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Testimony of Jason Cooney of Topsham, Maine
Neither for Nor Against
LD 484
An Act Regarding the Department of Public Safety
Before the Joint Committee on Criminal Justice and Public Safety

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

My name is Jason Cooney. I currently serve as a Licensing Agent and Staff Liaison to the Rules Subcommittee of Maine EMS, within the Department of Public Safety. However, I am here today in my capacity as a Paramedic within the State of Maine, and as a private citizen. My testimony today is not representative of the opinions or position of Maine Emergency Medical Services, the Department of Public Safety, or the Executive Branch. I am not receiving any compensation for this testimony; it was prepared on my own time without State resources and I have taken a personal day to be here.

I am here today testifying **Neither For Nor Against** LD 484, an Act Regarding the Department of Public Safety, as amended by its sponsor. I firmly believe that this legislation is *rapidly* needed by the EMS community in the State of Maine, to ensure continued life-saving care for patients, **and must be emergency legislation.**

I have spent my entire life, and career within the State of Maine. I was initially licensed in the State of Maine as an EMT while I was in high school. One of the first incidents I ever managed was a fellow classmate of mine, during school, who was seated next to me and who had a seizure. Luckily, this seizure was self-limiting, and did not require medication intervention. However, I am before you today because I could only imagine the horrors of the “what ifs” – what if it wasn’t self-limiting. What if it required an ambulance to respond, with trained personnel, who couldn’t stop the seizure and get my classmate breathing because they couldn’t have midazolam – a benzodiazepine classified as a Schedule IV controlled substance, and currently part of Maine EMS’s protocols for the treatment of a prolonged seizure.

The use and storage of controlled substances by EMS have legally been a grey area for decades – EMS was not originally included within the federal Controlled Substances Act of 1970, or “CSA”. In 2011, according to a CDC brief, the DEA asserted that the CSA did not allow for the dispensing of controlled substances under a standing order – and that the use of controlled substances could not occur

outside the physical presence of a physician. These challenges led to the Protecting Patient Access to Emergency Medications Act of 2017, or the PPAEMA. This federal legislation amended the Controlled Substances Act to allow DEA registration for EMS agencies, and the use of controlled substances under standing order(s) by EMS Clinicians working for ***a registered EMS agency***. Like many other pieces of federal legislation, it required rulemaking by the DEA to implement. In 2020, the DEA released a proposed rule implementing the PPAEMA for public comment. Without advance notice, the DEA published its final rule, with some changes, on February 5, 2026, and made that rule effective on March 9.

Maine EMS's system has relied for decades on the good-will of its local community hospitals – who have helped to provision, organize, record-keep, and account for medications, including controlled substances. This relationship has had little benefit for those hospitals, who often supplied those medications at cost, other than the understanding that it was the only way for EMS agencies to receive those medications – placing those hospitals within the same legal grey areas EMS agencies operate in. Hospitals have to be mindful of DEA rules regarding distribution of controlled substancesⁱⁱ, and are the responsible party if controlled substances go missing, are diverted, or stolen.

Registration is not currently open to EMS agencies within the State of Maine, because the DEA does not believe that Maine's laws currently authorize EMS agencies to procure, possess, furnish, or administer controlled substances, which is a required component for registration according to the DEA's Ruleⁱⁱⁱ). The legislation before you directly address that problem by explicitly authorizing those activities for the many components of the EMS system who provide the level of service where controlled substances are necessary.

This legislation also authorizes the Board to engage in rulemaking. This accomplishes two goals; first, it allows the Board to specifically address components currently in Maine EMS's rules related to drugs and medications, which includes controlled substances. Second, where there are many unknowns about this legislation, it allows the Board to utilize its rulemaking to respond to any additional requirements that may be necessary to ensure our system continues its access to controlled substances.

If the committee has any questions, I would be more than happy to answer as I am able.

Thank you for your time and consideration.

Jason J. Cooney of Topsham, Maine.

ⁱ The Protecting Patient Access to Emergency Medications Act, *Public Health Law, Center for State, Tribal, Local, and Territorial support (proposed) Centers for Disease Control and Prevention, May 30, 2018, accessed on March 17, 2026 at: <https://www.cdc.gov/php/docs/brief-ema.pdf>.*

ⁱⁱ 21 C.F.R. § 1307.11(iv) – Distribution by dispenser to another practitioner – “The total number of dosage units of all controlled substances distributed by the practitioner pursuant to this section and § 1301.25 of this chapter during each calendar year in which the practitioner is registered to dispense does not exceed 5 percent of the total number of dosage units of all controlled substances distributed and dispensed by the practitioner during the same calendar year.”

ⁱⁱⁱ 21 C.F.R. § 1301.20(a) – “An emergency medical services agency shall be issued a registration under § 1301.13 if the agency submits an application **demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices**, unless the Administration determines that the issuance of such a registration would be inconsistent with the requirements of 21 U.S.C. 823(k) or the public interest based on the factors listed in 21 U.S.C. 823(g)” [emphasis added]