

June 2026 | Volume 1, Issue 1 | Notable Historical Cases Edition

From The Agent's Desk

Hello! Thank you for your interest in this newsletter.

This newsletter is intended to summarize adjudicatory cases recently resolved before the Maine EMS Licensing Board. It is intended for EMS Service Administrators and Personnel to stay informed on the disciplinary issues and the results of Licensing Board actions that come before them. This is the inaugural edition, and as such the cases listed within are a selection of cases that have finally resolved and present interesting issues that have previously come before the EMS Board or Licensing Board. All information contained within this newsletter is pulled from public document(s) resolving the case; as such there may be information or evidence considered/presented that is not captured in this newsletter - this newsletter is intended as an educational resource, not as a comprehensive discussion of the cases or their results.

Again, thank you for your interest, we hope that this will be a valuable resource moving forwards.

With gratitude,

Jason Cooney, Licensing Agent.

Case No(s). 22-226 & 22-234: Permanent Revocation of EMS Licensure

Licensure Type and Level: Clinician, Advanced EMT

Resolution: Consent Agreement - Permanent Revocation of licensure.

Overview: An AEMT failed to appropriately provide treatment to a cardiac arrest patient and failed to disclose criminal history to the Emergency Medical Services Board.

Statutory/Regulatory Basis of Action:

- Criminal History and Violation of Board Rules/Statute, as evidenced by being convicted of crimes that involve dishonesty or false statement and failing to notify the board within ten days, in writing, of those convictions;
- Unprofessional Conduct as evidenced by violating a standard established in the profession and acting negligently or neglectfully in providing care to a patient, specifically by failing to follow Maine EMS's Protocols;
- Unprofessional Conduct as evidenced by inaccurate recording of material information, specifically by documenting in the patient care report that the patient disposition was "dead at scene - no resuscitation attempted (without transport)," when in fact resuscitation had been attempted, and by documenting that CPR had been performed for 18 minutes, when in fact EMS clinicians had performed CPR for only 4-6 minutes and the length of time bystanders had performed CPR was unclear; and
- Incompetent professional practice as evidenced by failing to respond appropriately to a client, patient, or the general public and an inability to apply principles, skills, or knowledge necessary to successfully carry out the practice for which he was licensed.

For Case Details, please [click here](#) or see below

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Case No(s). 24-680: Reprimand, Suspension of Fine, 5-Year Probation

Licensure Type and Level: Service, AEMT, permitted to the Paramedic Level

Resolution: Consent Agreement – Reprimand, Suspended Civil Penalty of \$100.00 for each of the 87 occurrences, and Probation for five (5) years with terms.

Overview: An ambulance service permitted an unlicensed affiliated individual to operate an ambulance on up to 87 occasions.

Statutory/Regulatory Basis of Action:

- Unprofessional Conduct as evidenced by violating a reasonable standard established in the profession, specifically by obtaining a fee by misrepresentation from Medicare, MaineCare, or a combination of both payors on 62 occasions, specifically by submitting claims for which the service certified as complying with all applicable Medicare and/or Medicaid laws, regulations, and program instructions, when the claims submitted did not comply with them, because the services provided did not meet ambulance vehicle staffing requirements;
- Unprofessional Conduct as evidenced by violating a reasonable standard established in the profession, specifically by acting negligently or neglectfully in conducting an ambulance service by having knowledge of the Ambulance Operator licensure requirement, and failing to ensure, on 87 occasions, that only its employees with valid licensure were operating its ambulances in accordance with Maine EMS's rules and statutes.

For Case Details, please [click here](#) or see below

Case No(s). 23-306: Immediate Surrender of Licensure

Licensure Type and Level: Clinician, Paramedic

Resolution: Consent Agreement – Immediate Surrender of Licensure

Overview: The licensee surrendered his licensure after an incident where he grabbed a restrained patient by the neck and forced the patient's head back onto the stretcher.

Statutory/Regulatory Basis of Action:

- Unprofessional Conduct as evidenced by acting in ways that are dangerous or injurious to a patient; and
- Violation of Board Rules/Statute, as evidenced by engaging in conduct prohibited by law, specifically by engaging in conduct prohibited as assault under 17-A M.R.S. § 207 (Class D), by intentionally, knowingly, or recklessly causing bodily injury or offensive physical contact to another person.

For Case Details, please [click here](#) or see below

Case Details

Case 22-226/22-234

Detail: The respondent was convicted of crimes involving dishonesty or false statement in 2016 and failed to notify the board, in writing, within 10 days of those convictions. In 2018 and 2021, the respondent did not disclose the convictions on his applications for licensure renewal. In 2021, a complaint was filed with the EMS Board alleging that the respondent had failed to provide proper patient care by failing to follow Maine EMS protocols regarding resuscitation. The respondent had arrived on a scene where the patient was receiving bystander CPR; an EMT took over CPR from the bystanders and performed 2-3 rounds of CPR for a total of 4-6 minutes, at which point the EMT was directed by the respondent to terminate resuscitation; at that time, the patient was in asystole but warm to the touch and had an absence of rigor mortis or dependent lividity. The patient died of acute fentanyl intoxication. The respondent completed the patient care report for the incident, and documented the patient disposition as "dead at scene-no resuscitation attempted (without transport)," and that CPR had been performed for 18 minutes, when in fact EMS clinicians had performed CPR for only 4-6 minutes, and the length of time bystanders had performed CPR was unclear.

Case 24-680

Detail: In July of 2024, Maine EMS received information that an individual was affiliated with an ambulance service who had no licensure at any level with the Board. This individual was allowed by the service to operate an ambulance, as one of only two crew members on the call, in emergency mode or during the transport of a patient on 87 occasions. For 62 of the 87 occasions, the service billed Medicare, Medicaid (MaineCare), or a combination of both for patient transport and collected or attempted to collect a fee for the service; these programs require an ambulance vehicle to be staffed by at least two people who meet the requirements of state and local laws where the services are being furnished, for the claim to qualify for payment. The case was resolved with a Consent Agreement, in which the service was fined a total of \$8,700.00, payment all suspended, and probation during which the service is required to submit, within 90 days, a written policy for the continuous verification of the licensure status of its employees who require licensure, and a procedure demonstrating how the service will ensure the continuous verification of licensure status to avoid a recurrence of unlicensed practice. This policy must be approved by Maine EMS and must be in effect for at least five (5) years following the date of approval. Any changes within the 5-year period must be approved by Maine EMS.

Case Details

Case 23-306

Detail: In August of 2023, the respondent responded to a patient experiencing a mental health crisis of possible seizure, and the patient was agitated and aggressive. The respondent transported the patient to a hospital, restrained to a stretcher by 4-point restraints on the arms and legs. As the patient was being moved to a room on EMS's stretcher, the patient removed one of his hands from the restraint, grabbed a corner of the wall, and leaned forwards. The respondent, who was walking at the foot of the stretcher, released the stretcher, grabbed the patient by the neck with both hands, and forced the patient's head back onto the stretcher. The licensee had previous discipline, in the form of a warning, from the Board for failing to provide treatment for a patient's pain and yelling at the patient. The Board issued an emergency suspension of the respondent's paramedic licensure, and the case was then resolved with a consent agreement for the immediate surrender of licensure.