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## Testimony of the Maine Municipal Association

Neither For Nor Against

LD 245 – An Act to Implement the Recommendations of the Blue Ribbon Commission to Study Emergency Medical Services in the State

## February 10, 2025

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Criminal Justice and Public Safety Committee, my name is Rebecca Graham, and I am testifying neither for nor against LD 245, at the direction of MMA's Legislative Policy Committee (LPC). Our LPC is made up of individuals from across Maine with municipal officials elected by their peers across Maine's 35 Senate districts representing communities with very different access to available enforcement resources and local capacity.

While there are significant issues facing public safety across Maine, including EMS services, officials are concerned that as drafted, the bill does not advance previously recommended solutions to address the significant uncompensated E-911 responses that most communities are shouldering and instead creates another permanent bureaucratic board with redundant duties to the existing state and regional boards that may further delay implementing previous recommendations or sensible solutions. On the surface, this seems to implement just a return of the previous commission permanently that was intended to be temporary.

Officials appreciate the recognition that a municipal place on the proposed board is necessary should this bill pass, and has been proposed as drafted. It may be helpful to offer some known functional solutions the committee could enact now without another commission, and ones that municipal officials have expressed constitute real fixes that would aid all emergency medical services regardless of their area.

**Reimbursements for "on scene" care**: Municipal ambulance and rescue services are providing care on scene on a regular basis that would be compensated were the same treatment to result in a transport or be provided in an emergency room or medical office setting. Despite providing life saving care on the side of the road, or in a parking lot, unless an individual consents to transport to a facility, the care is not compensated for leaving the service and ultimately the community through taxation with the full cost of the care. Many of those receiving this care either have insurance or presumptive eligibility for coverage and will go on to receive additional care in a clinical setting only because of the uncompensated care first provided by first responders. Officials believe the act of transport alone should not be the trigger to enable the service to bill for the replacement of medicines and stabilizing treatment to serve the next emergency.

**Broader state-wide access to EMT Certification:** During regional meetings held with MMA this fall, northern communities shared their challenges with accessing EMT training, due to a lack of qualified instruction during appropriate hours and distances to their municipalities. Despite having ample volunteers who desired to receive the training and serve, and satellite community college and University

spaces, these communities were instead challenged by training offerings that were only held during the day, and over an hour away, excluding access for individuals who held other jobs in the community to become certified. One reason is that such courses are often provided at adjunct faculty wages well below the hourly rate for the advanced trained professionals receive for working in their normal roles.

In rural communities, the part-time model for staffing is crucial to guarantee an ambulance response when the calls for service regionally are far below a sustainable level for full-time staffing. Some communities have even rented apartments to provide per diem employees an opportunity to serve far away from their home and protect a 5 minute response time model while also providing experience for new emergency medical technicians who are not local, which are often necessary to work for a larger community.

Appropriate compensation to meet the qualifications of the individuals necessary to carry out the instruction and statewide accessible training in a hybrid environment is an immediate solution to the EMS workforce challenges in Maine.

Officials ask the committee to consider enacting some immediate solutions to these well determined needs, while debating the merits of a permanent commission and the ability for it to deliver future solutions in conjunction with the existing regional and state level councils.