



16 DEPARTMENT OF PUBLIC SAFETY

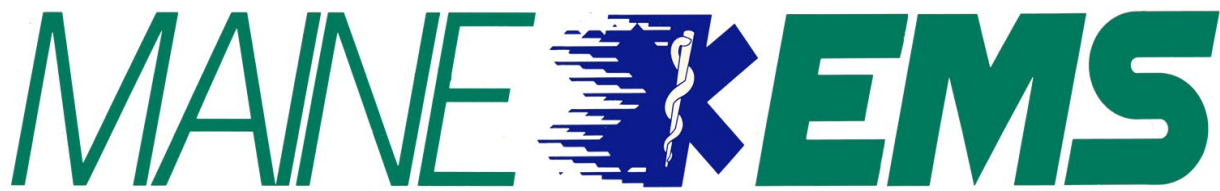
163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM

**CHAPTERS 1-27: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES
EFFECTIVE February 25, 2025**

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DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 1: MISSION, VISION, GOALS AND CORE VALUES OF THE MAINE EMS SYSTEM

§1. Mission

The Legislature of the State of Maine created the EMS Act to "promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care...with standards for all providers...." The Maine EMS system consists of emergency medical dispatchers, out-of-hospital and hospital patient care providers, system planners, and system coordinators. It is their mission to provide emergency patient care, enforce minimum baseline standards and encourage optimum standards. Maine EMS system personnel in every capacity and position in the system, whether paid or volunteer, will be respected as professionals and judged by professional standards for that capacity or position.

§2. Vision

Maine EMS' vision is to ensure the successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation. To this end, Maine EMS and its regional councils will coordinate and facilitate the establishment of standards by consensus of EMS system personnel and will promote and enforce those standards. Maine EMS will strive to facilitate the operation of this system and its personnel through the coordination of provider services and personnel, promotion of the system and recognition of the importance of volunteers to the system. Maine EMS will develop resources to improve the professional capabilities of team members and to make EMS work safe, healthful, and satisfying.

§3. Goals and Core Values

1. Maine EMS will fulfill its mission and pursue its vision in accordance with the Maine EMS work plan and the following core values:
 - A. Excellence in out of hospital care;
 - B. Support and guidance to system providers and organizations;
 - C. Collaboration and coordination with the overarching health care system; and
 - D. Integrity, transparency, and fairness.

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April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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1 **16 DEPARTMENT OF PUBLIC SAFETY**

2 **163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

3 **CHAPTER 2: DEFINITIONS**

4 As used in these Rules, unless the context indicates otherwise, the following terms have the following
5 meanings:

6 **§1. ADVANCED EMERGENCY MEDICAL TREATMENT** means those portions of emergency
7 medical treatment:

- 8
- 9 1. Defined by the board to be advanced; and
- 10
- 11 2. That the board determines may be performed by persons licensed under this chapter within a
12 system of emergency care approved by the board when acting under the supervision of:
- 13
- 14 A. An appropriate physician; or
- 15
- 16 B. A physician assistant or nurse practitioner, licensed by the State, and authorized by
17 a hospital to supervise and direct the actions of an emergency medical services
18 person.
- 19

20 **§2. AMBULANCE** means any vehicle, whether an air, ground or water vehicle, that is designed,
21 constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The
22 licensing of these vehicles is in addition to any registration required by any other authorities. For the
23 purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National
24 Guard or the United States armed forces are not considered ambulances.

25

26 **§3. AMBULANCE SERVICE** means any person, persons, or organization, which holds itself out to
27 be a provider of transportation for ill or injured persons or which routinely provides transportation for ill
28 or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National
29 Guard, and the United States armed forces are not considered ambulance services. It does not mean a
30 person, persons, or an organization which transports ill or injured persons for reasons not connected with
31 their illness or injury. It does not mean a nursing home licensed under 22 M.R.S. chapter 405, a
32 children's home licensed under 22 M.R.S. chapter 1669, a boarding home licensed under 22 M.R.S.
33 chapter 1663, or similar residential facility when transporting its own residents or those of another
34 similarly licensed facility when those residents do not require emergency medical treatment. The types of
35 Ambulance Services licensed by Maine EMS are listed below:

36

- 37 1. **Ground Ambulance Services** are those services licensed by the Board that treat patients
38 and transport them in ambulance vehicles that are licensed by the Board and are designed to
39 be operated on the roads and highways of the State.
- 40
- 41 2. **Scene Response Air Ambulance Services** are those services licensed by the Board that
42 transport patients, utilizing aircraft licensed by the Board, from the scene of the patient's
43 illness or injury to the hospital or provide air transfer of patients being transferred from a
44 hospital or health care facility to another place.
- 45

- 46 3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport
47 patients utilizing aircraft licensed by the Board and that may only provide air transfer of
48 patients being transferred from a hospital or health care facility to another place.
49
- 50 4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the
51 Board and that utilize aircraft licensed by the Board to provide limited air ambulance
52 services in order to meet a need within the State not otherwise fulfilled by a Scene Response
53 Air Ambulance Service or a Transfer Air Ambulance Service.
54

55 **§4. BASE LOCATION** has the following meanings dependent upon the type of service license held:
56

- 57 1. For services licensed as Ground Ambulance Services, Scene Response Air Ambulance
58 Services or Restricted Response Air Ambulance Services, Base Location means the physical
59 location within a municipality, designated by the service, and approved by the Board, from
60 which a service responds its ambulances.

61 Ground Ambulance Services may position ambulances within municipalities abutting the
62 municipality in which the Base Location is situated, for the purpose of enhancing emergency
63 response.

- 64 2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means
65 that the service maintains a single phone listing for public access.
66

67 **§5. BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency
68 medical treatment:
69

- 70 1. Defined by the board to be basic; and
71
- 72 2. That the board determines may be performed by persons licensed under 32 M.R.S. Chapter
73 2-B within a system of emergency care approved by the board when acting under the
74 supervision of:
75
- 76 A. An appropriate physician; or
77
- 78 B. A physician assistant or nurse practitioner, licensed by the State, and authorized by
79 a hospital to supervise and direct the actions of an emergency medical services
80 person.
81

82 **§6. BOARD** means the Emergency Medical Services Board established pursuant to 32 M.R.S.
83 Chapter 2-B, §88.
84

85 **§7. BOARD APPROVAL.** When no other method of gaining Board approval is specified, the
86 person who seeks the approval shall apply in writing to the chairperson of the Board in care of the office
87 of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under
88 which approval is sought and the grounds in support of the request.
89

90 **§8. CERTIFICATE** means a document issued as evidence that a person has completed a course of
91 training or a particular test or recertification.
92

93 **§9. CPR TRAINING** means completion of a Cardio-Pulmonary Resuscitation (CPR) program.
94 This is interpreted to include semiautomatic defibrillation when that module is successfully completed.
95

