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Testimony of J. Sam Hurley, MPH, EMPS, NRP

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Department of Public Safety

In Opposition of LD 601

“An Act to Reduce the Shortage of Municipal Emergency Medical Services Personnel by Removing Certain Vaccination Requirements”

Presented by Representative Moriarty of Cumberland

BEFORE THE JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

Public Hearing: April 24, 2023, at 10 AM

Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services:

My name is Sam Hurley, and I am the Director of Maine Emergency Medical Services, Maine EMS, within the Department of Public Safety. I am testifying on behalf of Maine Department of Public Safety and Maine EMS in opposition of LD 601, *“An Act to Reduce the Shortage of Municipal Emergency Medical Services Personnel by Removing Certain Vaccination Requirements.”*

In 2021, the Maine Board of Emergency Medical Services established an emergency rule entitled, “COVID-19 Immunization Requirements Emergency Rule.” This rule expired on November 21, 2021. After multiple rounds of rulemaking and with considerable public comment, the Board adopted final rules on June 1, 2022, entitled, “Chapter 21: Immunization Requirements.” These rules require licensed emergency medical services entities and training centers to ensure that all persons providing direct patient care are either immunized for COVID-19 and seasonal influenza based on the recommendations from the US Centers for Disease

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Control and Prevention or hold a valid medical exemption. These rules were created in alignment with the rules established by the Maine Center for Disease Control and Prevention regarding required immunizations for healthcare professionals, except that the Maine EMS Board's rule only includes COVID-19 and seasonal influenza immunization.¹

During the rulemaking process for both Chapter 20 (Emergency Rule) and Chapter 21 the permanent rule, the Board heard from over 70 stakeholders regarding the immunization requirements. The Board conducted extensive review of the available information, materials, and rulemaking feedback, and consulted with experts throughout the state including the Medical Direction and Practices Board (MDPB). The MDPB is a Board within the Maine EMS infrastructure comprised of 11 Maine-based physicians, two EMS clinicians, and a licensed pharmacist. Additionally, the Board considered their specific statutory charge to:

... promote and provide for a comprehensive and effective emergency medical services system to ensure optimum patient care... [and] promote the public health, safety and welfare by providing for the creation of a statewide emergency medical services system with standards for all providers of emergency medical services.²

Based on all these factors, the Board determined that it was in the best interest of the public's health, safety, and welfare to institute immunization requirements with the intention of protecting the existing workforce and the public that they are serving daily. Emergency personnel respond to individuals who are already sick or injured and therefore are at increased risk of developing complications secondary to COVID-19 and influenza infections.

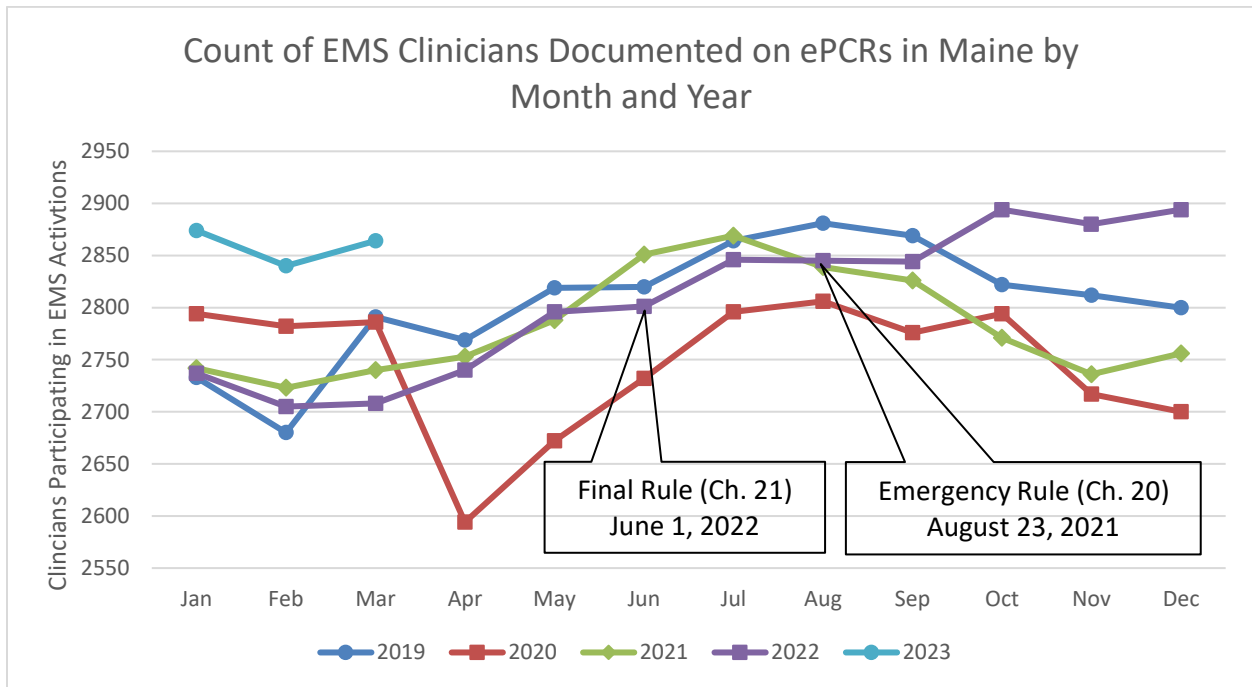
Maine EMS and the Board have always sought to remain cognizant of the potential impact of rulemaking on the EMS workforce and its capacity to deliver emergency services throughout the state. To understand the impact of the rulemaking, the Maine EMS Office has monitored the number of EMS clinicians that have been documented within our statewide electronic patient care reporting (ePCR) system each month. If looking at the data presented in Figure 1, one will see the count of unique EMS clinicians documented on ePCRs in Maine by month and year. We

