

MARCH 2026

MAINE EMS STAFF UPDATE



OVERVIEW

This publication is intended to provide members of the Board and interested parties insight into the work of the Maine Bureau of Emergency Medical Services office in the previous month. This publication is not anticipated to be exhaustive, but instead a high-level overview of the work that has taken place.

It should serve as a jumping point for conversations and questions from the Board regarding the ongoing work that is being performed throughout the state.

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A MESSAGE FROM THE DIRECTOR

Greetings Maine EMS,

The past month has been a storm of new initiatives, and non-stop challenges.

Unfortunately, we received the news we had long been expecting, as our first new cases of Measles arrived in Maine. This has happened before as recently as 2019, and we started communicating about a year ago about the likelihood of its arrival. As one of the most contagious viruses known to us, we are concerned with even a few cases being monitored, as that can change rapidly. We are working closely with our CDC partners on definitions and tracking and looking at options for the EIDS (Emerging Infectious Disease Screening) tool in our EMS Comm Centers. While we do not have all aspects of the plan fully operational at this time, we are working to stay prepared if things change for the worse.

There is a lot of anxiety for agencies and leadership around the DEA PPA-EMA and its recently published effective date of 3/9. While the rule was proposed and in process since 2017, there was no final rule making or registration process proposed until the final rule was promulgated, which just happened. We attended education as soon as it was offered in Dec. of 2025, and have been working directly with the DEA, asking questions and providing documentation as requested. In addition to a comprehensive document explaining how things move from statute to rule to protocol to administration here in Maine, we have also submitted a one-page summary of the binder. We have just sent out an updated communication to agencies and asked some additional questions of the DEA. We are working with the DEA and our AAGs to share information, provide clarity, and schedule in person townhalls with the DEA reps for agencies to ask questions. We are communicating with our physician and pharmacy colleagues, as well as other State EMS Offices, to continue to assess what exact changes, if any, may be needed by the effective date, and as soon as there is information back from our DEA partners, we will communicate that out.

The Alford Workforce Center has a team together focusing on healthcare certificate programs that can be achieved in less than one yr. Group will be focused on barriers to licensure for EMT and EMT-A, and expanding access to training for EMTs into rural areas. The lack of "space" for our providers to do clinical time has been a significant point of discussion. More to come on this project as this is unfolding quickly.

In a quick Legislative update, our department bills 2128 and 2132 have passed out of committee. 2128 OTP as amended and 2132 OTP as amended by a majority. 2133 and 2119 (a collaborative bill), both with components for the C/P program reimbursement structure are both scheduled for Work Session March 4th at 10am, 2119 at HHS and 2133 at HCFIS.

-Wil



STABILIZATION & SUSTAINABILITY

Sustainability Grant

4th quarter progress reports were due January 15, 2026. 5 agencies out of 231 are currently non-compliant with post award reporting requirements.

March 31st, 2026, is the deadline for the Sustainability Grant Program. All approved and awarded grant projects and grant-related expenses must be completed by the deadline. Final reports will be due no later than April 15th, 2026.

We anticipate having about 10% to 15% of Transporting & Non-Transporting EMS agencies requesting extensions due to administrative changes, delay in delivery of capital expenditures, and training that will be conducted or continued past March 31, 2026. The grant team is aware agencies will be requesting an extension. A formal request process will be established. The extension deadline will be no later than June 30th, 2026.

As of February 24th, 2026, 30% of the awarded EMS agencies have completed the Sustainability Grant Program. 69 EMS agencies spent \$2,340,939.31.

**This update encompasses Transporting and Non-Transporting EMS agencies; it does not include Training Center data.*

COMMUNITY PARAMEDICINE (CP)

There are currently two proposed bills that address Community Paramedicine, LD 2119 and LD 2133, addressing reimbursement and CP definitions, respectively. On February 11th, LD 2119 went to a public hearing, and LD 2133 went to a work session. Both bills will be readdressed in another work session. The CP Committee met on February 12, 2026. The committee discussed the next CP Innovation Sessions and CEH offerings. They also discussed current EMS legislation and had a presentation on a falls resource [A Matter of Balance](#) offered for patients via MaineHealth. The committee will meet next on Thursday, March 12, 2026. The committee will focus on CP data and education. The NASEMSO CP-MIH committee is working on a number of initiatives including developing a national scope of practice and supporting development of national education standards for CP/MIH.