96 **§10. DEPARTMENT** means the Maine Department of Public Safety.
97

98 **§11. EMERGENCY MEDICAL CALL** means any event which is perceived to threaten the life,
99 limb, or well-being of an individual in such a manner that a need for emergency medical treatment is
100 created.
101

102 **§12. EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means a
103 system approved by the Emergency Services Communications Bureau and the board that includes:
104

- 105 1. A protocol for emergency medical dispatcher response to calls.
- 106
- 107 2. A continuous quality improvement program that measures compliance with the protocol
108 through ongoing random case review of each emergency medical dispatcher; and
109
- 110 3. A training curriculum and testing process consistent with the protocol.
111

112 **§13. EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds itself out to be
113 a provider of emergency medical dispatch services.
114

115 **§14. EMERGENCY MEDICAL DISPATCH SERVICES** means any of the following services
116 provided in the context of an emergency call made to the E-9-1-1 system:
117

- 118 1. Reception, evaluation, or processing of calls.
119
- 120 2. Provision of dispatch life support.
121
- 122 3. Management of requests for emergency medical assistance; and
123
- 124 4. Evaluation or improvement of the emergency medical dispatch process, including
125 identifying the nature of an emergency request, prioritizing the urgency of a request,
126 dispatching necessary resources, providing medical aid and safety instructions to the caller,
127 and coordinating the responding resources as needed.
128

129 **§15. EMERGENCY MEDICAL DISPATCHER** means a person licensed by the Board who
130 provides emergency medical dispatch services as a member of an emergency medical dispatch center
131 licensed by the Board.
132

133 **§16. EMERGENCY MEDICAL SERVICES AMBULANCE OPERATOR** means a person
134 associated with a licensed ground ambulance service who operates an ambulance in emergency mode or
135 transports patients and is not licensed under 32 M.R.S. §85.
136

137 **§17. EMERGENCY MEDICAL SERVICES PERSON** means any person who routinely provides
138 emergency medical treatment to the sick or injured. The following persons are not considered to be
139 routinely providing emergency medical treatment for the purpose of these Rules and may provide
140 emergency medical treatment only as specified below when called upon:
141

1. Those persons as specified in 32 M.R.S. §82(2) subject to any restrictions stated in that section.
2. Any person having CPR or hemorrhage control training, for the purpose of providing those skills within the scope of that training.
3. Any person who provides automatic external defibrillation in accordance with 22 M.R.S. §2150-C;
4. Any person who administers Naloxone Hydrochloride in accordance with 22 M.R.S. §2353 and is not licensed in 32 M.R.S. §85
5. Any student currently enrolled in a course leading to licensure may practice procedures learned in that course when that student:
 - A. Has received permission to practice those procedures from the Maine EMS authorized Training Center conducting the course.
 - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator.
 - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,
 - D. Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.
 - E. If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

§18. EMERGENCY MEDICAL SERVICES VEHICLE means a vehicle, authorized by Maine EMS pursuant to 29-A M.R.S. §2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

§19. EMERGENCY MEDICAL TREATMENT means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

§20. EMERGENCY RESPONSE MODE means the operation of the ambulances or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A M.R.S.

190 **§21. EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency Services
191 Communication Bureau within the Public Utilities Commission.

192
193 **§22. FAA** means Federal Aviation Administration.

194
195 **§23. FAR** means Federal Aviation Regulations

196
197 **§24. FULL TIME DISPATCH** means a communications center that:

- 198
199 1. Operates twenty-four hours per day.
200
201 2. Records telephone and radio transmissions regarding calls for medical assistance.
202
203 3. Communicates with emergency medical services providers via two-way radio and other
204 methods.

205
206 **§25. LICENSE** means a full, temporary, provisional, or conditional license issued under these Rules.

207
208 **§26. LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is located outside the
209 State of Maine provided that it is licensed in another state or territory, does not maintain a base of
210 operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

211
212 **§27. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the Board, the
213 emergency medical services director, and staff within the Department of Public Safety responsible for
214 carrying out the responsibilities of 32 M.R.S. §81 et seq. and these Rules.

215
216 **§28. MEDICAL CONTROL** is physician supervision of pre-hospital emergency medical care. More
217 specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is
218 medically appropriate. Medical Control includes:

219
220 1. Online Medical Control:

- 221
222 A. The contemporaneous physician direction of a field provider utilizing
223 telecommunications, or in-person contact.
224
225 B. This physician direction may be provided by a Physician Assistant or Advanced
226 Practice Registered Nurse delegated by the physician(s) charged with medical
227 oversight, pursuant to 32 M.R.S. §83(17-A).

228
229 2. Medical Direction:

- 230
231 A. The administrative medical direction of EMS personnel by a physician as
232 designated in these Rules. Medical Direction includes interaction with operational
233 and administrative aspects of EMS (for example, education and training, quality
234 improvement, ambulance staffing, dispatch issues, and hospital destination).

235
236 **§29. MEDICAL DIRECTION AND PRACTICES BOARD** means the board consisting of each
237 regional medical director, an emergency physician representing the Maine Chapter of the American
238 College of Emergency Medicine Physicians, an at-large member, a toxicologist or licensed pharmacist, a

person licensed under 32 M.R.S. §85 to provide basic emergency medical treatment, a person licensed under 32 M.R.S. §85 to provide advanced emergency medical treatment, a pediatric physician, the statewide associate emergency medical services medical director and the statewide emergency medical services medical director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services protocols.

§30. NON-EMERGENCY MEDICAL CALL means a situation in which an immediate response to a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening medical deterioration of a person.

§31. NON-EMERGENCY RESPONSE MODE means operation of the ambulance or emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

§32. NON-TRANSPORTING SERVICE means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer or provide services to the general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be a non-transporting service. For the purposes of this definition, “routinely” means regularly, as part of the usual way of doing things.

§33. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES means the administrative unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the purposes of 32 M.R.S. §81, et seq. Responsibility for implementation, enforcement and administration of these Rules is delegated to the Director of the Office.

§34. PATIENT CARE REPORT means the report generated and filed by Ambulance Services and Non-Transporting Services documenting each request for service or for each patient when more than one patient is involved.

§35. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) means a transfer of a patient after initial assessment and stabilization from and to a health care facility, or other location designated by medical control or a primary patient care physician, conducted in accordance with the Maine EMS PIFT guidelines.

§36. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE means a Maine EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after fulfilling the PIFT Service eligibility requirements.

§37. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER means a Maine EMS Paramedic who has completed the Maine EMS PIFT Training Program.

§38. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL means the written statement approved by the Medical Direction and Practices Board and filed with the Board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons. These protocols are coordinated and published through Maine EMS as a single, statewide common set of protocols.