¹ 10-144 Code of Maine Rules Ch. 264

² 32 MRS Sect. 81-A

have also identified the dates where each of the immunization requirements were enacted (Chapter 20, the emergency rule; and Chapter 21, the final rule) on the graph for your reference. Looking at this graph, one can see that following the implementation of the emergency rule (Chapter 20) in August 2021, there was a slight decrease in the number of unique clinicians documenting in the ePCRs; however, by the end of 2022, there were more EMS clinicians charting throughout the state than ever before.

Figure 1 Count of Unique EMS Clinicians Documented on ePCRs in Maine by Month and Year

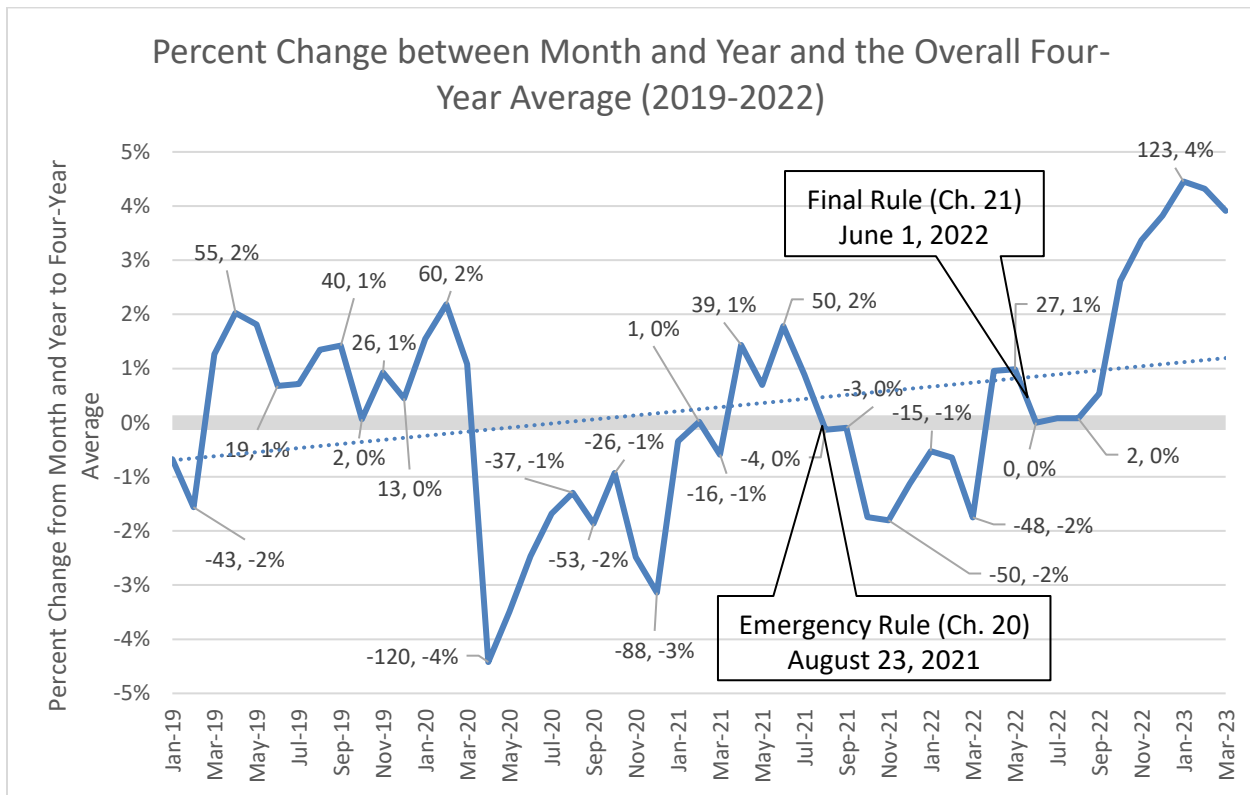


Source Information: This data was collected based on unique license numbers appearing on Maine EMS patient care reports within the electronic patient care reporting system, Maine EMS and Fire Incident Reporting System (MEFIRS). These values likely represent an underestimate of the number of clinicians operating in the system because some clinicians that respond to a call that are inadvertently left off the patient care report.

As Maine’s population increases each summer, so do the number of EMS clinicians and EMS calls, we have attempted to adjust for these fluctuations by correcting for seasonality. Figure 2 provides a single line showing the difference in count of clinicians between each month and a four-year average for that same month over the 2019-2022 period. This means that the differences you see are between the number of practicing EMS clinicians identified on an ePCR each month, and the four-year average for that month. The data point labels [XX, XX%] call out the differences in the count of clinicians and the percent difference from the four-year average. Looking at Figure 2, one can see that after the August 23, 2021, implementation of the COVID-

19 immunization requirements by emergency rulemaking, there were less than 50 fewer EMS clinicians as compared to the four-year average for that same month or approximately a 2% decrease in practicing clinicians at any month to month comparison following implementation. The most recent data suggests that we are seeing a positive trend in the number of EMS clinicians participating in EMS clinical care (see the linear trendline overlay on Figure 2).

Figure 2 Percent Change between Month and Year and the Overall Four-Year Average (2019-2022)



