


Testimony in opposition of LD 238
*An Act to Protect Emergency Medical Services Persons' Right to Work in
Multiple Health Care Settings*
Kate D. Zimmerman, DO, FACEP, FAEMS of Yarmouth 
February 4, 2025

Senator Bailey, Representative Mathieson and members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Kate Zimmerman. I am a board-certified emergency medicine and EMS physician. I am the Associate State Medical Director for Maine EMS, and a service-level medical director. I work clinically in an academic hospital where I am responsible for the oversight of medical students, interns, and residents in our department. My primary role as a physician and medical director, is to assure the safety of our patients, and in today's case, the patients that our EMS clinicians care for.

I oppose LD 238 because it jeopardizes patient safety due to lack of appropriate oversight and regulation. Maine EMS is structured to oversee 911 EMS encounters, interfacility transfers and Community Paramedicine programs. Maine EMS is not set up to oversee EMS as contracted or volunteer agency to provide health care in other health care settings. These settings have their own rules and regulations. Maine EMS does not have the staffing, nor the bandwidth to take on another regulatory responsibility, particularly when this has not been carefully explored with the pertinent stakeholders. In 2022, I stood before this same committee opposing LD 1858¹, which added "health care facility" to the law, but the proposed "contracted agent" language was rejected based on testimony from several stakeholder organizations. Two years later, I stood before the Committee on Criminal Justice and Public Safety during their February 28th work session for LD 1515², "An Act to Implement the Recommendations of the Blue Ribbon Commission to Study Emergency Medical Services in the State", in which the proposed sponsor's amendment added the same "contracted agent" language from LD 1858. I have read the Blue Ribbon Commission's report³. Nowhere can I find the recommendation to amend the MEMS Services Act in this manner. LD 1515 died on the table last session and has been brought back as LD 245⁴. It still has this same "contracted agent" language imbedded within it and that hearing has yet to be scheduled. Does this mean if LD 238 does not pass, that its same intent may in LD 245? This is a push by a particular agency with the desire to fix a problem that is not theirs to fix. Their attempt resulted in a failed pilot project which triggered a CMS investigation and placed a community at risk. While we are looking at this law⁵, given that the pilot project is no longer approved by the Emergency Medical Services' Board, Section 2 should be removed.

¹ <https://legislature.maine.gov/billtracker/#Paper/SPO633?legislature=130>

² <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=106680> (p.2 lines 31-34)

³ <https://legislature.maine.gov/doc/9404>

⁴ <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=108648> (p.2 lines 13-16)

⁵ <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=91877>

APPROVED
APRIL 12, 2022
BY GOVERNOR

CHAPTER
587
PUBLIC LAW

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-TWO

—
S.P. 633 - L.D. 1858

**An Act Regarding Delegating Authority for Services Performed by
Emergency Medical Services Personnel in Health Care Facilities**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, current law authorizes licensed emergency medical services persons to provide medical services in hospital settings under delegated authority if certain criteria are met; and

Whereas, the authority of licensed emergency medical services persons who work in other health care facility settings to provide medical services in those settings under delegated authority is unclear; and

Whereas, the authority of licensed emergency medical services persons to work in health care settings, including approved pilot projects, must be clarified as soon as possible; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 32 MRSA §85, sub-§7, as enacted by PL 2019, c. 609, §1, is amended to read:

7. Delegation. This chapter may not be construed to prohibit a person licensed as an emergency medical services person from rendering medical services in a hospital or other health care facility setting if those services are:

- A. Rendered in the person's capacity as an employee of the hospital or health care facility;
- B. Authorized by the hospital or health care facility; and
- C. Delegated in accordance with section 2594-A or 3270-A.

