

Testimony in Support of LD 238

An Act to Protect Emergency Medical Services Persons' Right to Work in Multiple Health Care Settings

Good morning, Senator Bailey, Representative Mathieson and members of the Committee on Health Coverage, Insurance and Financial Services. My name is Rick Petrie, and I am a Paramedic who has worked in the Maine EMS system for 42 years. I am now the Chief Executive Officer for North East Mobile Health.

I am testifying today in support of the objective we are trying to achieve with LD 238. Our EMS agencies are struggling with staffing and meeting the increasing financial obligations associated with operating an EMS Service. Because of this our hospitals, particularly in the rural areas of the State, are struggling to find medical transportation when necessary.

We need the ability to develop and implement innovative solutions to address these challenges that are having a significant impact on our ability to provide care for our patient population.

The issue of EMS providers working in hospitals and healthcare setting, not as licensed EMS personnel, but as personnel who have achieved a certain level of education and training, has been debated for a number of years. It came to a head several years ago when the then Maine EMS Director sent out a letter stating that all EMS personnel came under the jurisdiction of the Maine EMS Board, regardless of whether they were working for an EMS agency, in a hospital or urgent care center, or at a manufacturing facility. The result was the original language currently in Sec. 1, 32 MRSA, ss85, sub-7, *rendered in a person's capacity as an employee.....*

As currently written, this appears to block a contractual relationship between a hospital or healthcare facility that would allow an ambulance to be stationed at a location in case patients needed to be transported, while allowing the EMS staff to work in the facility as Techs under delegated practice. They would be Techs while working in the facility following an established job description with the appropriate education and credentialing, but then become EMS providers, following Maine EMS rules and protocols, should a patient need to be transported to another location.

Since this original language was adopted, we have heard from DHHS that the language is unnecessary because hospitals and healthcare facilities already have the right to utilize staff in their facilities as employees, contractors, or volunteers that have a job description, education, and are credentialled for the job they are tasked with performing.

I would encourage you to either add the requested language to alleviate the confusion surrounding the current language, or strike all of the related language in the statute so that hospitals and Healthcare facilities can follow the guidance from the Federal Government.

Thank you for your consideration, and I'll answer any questions you may have.

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