having one clear route off the island it can take up to two hours to procure that. PIA is often listening to the Knox radio and will hear their 911 calls and will be on standby ready to respond when and if weather and daylight permit. They are often waiting for us at the airstrip by the time we get the patient loaded and drive there. As a volunteer service I have seen many volunteers leave as they cannot commit to an overnight transport and leave their family and their paying jobs. If we have to go on the last ferry of the day at 3:15, two crew and an ambulance are taken out of service until the next morning. If we go by Coast Guard, two crew plus vital crew are lost til 8:30 the next morning. Taking a lobster boat is faster, but the equipment and crew are still gone. No to mention that a few of us also get sea sick on the boat ride as well. PIA makes it convenient for those crew members that have day jobs, so they know they can leave and be back in an hour or two. Time is of the essence for some of our emergencies needing care our medical center or EMS crew cannot provide on the island. A stroke patient needs meds as soon as possible or a heart attack patient. The sooner they can get the testing or meds needed the less chance

of life altering illness or death. PIA to us is an extension of our roads and mutual aid. They provide peace of mind.

- Erin Cooper – Crew Chief over on Northaven
 - Support everything Vinal Haven has said so far. Please leave the waiver in place until they can convene a subcommittee with island representation. To come to a better compromise. Northaven only has one ambulance, we have one on call crew, one NP on call, only EMT's no mutual aid, our clinic is not a terminating facility, so when we are called out, we are either signing them off or transporting them to the mainland. In the past three years, of their transporting calls, they have used PIA 62% of the time. Without the ability to call them our transport time will increase to three hours at the very low end. Something I want to know, we are a volunteer service we have seven EMTs, if our transport time gets that long, I feel we will lose EMTs fairly quickly. Our service wouldn't be able to sustain a volunteer service anymore. That would be detrimental to our town and community. If the transfer time is that long and we know we cannot transport in a timely manner, we know EMTs will not be able to work with us there will be too much stress to the job. We had a family member of a patient call in with stroke symptoms, LifeFlight advised it would be 90 minutes until they could decide about coming. After the 90 minutes, they are still an hour out. PIA had heard this call and was already on the island for them. Transported the patient and was at Penn Bay, and three weeks later the patient had no deficits.
- Lori Dobson – New EMT on Cranberry Isles
 - Had three EMTs leave the island last year to increase the times we would have to go through to get help, I am very concerned we would not be able to attract new people. Anything to streamline the ability for us to keep functioning would be very helpful. I'm very concerned about it so I wish I knew more about the specifics on this, but that I would just it all made tremendous sense to me what they were saying, I think, until you really been in that situation or live with someone who has a heart condition or know of neighbors there. There's a lot of medical issues on islands anyway.
- Rick Lattimer, town administrator for Vinalhaven
 - Almost everyone said what I wanted to say, as well I support both Vinalhaven and North Haven positions. I just want to reinforce a couple of things, one as Erin said because we are such a small place, when our nurse practitioner leaves the island, we have no other nurse practitioner available. So, the longer they are away, the longer we are without emergency medical care. If PIA can turn them around quickly, it is better for us. If we have to wait for the ferry service cycle, if its after 5:15 at night, or 3:45 at night when the last ferry has left for the island, we can't leave the island again until 7:30 the next morning. People wouldn't return from Rockland until 10:30 when the boat came back. From a practical perspective

what will happen here is we say you cannot take PIA as a means of transporting a medical emergency, is the patient will refuse service, and the patient will go by themselves, they will be at risk during transport, and they will have to call an ambulance when they get to the airport anyway. Seems like that is not what we would want to have happen. We would like to continue to work with you as everybody says, develop a set of regulations that make sense. These provisions that we have had have been in place for decades, lets make them better, not turn them off entirely.

Joe Kellner asked the Island representatives a clarification question: “If the rule were to go into effect as written, because the rule does create a path to be able to use Penobscot Island Air, what do you see in this rule that creates the biggest barriers for your service and being able to meet the requirements of the rule. This would be helpful for me to understand.”

- Kerry McKee
 - I definitely think its funny. There are other issues though. There’s going to be a giant time frame, it asks us to go to the MDPB to create a profile of what patients would be allowed to be flown, any plane flown more than four times in a year needs to be licensed like an ambulance. It talks about equipment that is very vague, it makes me nervous to think I will need to fill the back of the plane with all that equipment. The only reason PIA survives financially doing this is that they are using the planes for other things too. They have an FAA medivac license ort approval. When we call them, they put the appropriate padded board as a stretcher, or a seat if it is a seated patient, and they put a med bag in the back. We transport with them as a paramedic or a NP or PA, I cannot see them committing one to be an ambulance. The rules being vague leave the door to be open to being extremely costly, and maybe not even attainable.
- Kevin Springer – Charles A Dean Hospital in Greenville
 - Will this affect us on using state forestry huey transporting patients off of the wilderness areas. We are transporting.

Chapter 5 -

- Chris Whytock, Rockland Fire Department
 - Trying to figure out when we transition from a three year to a two, each year there was a different grade of what was required for CEH, but it seemed confusing as to how somebody in that timeframe will transition from a three year to a two year. Any more guidance to that other than what was in the rules?
 - Jason Oko clarified, the dates in the document will change according to when the rules go into effect, they are not set in stone.
 - There will be some guidance then for the time periods?

- Another question, is there going to be more guidance as to the difference between the NCCP, and what class falls into what category, how do we deal with that moving forward?
 - The board is going to provide feedback on that question.
- It seemed slightly vague in regard to that.
- Lori Dobson
 - I apologize for not reading this, but I don't know the implications are you saying that EMT licenses will go to a two year?
- Jesse Thompson Union Fire & Rescue
 - Under the licensing, I see you'll need to have a service medical director sign off, so I take it the Regional Medical Director will not suffice for the service medical director anymore, but I have to go out now and find a service medical director now to sign me off, but we have regional medical directors for a reason, I do not see why we have to have service medical directors. Chief Whytock agreed with Jesse Thompson as well.

Chapter 5-A -

- No Comments

Chapter 6 –

- No Comments

Chapter 7 –

- No Comments

Chapter 8 –

- No Comments

Chapter 8-A

- No Comments

Chapter 9 –

- No Comments

Chapter 9-A –

- No Comments

Chapter 10 –

- No Comments

Chapter 11 –

- No Comments

Chapter 12 –

- No Comments

Chapter 13 –

- No Comments

Chapter 14 –

- No Comments

Chapter 15 –

- No Comments

Chapter 16 –

- No Comments

Chapter 17 –

- Rick Petrie Atlantic Partners EMS
 - Clarification on the equipment requirement table. Maine EMS protocols reference that all equipment used in carrying out the protocol will have to be approved by MDPB, does that mean that every type of catheter, every type of sling or bandage will have to be approved by the MDPB? This is in the current protocol.

Chapter 18 –

- No Comments

Chapter 19 –

- No Comments

The hearing ended at 6:48 P.M.