Sec. 2. Critical access integrated paramedic projects. Notwithstanding any provision of law to the contrary and as authorized in accordance with the Maine Revised Statutes, Title 32, chapter 2-B, an emergency medical services person is authorized to provide the services described in the application approved by the Emergency Medical Services' Board on October 6, 2021 for a pilot project to be implemented in the Town of Jackman, jointly sponsored by North East Mobile Health Services, St. Joseph Hospital, Penobscot Community Health Center and the Town of Jackman and known as "the Maine EMS Critical Access Integrated Paramedic (CAIP) Pilot Project," for as long as the project remains approved by the Emergency Medical Services' Board.

Sec. 3. Development of guidance for emergency medical services persons acting under delegated authority. The Board of Licensure in Medicine and the Board of Osteopathic Licensure, in consultation with the Emergency Medical Services' Board and interested stakeholders, shall develop guidance under which physicians and physician assistants may delegate activities pursuant to the Maine Revised Statutes, Title 32, sections 2594-A and 3270-A to an individual acting contemporaneously pursuant to a contractual arrangement as a medical assistant under delegated authority and as an emergency medical services person under a license issued in accordance with Title 32, section 82. The guidance for the contractual arrangements required to be developed by this section must address the legal relationship of the parties to such arrangements, the appropriate settings for the arrangements, the scope and extent of supervision under delegated authority for the arrangements and any education and training requirements for persons acting under delegated authority pursuant to the arrangements. The boards shall submit a report including the guidance and any recommendations for necessary statutory changes to the joint standing committee of the Legislature having jurisdiction over physician licensing matters no later than January 31, 2023. The committee may submit legislation related to the report to the First Regular Session of the 131st Legislature.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

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Date: (Filing No. H-)

CRIMINAL JUSTICE AND PUBLIC SAFETY

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 970, L.D. 1515, “An Act to Fund Delivery of Emergency Medical Services”

Amend the bill by striking out the title and substituting the following:

'An Act to Implement the Recommendations of the Blue Ribbon Commission to Study Emergency Medical Services in the State'

Amend the bill by inserting after the title and before the enacting clause the following:

'Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, Resolve 2023, chapter 99 reestablished the Blue Ribbon Commission to Study Emergency Medical Services in the State, which was directed to examine and make recommendations on the structure, support and delivery of emergency medical services in the State; and

Whereas, the commission included in its published final report critical recommendations to ensure appropriate funding of the cost of sustaining emergency medical services in the State, to provide for necessary regulation and oversight of the emergency medical services system and to better support the resilience and sustainability of that system; and

Whereas, the expedient and efficient implementation of the commission's recommendations is necessary to support the short-term and long-term future of the emergency medical services system at a time when many emergency medical services entities are at immediate or future risk of failing and leaving their service areas without adequate access to emergency medical services; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,'

COMMITTEE AMENDMENT

1 Amend the bill by striking out everything after the enacting clause and inserting the
2 following:

3 **'Sec. 1. 5 MRSA §12004-J, sub-§21** is enacted to read:

4 **21.**

5 Emergency Medical Services Maine Emergency Medical Services Legislative Per Diem and Expenses 32 MRSA §99
6 Commission
7

8 **Sec. 2. 30-A MRSA c. 154** is enacted to read:

9 **CHAPTER 154**

10 **MUNICIPAL EMERGENCY MEDICAL SERVICES**

11 **§3171. Definitions**

12 As used in this chapter, unless the context otherwise indicates, the following terms
13 have the following meanings.

14 **1. Ambulance service.** "Ambulance service" has the same meaning as in Title 32,
15 section 83, subsection 5.

16 **2. Transporting emergency medical services.** "Transporting emergency medical
17 services" means emergency medical services provided by an ambulance service.

18 **§3172. Municipal emergency medical services**

19 **1. Adoption of plan.** The municipal officers of a municipality may adopt a plan
20 stipulating the method by which transporting emergency medical services will be delivered
21 within the municipality. A municipality that elects to adopt such a plan is not required
22 under this subsection to directly or indirectly provide or fund the delivery of transporting
23 emergency medical services within the municipality. The municipal officers may as
24 necessary amend a plan adopted pursuant to this subsection.