EMS FOR CHILDREN (EMSC)

Highlights & Activities

1. Educational Webinar – “Measles”
 - On February 17, Maine EMSC organized and arranged a statewide townhall meeting with a panel of Maine CDC Director Dr. Puthiery VA, Dr. Matthew Sholl, Maine EMS Medical Director, Dr. Isaac Benowitz, Chief Medical Officer & State Epidemiologist, Department of Health and Human Services, and Rita Owskiak, Maine CDC Healthcare Associated Infections Coordinator
 - Over 100 attendees included regional medical directors, EMS leaders, and clinicians. Licensed EMS clinicians received EMS CEHs
 - The meeting was recorded and we hope to post on MEMSEd
2. Attended and supported various meetings and groups in the State, including
 - MDPB, Board, Region 1,2,3 and 4 meetings, Maine EMS Protocol Subcommittee
 - Child Death and Serious Injury Review Panel
 - Spoke at joint session of Child Death & Serious Injury Review Panel and Maine Domestic Homicide Workgroup
 - Met with Togus VA ED management team for work on Pediatric Readiness
 - Chaired Perinatal Quality Collaborative for Maine meeting
 - Supported Maine Maternal, Fetal, & Infant Mortality Review Panel (MFIMR)
3. Attended and contributed to various national EMSC meetings, including
 - Eastern US Always Ready for Children planning group
 - Attended and spoke at several NEMSQA metric development meetings
 - Attended several HRSA EMSC town hall and planning meetings
 - Attended NASEMSO PEC Council officer meetings
 - Attended NASEMSO Rural EMS Committee
4. Worked on NASEMSO national meeting agenda planning for Pediatric Emergency Care Council
5. Assisted Massachusetts EMS with Birthing Center response planning
6. Finalizing Peditape education for MEMSEd and then will begin shipping peditapes to EMS agencies
7. Helped facilitate national FDA Class 1 recall of Broselow Tape due to errors
8. Other activities as assigned (including MDPB liaison, Maine EMS webmaster, manage Maine EMS social media, review and finalize draft of Maine EMS medication formulary)
9. Finalize plans for statewide survey of all hospital EDs for pediatric readiness, survey begins March 3, 2026

LD 841 - ISLAND EMS WORKGROUP

The LD841 completed our work and have submitted a final report through Director O’Neal to the Maine Legislature. The report can be found on the Maine EMS website on the [Data and Reports page](#) or by [clicking here](#). The group worked incredibly hard and special thanks to the workgroup members listed below. This project would not be successful without all of their contributions. Additionally, a number of regular stakeholders provided regular input and expertise, and they are listed in the report itself: John Dietter, Director, North Haven EMS; Sean Donaghue, Division Chief, Portland Fire Department; William Geary, Director, Multimodal Operations, Maine DOT; Tom Judge, Project Officer, LifeFlight of Maine (Chair); Marc Minkler, Program Manager, Maine EMS (Report Author); Ralph Munroe, Chief, Chebeague Island Fire & Rescue; Butch Russell, President, Maine Ambulance Association; and Marjorie Stratton, Town Manager, Vinalhaven.

REGIONAL UPDATES

Region One

Counties: Cumberland and York

Region One is scheduled to review and vote on their bylaws during their March meeting. They are also developing a regional plan and QA/QI plan to satisfy the requirements of chapter 15 of our rules. Additionally, Westbrook FD has been gathering and meeting with stakeholders to discuss development of and participation in a pilot project that will allow paramedic clinicians to administer suboxone to patients in the field.

Region Three

Counties: Hancock, Knox, Lincoln, Penobscot, Piscataquis, Waldo, and Washington

1. Governance & Administration

- **Bylaws Adoption:** The Region 3 Council successfully passed their updated Regional Bylaws on February 12, 2026. This ensures the region is fully compliant with the latest state administrative requirements.
- **Council Management:** Facilitated the February Regional Council meeting and completed all documentation/minutes for regional records.

2. Strategic Initiatives

- **Peer-to-Peer (P2P) Mentor Exchange:** We officially launched the P2P Mentor Exchange program this month. This initiative pairs experienced EMS leaders with emerging clinical and administrative talent to strengthen the regional leadership pipeline.
- **Legislative Awareness:** Provided a detailed briefing to the council on LD 2128, specifically addressing how the proposed changes would formalize the advisory role of the regional council within the Maine EMS structure.

3. Clinical & Regulatory Oversight

- **DEA PPAEMA Rule:** Briefed stakeholders on the new federal DEA rule regarding controlled substance management. We are working with service leads to prepare for the transition in registration and oversight responsibilities.

Region Four

Aroostook County

1. Governance & Administration

- **Bylaws Adoption:** Following the morning session of Region 3, the Region 4 Council also formally adopted their updated Regional Bylaws on February 12, 2026.
- **Strategic Identity:** Conducted a "Council Ownership and Strategic Identity" reflection exercise with the council. This was aimed at defining the region's specific priorities as the northernmost EMS jurisdiction.

2. Leadership & Recruitment

- **Medical Direction:** We are currently in the active recruitment phase for the Region 4 Associate Regional Medical Director. This role is critical for providing clinical support and oversight across the county.
- **Administrative Record:** Finalized the February council meeting minutes and updated the stakeholder distribution list for consistent regional communication.

3. Regulatory & Legislative Updates

- **LD 2128 Briefing:** Informed council members of the potential impacts of LD 2128. Focus was placed on ensuring Region 4's unique rural and frontier challenges are represented in the proposed advisory board structure.
- **Federal Compliance:** Delivered a briefing on the DEA PPAEMA rule to ensure that services in Aroostook County are prepared for upcoming changes in how controlled substances are handled under the new federal guidelines.