287 **§39. PROVIDER** of emergency medical dispatch services means an Emergency Medical Dispatcher
288 or Emergency Medical Dispatch Center licensed by the Board.
289

290 **§40. PUBLIC SAFETY ANSWERING POINT (PSAP)** has the same meaning as in 25 M.R.S.
291 §2921.
292

293 **§41. REGIONAL COUNCILS** mean those business entities recognized by the Board that represent
294 the various geographical areas of the state, as designated by the Board, with respect to matters subject to
295 32 M.R.S., §81 et seq. and these Rules.
296

297 **§42. REGIONAL MEDICAL DIRECTOR** means the physician designated in each EMS region by
298 the regional council, subject to approval by the Board, to oversee all matters of medical control and to
299 advise the regional council on medical matters. In approving the regional medical director, the Board will
300 be advised by the regional council for the region.
301

302 **§43. RESPONSE ASSIGNMENT PLAN** means a Maine EMS-approved plan developed by a Maine
303 licensed service and its service medical director that establishes the service's response in accordance with
304 Maine EMS Emergency Medical Dispatch (EMD) protocol determinant codes.
305

306 **§44. ROUTINELY** means the median annual call volume for the lowest 10% of all Maine EMS-
307 licensed ground ambulance and non-transporting services for the preceding year, calculated and applied
308 separately as it pertains to those defined services and ambulance licensure with the least of the median
309 figures applied as it relates to other defined services, emergency medical services persons, or persons
310 licensed by the Board.
311

312 **§45. SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or a nurse practitioner who
313 has completed the required clinical experience pursuant to 32 M.R.S. §2102(2-A), who assumes primary
314 responsibility to ensure quality medical care for the service. A physician assistant may assist in this role
315 under the direct supervision of a physician; however, the supervising physician must be identified to
316 Maine EMS as the medical director.
317

318 **§46. STATE LICENSURE EXAMINATIONS** mean the written (cognitive) tests and practical
319 (psychomotor) evaluations approved by the Board and used to determine the minimum competency of a
320 person seeking licensure as an EMS provider.
321

322 **§47. TRAINING CENTER** means an entity that meets the requirements of the Maine EMS Training
323 Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved EMS educational
324 courses and training programs leading to EMS provider licensure.
325

326 **§48. TRAUMA** means a single or multisystem life-threatening or limb-threatening injury requiring
327 immediate medical or surgical intervention or treatment to prevent death or permanent disability.
328

329 **§49. WILDERNESS EMERGENCY MEDICAL TECHNICIAN (WEMT)** means the graduate of
330 any wilderness emergency medical technician course who may apply the principles of care taught in that
331 course as defined. This is not a Maine EMS licensure level in itself but is a certification of skills and
332 knowledge that may be employed by those licensed by Maine EMS.
333

334 **§50. 9-1-1 PRIMARY RESPONSE AREA** means the geopolitical subdivision(s) where the agency
335 provides response to a scene location for an Emergency Medical Call.

AUTHORITY: 32 M.R.S., §§84, 85-A, 88

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 April 30, 1985 – Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 – Sec. 1, 6, 8.15, 8.2, 8.3, 8.4 and 11.103
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING
SERVICE LICENSES**

§1. No ground ambulance service or non-transporting service shall operate unless it is duly licensed by the Board under these Rules.

§2. License Factors - A ground ambulance service license or a non-transporting service license is issued for a specific:

1. Service Type - which may be:

A. A Non-Transporting Service; or

B. A Ground Ambulance Service

2. License Level - which may be:

A. Emergency Medical Responder (EMR) - (only if the service is licensing as a Non-Transporting Service type); or

B. Emergency Medical Technician (EMT); or

C. Advanced EMT (AEMT); or

D. Paramedic

3. Permit Level – which may be:

A. Emergency Medical Technician (EMT) (only if a service is licensing as a Non-Transporting Service type); or

B. Advanced Emergency Medical Technician (AEMT); or

C. Paramedic

4. Ownership

A. Upon request of the Board, an applicant for, or licensee of, a ground ambulance service or non-transporting service license must provide the Board with the identity and legal status (e.g., municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds or is making

application for the license. Failure to provide this information may result in an application being treated as incomplete

5. 9-1-1 Primary Response Area

- A. A service receiving a request to respond to an emergency medical call outside of its 9-1-1 Primary Response Area shall coordinate with that 9-1-1 Primary Response Area's ground ambulance service to ensure the most appropriate response based on patient status.
- B. A 9-1-1 Primary Response Area does not include the area to which the service may be made available for interfacility transfer operations.
- C. A 9-1-1 Primary Response Area as determined by this section shall not be construed as prohibiting a service from responding to a request from another licensed service authorized in that 9-1-1 Primary Response Area.

6. Notwithstanding paragraph(s) one (1) through four (4) above, an applicant for a ground ambulance service may be issued a license without a 9-1-1 Primary Response Area to perform interfacility transfer operations. A service is not required to list a 9-1-1 Primary Response Area to receive licensure. A service without a 9-1-1 Primary Response Area may not provide primary response to a scene location for an emergency medical call unless in the presence of extraordinary circumstances and that service meets the provision of this chapter, §2(5)(A).

7. Base Location.

- A. A service must be separately licensed for each base location from which it operates, except that a service may apply for a single license to operate from multiple locations provided it has a Service-Level Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors.

- 1. A service must apply for and receive a new license in order to change one or more licensing factors. However, a service may apply for a new permit level, or the removal of a 9-1-1 Primary Response Area, on a renewal application form.

§4. Approval of License.

- 1. Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, deny, or conditionally grant the license within seventy days.

2. The Board shall issue a license with a defined 9-1-1 Primary Response Area when a need is demonstrated based on the following criteria:

- A. The Board finds the applicant's proposed response time(s), enroute time(s), transport time(s), and time-tolerance(s) are sufficient to protect the health, welfare, and safety of the public within the 9-1-1 Primary Response Area based on evidence provided;
- B. If the 9-1-1 Primary Response Area is currently served by a licensed ground ambulance or non-transporting service, the proposed times above are maintained or improved;
- C. Public comment(s) received;
- D. Discipline undertaken by the Board and any Letters of Guidance that have not expired for the ambulance service currently serving the 9-1-1 Primary Response Area, and the service applying to serve the 9-1-1 Primary Response Area;
- E. An evaluation of the potential impact upon existing ground ambulance and non-transporting services; and,
- F. The character of the ownership of a proposed service.

3. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Ch. 375 Subchapter VII.