25 **2. Posting and submission of plan.** If a municipality adopts or amends a plan
26 pursuant to subsection 1, the municipal officers shall ensure that the plan is posted in the
27 same manner as ordinances are posted and shall submit the plan or amended plan for the
28 purpose of collecting data to the Department of Public Safety, Maine Emergency Medical
29 Services and the Maine Emergency Medical Services Commission established in Title 32,
30 section 99, subsection 1.

31 **Sec. 3. 32 MRSA §85, sub-§7, ¶A,** as amended by PL 2021, c. 587, §1, is further
32 amended to read:

33 A. Rendered in the person's capacity as an employee or contractor of the hospital or
34 health care facility;

35 **Sec. 4. 32 MRSA §99** is enacted to read:

36 **§99. Maine Emergency Medical Services Commission**

37 **1. Commission established.** The Maine Emergency Medical Services Commission,
38 referred to in this section as "the commission," is established pursuant to Title 5, section



132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 245

S.P. 111

In Senate, January 21, 2025

**An Act to Implement the Recommendations of the Blue Ribbon
Commission to Study Emergency Medical Services in the State**

(EMERGENCY)

Received by the Secretary of the Senate on January 16, 2025. Referred to the Committee on Criminal Justice and Public Safety pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator TALBOT ROSS of Cumberland.
Cosponsored by Representative SALISBURY of Westbrook.

1 **1. Adoption of plan.** The municipal officers of a municipality may adopt a plan
2 stipulating the method by which transporting emergency medical services will be delivered
3 within the municipality. A municipality that elects to adopt such a plan is not required
4 under this subsection to directly or indirectly provide or fund the delivery of transporting
5 emergency medical services within the municipality. The municipal officers may as
6 necessary amend a plan adopted pursuant to this subsection.

7 **2. Posting and submission of plan.** If a municipality adopts or amends a plan
8 pursuant to subsection 1, the municipal officers shall ensure that the plan is posted in the
9 same manner as ordinances are posted and shall submit the plan or amended plan for the
10 purpose of collecting data to the Department of Public Safety, Maine Emergency Medical
11 Services and the Maine Emergency Medical Services Commission established in Title 32,
12 section 99, subsection 1.

13 **Sec. 3. 32 MRSA §85, sub-§7, ¶A,** as amended by PL 2021, c. 587, §1, is further
14 amended to read:

15 A. Rendered in the person's capacity as an employee or contractor of the hospital or
16 health care facility;

17 **Sec. 4. 32 MRSA §99** is enacted to read:

18 **§99. Maine Emergency Medical Services Commission**

19 **1. Commission established.** The Maine Emergency Medical Services Commission,
20 referred to in this section as "the commission," is established pursuant to Title 5, section
21 12004-J, subsection 22 to monitor and evaluate the State's emergency medical services
22 system and to provide recommendations to the appropriate state agencies and to the
23 Legislature regarding necessary changes in the emergency medical services system.

24 **2. Members.** The commission consists of 26 members as follows:

25 A. Three members of the Senate, including at least one member of the party holding
26 the largest number of seats in the Legislature and at least one member of the party
27 holding the 2nd largest number of seats in the Legislature, appointed by the President
28 of the Senate;

29 B. Three members of the House of Representatives, including at least one member of
30 the party holding the largest number of seats in the Legislature and at least one member
31 of the party holding the 2nd largest number of seats in the Legislature, appointed by
32 the Speaker of the House of Representatives;

33 C. The Commissioner of Health and Human Services or the commissioner's designee;

34 D. The director or the director's designee;

35 E. The chair of the board or the chair's designee;

36 F. A representative of the Governor's office as designated by the Governor;

37 G. The following 5 members, appointed by the President of the Senate:

38 (1) A member who is employed or volunteers in the field of emergency medical
39 services and represents a community of 10,000 or more residents;

40 (2) A member who is employed or volunteers in the field of emergency medical
41 services and represents a community of fewer than 10,000 residents;