

Testimony of William O'Neal

Director, Maine Bureau of Emergency Medical Services (Maine EMS)

Department of Public Safety

IN SUPPORT of LD 2132

"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"

Presented by Senator TALBOT ROSS of Cumberland, for Public Hearing Feb 11, 2026

BEFORE THE JOINT STANDING COMMITTEE ON CRIMINAL JUSTICE AND PUBLIC SAFETY

Senator Beebe-Center, Representative Hasenfus, and honorable members of the Joint Standing Committee on Criminal Justice and Public Safety

My name is Wil O'Neal, and I am the Director of Maine Emergency Medical Services. I am here today to testify in strong support of LD 2132, a department bill.

This legislation proposes essential updates to the Maine Emergency Medical Services Act of 1982. These changes are necessary to ensure the completeness of our statewide trauma data and the integrity of our licensing system.

Our original intent with this bill was to also ensure compliance with trauma reporting to our board as required in statute. We are pleased to report that we are continuing robust discussions with our trauma hospital partners that we are excited to continue in a work session

We have had tremendous success in our Cardiac Arrest Registry data reporting, and our participation with Emory hospital in the nationwide dataset, including our Quality improvement review and recognition of dozens of EMS Clinicians and Dispatchers for Pre-hospital Cardiac Arrest Resuscitation. Unfortunately, our efforts in prehospital trauma are not as robust. Since the current Trauma Registry's inception in 1993, Maine EMS has run into consistent barriers in our efforts to establish a State-Wide Trauma Registry or provide its tremendously valuable link to the National Trauma Data Base, where partners like NHTSA, CMS and others look for data to make decisions, structure projects, and provide funding and other resources to States.

This bill clarifies that all entities involved in the delivery and education of emergency medical services are properly vetted and held to professional standards, as the EMS Board was directed to do in P.L. 1999 c.182, which requires the Board to establish by rule requirements for

certification and licensing of persons engaged in emergency medical services education and training. The bill clarifies the legislature's intent that such licensure is required of emergency medical services educators and training centers. This is another portion of the bill that will require larger community support for a standard definition of EMS Instructor which is not currently available.

We are seeking another technical change to bring our statute in line with other professional boards, by not only maintaining the existing misdemeanor criminal penalty for unlicensed practice but also providing a civil pathway for resolution. More tools in our toolbox allow us to have a more fair and surgical approach to resolve the many circumstances that may lead to unlicensed practice.

Finally, the bill makes a small but important technical change to reflect the nature of the new State Supported 4 Region Model (SS4RM) by amending the definition of a "Regional council" to be defined as an "entity" rather than a "business entity," recognizing the diverse organizational structures these councils may take.

LD 2132 implements changes necessary for Maine EMS to provide data-driven improvements to our State-wide trauma system, and to continue to improve and maintain the high standards of Maine's EMS education and licensing system.

Thank you, I am more than happy to participate in any work sessions around this bill, and here to answer any questions you may have.

Wil O'Neal

Director, Maine EMS