§5. Licensing Standards

- 1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00
 - C. Demonstrate to Maine EMS that:
 - 1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed 9-1-1 Primary Response Area, unless the applicant is applying for licensure without a 9-1-1 Primary Response Area for interfacility transport operations only. The notice must state:

- a. The name and legal status of the entity making application;
 - b. The name of the proposed service;
 - c. The type of service proposed;
 - d. The proposed license level to be provided;
 - e. The name(s) of the geopolitical subdivision(s) within the proposed 9-1-1 Primary Response Area;
 - f. That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
 - g. The current mailing address of the Maine EMS office.
2. The applicant possesses the equipment required by these Rules for the type of service and license level proposed.
3. The applicant can provide personnel required by these Rules for the type of service and license level proposed.
4. The applicant, if applying for a license that includes a 9-1-1 Primary Response Area, has made adequate arrangements for full-time dispatch.
5. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules and the designated Maine EMS statewide frequency "155.385."
6. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
7. If the application is for a non-transporting service, the non-transporting service has either;

- 180 a. Entered into written agreements with the ambulance
181 services which will transport its patients, guaranteeing
182 continuity of care for the patient and simultaneous
183 dispatch of the non-transporting and ambulance
184 services; or,
185
186 b. Otherwise addresses these concerns in a plan as
187 approved by Maine EMS which includes as a
188 component a written agreement of this nature with at
189 least one (1) ambulance service.
190
191 c. An ambulance service is not required to approve of or enter
192 into a written agreement with a non-transporting EMS
193 service.
194
195 d. A service licensed without a 9-1-1 Primary Response
196 Area may not serve as the ambulance service
197 transporting a non-transporting EMS service's patients.
198
- 199 8. The applicant has established a service level Quality Assurance/Quality
200 Improvement Committee (for approval under 32 M.R.S. §92-A) or has
201 identified a Board-approved Quality Assurance/Quality Improvement
202 committee in which the service will participate, and has submitted a
203 quality assurance plan that is subject to Maine EMS approval.
204
- 205 9. The applicant meets the quality assurance/quality improvement
206 requirements of Chapter 18 of these Rules.
207
- 208 10. The applicant has designated a service director, who shall act as the point
209 of contact for the service.
210
- 211 11. The applicant has designated a person whose serves as the training and
212 education point of contact for the service.
213
- 214 12. The applicant has identified the designated infection control officer for the
215 proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of
216 emergency response employees in the State of Maine must have a
217 designated infection control officer (ICO) for the purposes of receiving
218 notifications and responses and making requests under 42 U.S.C.
219 Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the
220 ICO name and contact information to Maine Emergency Medical
221 Services, and promptly notify Maine EMS of any changes in ICO
222 during the term of its license. Maine EMS will provide this information
223 to the Department of Health and Human Services, Maine Center for
224 Disease Control, Division of Infectious Disease.

13. The applicant, if applying for a license or permit to the Advanced EMT (AEMT) or Paramedic levels, has a service-specific medical director.
 14. If the applicant lists a service-level medical director, the application must include a medical director agreement.
 15. The applicant has in the case of a proposed service requesting a license or permit to administer drugs/medications entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications pursuant to these Rules.
 16. If the applicant intends to provide Paramedic Inter--Facility Transfers (PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.
 17. The applicant has submitted a safety program that addresses its patients, personnel, and the general public during operations.
- D. If applying for licensure with a 9-1-1 Primary Response Area, the applicant must define their proposed en-route time(s), response time(s), transport time(s), and time tolerance(s) for each geopolitical subdivision(s) in the proposed service area, based on and including the following;
1. Population count within the proposed service area;
 2. Square miles within the proposed service area;
 3. Availability of ambulance and crew;
 4. Number of anticipated requests for each type and level of ground ambulance transport service in the proposed service area;
 5. Available routes of travel within the proposed service area;
 6. Dispatch agreement/response plan, including details about the level of response;
 7. Geographic features and environmental conditions within the proposed service area; and,

8. Healthcare entities within the proposed service area and Healthcare Receiving Facilities that will likely receive transports from the proposed service area.

E. If the 9-1-1 Primary Response Area is currently served by a licensed ground ambulance service AND:

1. The current ground ambulance service is voluntarily relinquishing that 9-1-1 Primary Response Area, the applicant must provide a signed and notarized letter from the service director of the ground ambulance service currently licensed for that 9-1-1 Primary Response Area indicating their intent to relinquish that area; OR,

2. If the current ground ambulance service is NOT voluntarily relinquishing that 9-1-1 Primary Response Area, the applicant must provide:

a. A signed and notarized letter from the geopolitical subdivision(s) within a pre-existing 9-1-1 Primary Response Area who are seeking to replace the authorized ground ambulance service; and,

b. A Consultancy Report.

i. The applicant must provide a report from a third-party, disinterested consultant, with experience evaluating the efficiency and delivery of emergency medical services that:

1. Indicates changing ground ambulance services is in the best interest of the residents of the geopolitical subdivision(s);
2. Acknowledges and defends that the change(s) will maintain and/or improve patient care quality;
3. Acknowledges and defends that the change(s) will improve system efficiencies and use of resources; and,
4. Acknowledges and defends that the change(s) maintain and/or enhance response efficiencies.

- ii. The above report must be dated within sixty (60) business days of the application's acceptance by Maine EMS as complete.

2. A service license is issued for a period of up to 12 months, with a November 30 expiration.

3. Notwithstanding the notice requirements of §5(1)(C)(1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the 9-1-1 Primary Response Area(s) listed in the applicant's application.

§6. Renewal of Service License

1. A licensee shall submit an application for renewal prior to the expiration date of the license.

A. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

1. The application shall not require a service applying for licensure renewal to comply with this chapter §4(2) and §5(1)(D).

B. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

C. In order to obtain a license renewal, a service must:

1. Apply on forms available from Maine EMS.

2. Submit a fee of \$100.00.

3. If the applicant intends to provide Paramedic Inter-Facility Transfers (PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

D. Demonstrate, as may be required by Maine EMS, that it meets the licensure requirements called for in these Rules.

§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting Service Licensees

1. A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level, except:

A. When the service's response is in accordance with a Maine EMS-approved Response Assignment Plan.

2. The phrase "able to provide care" means that the EMS person who is licensed at or above the service license level must be in the ambulance. If the higher-level EMS person is in the ambulance, he or she is able to render care. The higher-level EMS person must assess the patient prior to transport and determine that the lower-level EMS person can appropriately provide care during transport. In addition, the higher-level EMS person who is driving the vehicle needs to have the ability to communicate constantly with the lower-level EMS person who is caring for the patient. If the patient's needs change, the higher-level EMS person must switch roles with the lower-level EMS person.

3. A ground ambulance service or non-transporting service must notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

4. A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:

A. Apply on forms available from Maine EMS

B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.

C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).

D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.

E. Apply for new permission to provide a higher level of care by notifying Maine EMS.

5. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. A board permit to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

6. A ground ambulance service or non-transporting service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except when Maine EMS has approved the service's supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.