Source Information: The labels are formatted with [COUNT, PERCENT CHANGE] for each data point on the graph. The percent change is calculated based on the number of clinicians for each month and year as compared to an average of the number of clinicians active in that same month over a four-year period (2019-2022). This data was collected based on unique license numbers appearing on Maine EMS patient care reports within the electronic patient care reporting system, Maine EMS and Fire Incident Reporting System (MEFIRS). These values likely represent an underestimate of the number of clinicians operating in the system because there may be some clinicians that respond to a call via their personal vehicles or in addition to the transporting ambulance crew that are inadvertently left off the patient care report.

In May of 2020, Maine EMS implemented a reporting requirement for all EMS and emergency medical dispatch (EMD) entities to disclose positive COVID-19 cases and hospitalizations within the workforce. This was instrumental in monitoring the health of the existing EMS workforce and the impact of COVID-19 infection. *However, it also has provided insight into the*

*efficacy of COVID-19 immunizations at preventing hospitalizations with three licensees being hospitalized prior to implementation of the immunization requirement and **none** after August 23, 2021 (date of the emergency rule implementation).*

Ultimately, the position of Maine EMS is that the authority to institute immunization requirements should remain wholly vested with the Board. The statutorily-defined purpose of the Board is to, “promote the public health, safety and welfare” of all persons functioning within and interacting with the EMS system in Maine.³ While we understand that there are some EMS clinicians who chose to leave the EMS workforce rather than obtaining COVID-19 immunization, the data does not suggest that immunization requirements have had deleterious effects on the long-term numbers of EMS clinicians working within the field. Additionally, the immunization requirements appear to have been successful at limiting the impact of COVID-19-related hospitalization on the EMS workforce.

Maine EMS requests that the Committee vote Ought Not to Pass based on this information and continue to empower the Maine EMS Board with the authority and responsibility to protect and “promote the [public’s] health, safety and welfare.”⁴

Please feel free to reach out to me anytime if there is any additional information that I can offer the Committee.

³ Ibid

⁴ Ibid