



10 February 2026

Testimony in opposition to LD2132 **An Act to Amend the Maine Emergency Medical Services Act of 1982 to Require Compliance with the Statewide Trauma-incidence Registry and Make Certain Technical and Other Changes** as drafted.

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Criminal Justice Committee.

My name is Thomas Judge, a resident of Port Clyde and I present this on behalf of LifeFlight of Maine. Unfortunately, we are not able to be present for the public hearing due to a national meeting. We are concerned with his Department sponsored legislation. We, and our colleagues from the Trauma Advisory Committee have shared concerns with Director Neal. We understand the bill sponsor will ask that Section 7 of the bill (hospital and physician reporting) be struck from the bill and direct Maine EMS to work with the Trauma Advisory Council on recommendations regarding reporting. The recommendations will be reported back to the Legislature for review.

We recommend the same for the proposal to change the statute license EMS Educators and EMS Training Centers. While we completely agree Maine EMS needs to assure the quality of EMS education, we believe this is an unnecessary overreach creating new costs with unclear benefits.

We note that under current EMS Rules Maine EMS has the ability to authorize Training Centers and licenses Instructor Coordinators for “emergency medical services courses leading to licensure in Maine for education for licensure.” We believe this is completely appropriate but note the proposed new requirements are costly to administer with other more effective strategies to accomplish the goals of assuring quality EMS education.

Under this proposed legislation we dramatically widen the need for licensure.

**Sec. 1. 32 MRSA §82, sub-§1**, as amended by PL 2021, c. 220, §1, is further amended to read:

**1. Licenses required.** An ambulance service, ambulance, non-transporting emergency medical service, emergency medical services person, emergency medical services ambulance operator, emergency medical services educator, emergency medical services training center, emergency medical dispatch center or emergency medical dispatcher may not operate or practice unless duly licensed by the Emergency Medical Services' Board pursuant to this chapter, except as stated in subsection 2.

Specifically, we note there is no definition of what an “emergency medical services educator” in statute and this becomes all-encompassing for any EMS education.

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Similarly, the current authorization by Maine EMS for Training Centers does not specifically define what a training center is with specific limitation to courses leading to licensure, essentially being the Technical Colleges in Maine.

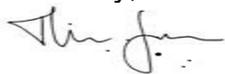
Trying to oversee through licensure the many potential entities within or outside of Maine will be incredibly costly to administer. As an example, if a hospital runs an EMS continuing education program taught by a hospital employed RN, under this proposal both the hospital and RN need to be licensed by Maine EMS.

We should be looking for ways to make EMS education more available, affordable, and accessible. This proposed legislation is a barrier. We believe more thought and discussion is needed to address the quality assurance issues this legislation hopes to solve.

For example, Maine EMS could set standards for authorized EMS continuing education programs to assure quality with the provider and program attesting to meeting the standard. For larger commercial entities Maine EMS could automatically deem authorized status if the program is accredited by the Commission on Accreditation for PreHospital Continuing Education (CAPCE) which is the national standard to accredit EMS continuing education (CE) to ensure high-quality, standardized training.

As with the trauma data requirements, we recommend the Committee take no action now and request additional work by the Department and stakeholders.

Sincerely,



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