7. A ground ambulance service or non-transporting service must establish a written driver training program and/or standard operating procedure(s) for the operation of Ambulances and Emergency Medical Service Vehicles licensed by Maine EMS, that at a minimum includes the following:

A. Use of Seatbelts

B. Emergency Vehicle Response to:

1. Emergency Medical Call(s); and,

2. Non-Emergency Medical Call(s)

C. Operator Requirements for Program Participation:

1. Must hold a valid state driver's license

D. Initial Training:

1. Initial training must consist of the following, and the Operator is not permitted to operate independently during patient transport and/or in emergent mode until the requirements of this section have been met:

- a. The Operator has completed a review of all applicable sections of 29-A M.R.S;
- b. Completion of on-road driving skills with a service's designee, to include:
 - i. Emergent mode; and,
 - ii. Non-emergent mode.
- c. An evaluation of the Operator's proficiency, knowledge, and proper operation of the specific vehicle(s) and equipment;
 - i. A satisfactory evaluation must be achieved by the Operator to meet this requirement
- d. Successful completion of an Ambulance Vehicle Operator Course, or a course that has been approved by the Board as an equivalent, according to 32 M.R.S. §86(6).

E. Service Administrator Review

- 1. The Service Director or designee must review all Operator's motor vehicle driving history on an annual basis.

F. Record Keeping

- 1. Services will maintain a record of such training and will make it available to Maine EMS upon request.

- G. §7(7) of this chapter is effective six (6) months after publication of this amended rule by the Secretary of State's Office.

§8. Availability for Emergency Response

- 1. Any ground ambulance service offering response to emergency medical calls in the service's 9-1-1 Primary Response Area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, and must also provide a detailed plan to its primary dispatch agency indicating its mutual aid agencies and the order of contact of those mutual aid agencies.
- A. Failure of a ground ambulance service to comply with these emergency response requirements will be reviewed by Maine EMS to determine if corrective action is

required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

2. A non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service's hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, and an authorized representative of the transporting service. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.
3. Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

§9. Patient Care Report

1. For each request for service, or for each patient when more than one patient is involved in a call, a service must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours.

§10. Pilot Projects

1. For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board. Such authorizations should not be construed as levels of licensure.

§11. Vehicles – General

1. Except as otherwise exempted by 32 M.R.S. §82, no vehicle shall be operated as an ambulance (from within Maine) or emergency medical services vehicle unless it is licensed or authorized in accordance with these Rules.
2. A vehicle license or authorization is valid for a period of one year, starting from the month the service license is issued.
 - A. Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one-year service license period to ensure concurrent expiration dates for service and vehicle licenses.

3. A vehicle license or authorization is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's vehicle licenses and authorizations end, and the service must apply for new vehicle licenses and/or authorizations. The fee for licensing a vehicle is \$60.00.
4. When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the applicable vehicle licensing fee. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
5. Vehicles licensed under this chapter must:
 - A. Display the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 are exempt from this requirement
 - B. Be exclusively leased or owned and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.
6. Upon request by Maine EMS, a service shall make its licensed and/or authorized vehicle(s) available for inspection to ensure that each vehicle is safe, clean, and otherwise in conformity with these Rules. If a licensed or authorized vehicle does not pass inspection and its continued operation presents a hazard to health or safety, the Board may suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 M.R.S. §10004 and 4 M.R.S. §184). Alternatively, if the continued operation of the licensed and/or authorized vehicle at the level which the service is permitted pursuant to Chapter 3 §7(3) of these rules presents a hazard to health or safety, the Board may immediately suspend the service's permit consistent with Maine Law (*see* 5 M.R.S. §10004 and 4 M.R.S. §184) and allow the service to operate at the next lowest level for which it is properly equipped. If the deficiencies are not such as to require the vehicle's immediate removal from service or the immediate suspension of the service's permit, then Maine EMS shall notify the service of the deficiencies and set a reasonable amount of time in which the service may continue to provide emergency medical services while bringing it into conformity with the law and Rules. If the licensed and/or authorized vehicle is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the licensed and/or authorized vehicle's license to provide emergency medical services.

§12. Ground Vehicles – Licensing and Authorization Requirements

1. Ground Ambulance Vehicles

A. If control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or its representative to an ambulance service, through any means, the ground ambulance vehicle must be licensed to the recipient service prior to the recipient service's operation of that vehicle as an ambulance. If temporary control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground ambulance vehicle transferred under this subsection will be considered licensed pursuant to these Rules.

B. Emergency Medical Services Vehicles

1. Any vehicle operated by a licensed service that is not already licensed as a fire department vehicle or ambulance, may be authorized by Maine EMS as an emergency medical services vehicle, consistent with 29-A M.R.S. §2054 provided that vehicle:

- a. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.
- b. Meets Maine's periodic motor vehicle inspection requirements.
- c. Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.
- d. Is made available for inspection when requested by Maine EMS in order to ensure conformity with the Rules.
- e. Displays the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or displays a logo that adequately identifies the service. Vehicles temporarily transferred to a service are exempt from this requirement.
- f. Is exclusively leased or owned and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

§13. Ground Ambulance Design Requirements

1. A ground ambulance vehicle must meet the following standards to be licensed:

- A. Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.
- B. Interior size. It must meet the chassis manufacturer's specifications and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to allow an attendant to walk from head to foot of the cot; and a minimum inside patient compartment length of 122 inches at the cot level.
- C. Interior storage accommodations. The interior of the patient compartment must provide adequate stowage space for medical supplies, devices, and installed systems. For purposes of this paragraph, "stowage" is defined as the storing, packing, or arranging of ambulance contents in a secure manner so as to protect the contents from damage and the personnel from injury. Interior compartment doors, latches and operating mechanisms must operate in accordance with the manufacturer's design.
- D. Seat belts. Seat belts shall be provided in all permanent seat positions in the vehicle, including the squad bench. For purposes of this paragraph, "squad bench" is defined as a permanent, non-removable seat that is located in the patient compartment and which can serve as a seat for crew members or as a surface on which a patient may lie down.
- E. Patient restraint. The ambulance must be equipped with a multilevel patient stretcher designed for ambulances, mounted in, and detachable from the vehicle. The head of the stretcher must elevate. At least three strap-type restraining devices (chest, hip, lower extremity), not less than 2 inches wide, shall be provided for each stretcher, cot, or litter. Additionally, the head of the cot shall be furnished with upper torso (over the shoulder) restraints designed to prevent motion of the patient during severe braking or in an accident. Restraining straps shall incorporate metal-to-metal quick release buckles. The use of all lateral and shoulder straps is required while transporting a patient.
- F. Stretcher fasteners. The installed stretcher fastener device(s) for wheeled stretchers shall meet the performance requirements of the following two standards, which this rule incorporates by reference:
 1. *Ambulance Litter Integrity, Retention, and Patient Restraint Fasteners*, (J3027), July 14, 2014, edition, which is available at cost from SAE International, 400 Commonwealth Drive, Warrendale, PA 15096; or,
 2. Chapter 6 (6.22) "Patient Cot Retention" of *Standard for Automotive Ambulances* (NFPA 1917), 2019 edition, published May 24, 2018,

which is available at cost from the National Fire Protection Association,
1 Batterymarch Park, Quincy, MA.

3. Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher fasteners must be installed according to the stretcher fastener manufacturer's directions. All ambulances licensed after July 1, 2030 will need to meet these requirements.
- G. Patient compartment environmental equipment. The patient compartment shall be adequately heated, air-conditioned, and ventilated to provide for patient comfort.
- H. Communications equipment shall be adequate to allow the vehicle to contact on the regional radio frequency the hospitals to which it regularly takes patients. The ambulance shall also be able to maintain two-way communications contact with a full-time dispatching facility. All vehicles licensed or authorized by Maine EMS shall be capable of communications utilizing the designated Maine EMS statewide frequency, 155.385
- I. Attendants/driver communication. The driver and the attendants, in their working positions, must be able to speak to one another.
- J. Warning devices. All ambulances shall be equipped with a functional siren and with functional emergency warning lights, rotating, or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A M.R.S. §2054.
- K. Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of 35-foot candles of illumination measured on at least 90 percent of the cot's surface area.
- L. Name of service. Ground vehicles must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 are exempt from this requirement.
- M. Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.
- N. Suction aspirator permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free

air flow of at least 20 L.P.M. and achieving a minimum of 300 mm Hg within 4 seconds after the suction tube is closed.

O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

2. All ambulances newly manufactured after July 1, 2021, must at a minimum comply with one of the following standards, which this rule incorporates by reference:

A. National Fire Protection Agency (NFPA) NFPA 1917 (2019)

1. *Standard for Automotive Ambulances* (NFPA 1917), 2019 edition, published May 24, 2018, which is available at cost from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA.

B. Federal Specification for Star-Of-Life Ambulances (KKK-A-1822F through Change notices 13) July 2020

1. Federal Specifications for Star-Of-Life Ambulances (KKK-A-1822F (August 2007) with change notices; #8 July 2015, #9 July 2016, #10 July 2017, #11 July 2018, #12 July 2019, & #13 July 2020), which is available at cost from the Office of Motor Vehicle Management, Vehicle Publishing Division

C. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0 (July 1, 2019)

1. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0 (July 1, 2019) is available at cost from Commission on Accreditation of Ambulance Services 1926 Waukegan Road – Suite 300, Glenview, IL 60025.

§14. Ground Ambulance Vehicle Equipment Requirements

1. A ground ambulance service must possess, at a minimum, the equipment listed in Chapter 17 of these Rules, for the type of service and license level. A ground ambulance service must maintain a system to ensure the availability of this equipment on any call.

2. Upon request of Maine EMS, a ground ambulance service shall make its equipment available for inspection in order to ensure conformity with the Rules.

§15. Vehicle Operation

1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode to a location to which the ambulance or emergency medical services vehicle has been dispatched except when:
 - A. Dispatch or responding personnel do not have adequate information to determine the existence or condition of persons at a scene who may require emergency medical treatment; or,
 - B. The ambulance or emergency medical services vehicle is responding in accordance with a Maine-EMS-approved Response Assignment Plan.
2. A licensed ambulance shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.

§16. Non-Transporting Service Requirements

1. A non-transporting service must possess, at a minimum, the equipment listed in Chapter 17 of these Rules and must maintain a system to ensure the availability of this equipment on any call.
 - A. All medical equipment and medical supplies required must be latex free.
 - B. The Emergency Medical Responder (EMR) set of equipment is the minimum set of required equipment for a non-transporting service.
 - C. If a non-transporting service is licensed at the Emergency Medical Technician (EMT), Advanced EMT or Paramedic level, that service, while responding on an emergency medical call will be equipped on those calls with the equipment and supplies required by these Rules.
 - D. If the service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.
2. Upon request of Maine EMS, a non-transporting service shall make its equipment available for inspection in order to ensure conformity with the Rules.

§17. Termination of Service Licensure

1. Any ground ambulance service or non-transporting service intending to terminate its license must make written notification to Maine EMS at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the 9-1-1 Primary Response Area. The notice must state:

- A. The name of the service;
- B. The date of service termination; and,
- C. The names of the geopolitical subdivision(s) affected by the service's termination.

§18. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

- A. Change of name or address;
- B. Criminal conviction;
- C. Revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
- D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066, 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 September 1, 1986
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 July 1, 1988
 March 4, 1992
 September 1, 1996
 June 25, 2024 – filing 2024-147

EFFECTIVE DATE (ELECTRONIC CONVERSION):
 July 1, 2000

REPEALED AND REPLACED:
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 July 1, 2003

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866	May 1, 2013
867	January 10, 2021
868	

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

§1. A provider of emergency medical dispatch services must be licensed by the Board in accordance with 32 M.R.S. §85-A and these Rules.

§2. Licensing Factors – The license issued under this chapter is for an Emergency Medical Dispatch Center.

1. Ownership

Upon request of the Board, an applicant or licensed Emergency Medical Dispatch Center must provide the Board with the identity and legal status (e.g., municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

A license is issued for a specific physical address or location.

§3. Change in Licensing Factors.

An Emergency Medical Dispatch Center must receive Board approval to change any of the licensing factors.

§4. Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an EMD Center applicant must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 M.R.S. §85-A, the Rules, and the Maine EMS-approved Emergency Medical Dispatch Priority Reference System

2. The applicant can provide the facilities, equipment, and personnel required by these Rules

3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch. In the event of power loss, software failure or as part of continuing education, card sets or other back-up tools, approved by Maine EMS, may be used.
 4. The applicant complies with the Quality Assurance/Quality Improvement requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System; and
 5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
 6. The applicant must provide a policy addressing situations where an EMS agency is notified of an emergency medical call but does not immediately respond. This policy must include procedures for the Emergency Medical Dispatcher to follow in these situations.
2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
 3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:
 - A. Apply on forms available from Maine EMS; and
 - B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S. §85-A and these Rules.

§6. Personnel Requirements for Emergency Medical Dispatch Centers

1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance, except that a dispatcher-in-training, under direct supervision of a Maine EMS licensed emergency medical dispatcher designated by the EMD Center director, may process calls using the emergency medical dispatch protocol after the dispatcher-in-training has attended the Maine EMS approved certification course for emergency medical dispatch. For purposes of this paragraph, direct supervision means that the designated licensed emergency medical dispatcher is contemporaneously listening to the call for medical assistance being processed by the dispatcher-in-training and is able to assume control of the call and provide emergency medical dispatch, if the dispatcher-in-training is unable to process the call in accordance with protocol.
2. An Emergency Medical Dispatch Center director must notify Maine EMS when Emergency Medical Dispatchers are employed or terminated from employment by the Center. Notification must be made electronically or by mail within five days of the employment or termination of employment of an Emergency Medical Dispatcher.

§7. Response Standards for Emergency Medical Dispatch Centers

1. Emergency Medical Dispatch Centers must provide Emergency Medical Dispatch Services twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these Rules.
2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.
3. Effective June 1, 2020, licensed Emergency Medical Dispatch Centers at a minimum must provide the Emergency Medical Dispatch Determinant level and chief complaint to responders as part of the emergency medical services dispatch to a call for medical treatment or transport on all calls received through the E-911 system.
 1. (Chief Complaint, as defined in the International Academy of Emergency Dispatch EMD Course Manual Edition 25, is 'the primary reason the patient is seeking medical care (in some cases only the mechanism of injury).
 2. Determinant Levels: 'A categorization of Determinant Descriptors for each Chief Complaint that reflects the general priority of the incident (OMEGA, ALPHA, BRAVO, CHARLIE, DELTA and ECHO).'
 3. These definitions are incorporated into these rules by reference:

- a. Copies of these definitions from the International Academy of Emergency Dispatch, Emergency Medical Dispatch Manual Edition 25, (September 2015) is available at cost from Maine Emergency Medical Services, 45 Commerce Drive, Augusta, Maine 04330.

§8. Termination of Center License

1. Any Emergency Medical Dispatch Center intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Center shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:
 - A. The name of the Emergency Medical Dispatch Center
 - B. The date of termination
 - C. The names of the municipalities affected by the termination and
 - D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

§9. Statewide Emergency Dispatch Protocol

1. All licensed Emergency Medical Dispatch Centers in Maine must exclusively use Board approved statewide Emergency Medical Dispatch protocols.

AUTHORITY: 32 M.R.S. §84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (NEW)

REPEALED AND REPLACED:
October 1, 2009
May 1, 2013
January 10, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

§1. No air ambulance service shall administer emergency medical services unless it is duly licensed by the Board under these Rules. Licensure under this Chapter authorizes the licensee only to provide emergency medical care using an air ambulance and does not constitute authority to provide air transportation. Such authority must be obtained from the Federal Aviation Administration and the United States Department of Transportation.

§2. License Factors – an air ambulance service license is issued for a specific:

1. Type of service - which may be:

A. Scene Response Air Ambulance Service

B. Transfer Air Ambulance Service or

C. Restricted Response Air Ambulance Service (RRAAS). In order to be licensed as a Restricted Response Air Ambulance Service, an applicant must demonstrate to the Board that the limited scope of the proposed service will fulfill a unique and/or unmet need regarding the air transport of patients in the state.

a. Only Ground Ambulance Services may apply for this type of license.

1. Notwithstanding the requirements of this Chapter, in order to receive a license as a RRAAS, an applicant must comply with any and all restrictions or modifications placed upon the licensee by the Board, including, but not limited to:

(a) The primary service area to which the service may provide emergency medical services; and

(b) The type and medical condition of patients that may be transported by the licensee. RRAAS is limited to response to non-emergency medical calls unless a Scene Response Air Ambulance Service or Transfer Air Service is unavailable to respond to emergency medical calls in the RRAAS response areas or unless the applicant has a plan, approved by the Maine EMS Board.

2. Level of care

- A. Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the Paramedic level.
- B. Restricted Response Air Ambulance Services will be licensed and permitted at the same levels as their Ground Ambulance Service license.

3. Ownership

- A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.
- B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

4. Base Location for Scene Response Air Ambulance & Transfer Air Ambulance Services

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors

A service must receive a new license before changing any licensing factors.

§4. Approval of License

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:

- A. Apply on forms available from Maine EMS.
- B. Submit a fee of \$100.00.
- C. Demonstrate to Maine EMS that:

1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
 - (a) The name and legal status of the entity making application.
 - (b) The name of the proposed service
 - (c) The type of service proposed
 - (d) The level of care to be provided
 - (e) The names of the municipalities within the primary response area of the proposed service
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication and,
 - (g) The current mailing address of the Maine EMS office.
2. The applicant has made a detailed manual of policies and procedures available for reference in the flight coordination office and available for inspection by Maine EMS to assist with EMS system planning and resource coordination efforts. Personnel shall be familiar and comply with policies contained within the manual, which shall include, but not be limited to:
 - (a) A written policy and procedure specifying the:
 - (i) Service's mission statement
 - (ii) Scope of care to be provided by the service in accordance with Medical Direction and Practices Board-approved protocols; and

- (iii) Education, clinical experience, and competency requirements of the medical crew commensurate with the scope of care to be provided.
- (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions
- (c) Capabilities of medical transport personnel
- (d) Type of aircraft vehicle(s) used and operational protocols specific to type
- (e) Coordination of medical protocols and operating practices with hospital and pre-hospital providers and other public safety agencies
- (f) Response and coverage area for the service
- (g) Preparation and stabilization of the patient
- (h) A safety program of policies and procedures specific to patient care.
- (i) Coordination of medical protocols and operating practices with those of the hospital and pre-hospital providers and public safety agencies with whom the service will interact
- (j) Ongoing familiarization for those ambulance and non-transporting services, public safety agencies, and hospital personnel with whom the air ambulance service may interact routinely.
- (k) Scene Response Services must have ongoing safety communications program consisting of integration with Public Safety Answering Points and other emergency dispatch facilities in the state.
- (l) Procedures for acceptance of requests, referrals, and/or denial of service for medically related reasons.
- (m) Geographical boundaries and features for the service area.
- (n) Service area maps shall be readily available.
- (o) Scheduled hours of operation.

- (p) Criteria for the medical conditions and indications or medical contraindications for flight.
- (q) Field triage criteria for all trauma patients that include anatomic, physiologic, and situational components identified in order to risk-stratify injury severity and guide decisions as to activation, destination, and transport modality.
- (r) Procedures for call verification and advisories to the requesting party.
- (s) Acceptable destinations and landing areas.
- (t) Procedures for medical crew assignments and notification including rosters of medical personnel.
- (u) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities.
- (v) Communications procedures.
- (w) On-ground communications.
- (x) Flight cancellation procedures.
- (y) Mutual aid procedures.
- (z) Written plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.
- (aa) Procedures for informing requesting party of flight procedures, anticipated time of helicopter arrival, and termination of flight.
- (bb) Patient tracking procedures that shall assure air/ground position reports at intervals not to exceed ten (10) minutes (inflight).

- (cc) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post-accident incident plan as they relate to patient care.
- (dd) Services that respond to incident scenes and/or support disaster response shall provide Helicopter Safety and Landing Zone Procedures in a written format to all public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes but is not limited to the following:
 - 1. The identification, designation and preparation of appropriate landing zones
 - 2. Ground personnel safety in and around the aircraft
 - 3. Ground to air communications
 - 4. Victim recovery procedures in the post-crash or unanticipated incident
- 3. The applicant possesses the equipment, required by these Rules, for the type of service and level of care proposed.
- 4. The applicant can provide personnel required by these Rules for the type of service and level of care proposed.
- 5. An applicant for a Scene Response Air Ambulance Service or Restricted Response Air Ambulance Service must demonstrate full time dispatch capabilities.
- 6. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules and the designated Maine EMS statewide frequency "155.385."
- 7. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. Maine EMS will not issue an air ambulance service license to an air ambulance service unless the applicant for a license or the licensee has:

- a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.
 - b. Worker's compensation coverage is required as defined by individual state regulating bodies.
- 8. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.
- 9. The applicant has a physician medical director who is:
 - (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and actively practices in the care and management of critically ill or injured adult and pediatric patients
 - (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services
 - (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program
 - (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude
 - (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service, including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service
 - (f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals
 - (g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,

- (h) Responsible to ensure that appropriate aircraft, medical crew, and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.
 - (i) Has established a plan for on-line medical direction if needed during transport.
10. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
 11. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.
 12. The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician pursuant to these Rules.
 13. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S. §92-A).
 14. The applicant has designated a service director, who shall act as the point of contact for the service.
 15. The applicant has designated a person who serves as the training and education point of contact for the service.
 16. The applicant demonstrates that all medical crew members are appropriately trained and qualified.
 17. The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C.

§300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

18. The applicant complies with the drugs and medication requirements in Chapter 6 of these Rules.
2. Except as provided in paragraph 3, below, a service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.
3. Effective January 1, 2020, initial and renewal service applications will be issued/renewed with a November 30, 2020 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.
4. Notwithstanding the notice requirements of §5(C) (1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

§6. Licensing Standards for Restricted Response Air Ambulance Services

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Demonstrate to Maine EMS that:
 1. The applicant has made a detailed manual of policies and procedures available for reference, which shall include, but not be limited to:

- (a) Education, clinical experience, and competency requirements of the medical crew commensurate with the scope of care to be provided;
 - (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
 - (c) Type of aircraft vehicle(s) used and operational protocols specific to type;
 - (d) Coordination of operating practices with hospital and pre-hospital providers and other public safety agencies;
 - (e) Preparation and stabilization of the patient;
 - (f) A safety program of policies and procedures specific to patient care;
 - (g) Procedures for acceptance of requests, referrals, and/or denial of service for medically related reasons;
 - (h) Criteria for the medical conditions and indications or medical contraindications for flight;
 - (i) Acceptable destinations and landing areas;
 - (j) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities; and
 - (k) Written plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.
2. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. Maine EMS will not issue a Restricted Response Air Ambulance service license unless the applicant for a license or the licensee has:
- a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.

- b. Worker's compensation coverage is required as defined by individual state regulating bodies.
 - 3. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.
 - 4. The service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.
- 2. Except as provided in paragraph 3 below, a service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month if it is determined that such a change is in the best interest of the service and the system.
 - 3. Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

§7. Renewal of Service License

- 1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
- 2. A licensee shall submit an application for renewal prior to the expiration date of the license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. An air ambulance service with an expired license cannot provide emergency medical services until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
- 3. In order to obtain and maintain a license renewal, a service must, for each base location:
 - A. Apply on forms available from Maine EMS
 - B. Submit a fee of \$100.00

- C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules
- D. Scene Response and Transfer Air Ambulance Services must be fully accredited by a national or international accreditation service as recognized by the State, provided the accreditation service meets the following minimum standards:
 - a. Provides accreditation for no more than three consecutive years without an updated inspection and reaccreditation.
 - b. Has a multi-disciplinary Board of Directors representing medical transport organizations.
 - c. Uses trained site-surveyors with experience in medical transport at the level of accreditation and license.
 - d. Assures services that have identified standards deficiencies will implement corrective action or improvement plans to correct any deficiencies.
 - e. Has an open process that encourages and accepts comments on changes to its accreditation standards.
 - f. Provides transparency to the public on its standards, accreditation process, list of accredited programs, and policies and procedures.
 - g. Maintains insurance (General liability, Medical Professional Liability, Directors & Officers and Travel) and be able to present its current certificates of insurance to Maine EMS.
- E. Scene Response Air Ambulance Services must submit on an annual basis a utilization report to Maine EMS and the Medical Direction and Practices Board (MDPB) that includes at minimum:
 - 1. Medically related data from all flights discharged from receiving hospitals in less than 24 hours; and
 - 2. Clinical performance data as requested by the MDPB.

§8. Renewal of Service License for a Restricted Response Air Ambulance Service

- 1. In order to obtain and maintain a license renewal, a service must, for each base location:
 - A. Apply on forms available from Maine EMS; and
 - B. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules.

§9. Personnel Requirements for Air Ambulance Service Licensees

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services
 - A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be licensed by Maine EMS or designated as a flight nurse pursuant to 32 M.R.S §83 and must have:
 1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology;
 2. Current certifications in any specialty programs as required, and published, by the Board.
 3. Scene Response Air Ambulance Service must provide one crew member licensed at the Paramedic level while responding to scene requests.
 4. All paramedics must have completed the Maine EMS Paramedic Interfacility Transport Program training.
 - B. Personnel in addition to the Paramedic will be utilized consistent with the patient's needs.
2. Restricted Response Air Ambulance Service
 - A. The flight medical crew must consist of at least one EMS Person, Registered Nurse, Advanced Practice Registered Nurse, Physician, or Physician's Assistant, licensed by the State, at or above the level to which the service is licensed.
 - B. Personnel in addition to the person identified in §7(2)(A) of this chapter may be utilized consistent with the patient's needs.
3. A service must report to Maine EMS the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

4. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§10. Service Availability for Response for Scene Response & Transfer Air Ambulance Services

1. An air ambulance service must provide prompt notification to the requesting agency of the air ambulance's estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.
2. Failure of a service to comply with these response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

§11. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit an electronic Maine EMS patient care report as specified by Maine EMS, within twenty-four hours. Additionally, a Restricted Response Air Ambulance Service must indicate in the electronic run reporting system which responses were air ambulance responses.

§12. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board. Such authorizations should not be construed as levels of licensure.

§13. Scene Response & Transfer Air Ambulance Vehicles

1. Except as otherwise exempted by 32 M.R.S. §82 and §12 of this chapter, no aircraft shall provide emergency medical services within Maine unless it is licensed as an ambulance under these Rules.

2. An air ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will ensure concurrent expiration dates for service and vehicle licenses.
3. An aircraft licensed as an air ambulance must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
4. An air ambulance license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is required to relicense under Chapter 4 §3 of these Rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
5. When a service acquires a new or used air ambulance under Chapter 4 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the vehicle licensing fee necessary to license the vehicle. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is clean and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, the Board may suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 M.R.S. §10004 and 4 M.R.S. §184).
Alternatively, if the continued operation of the air ambulance aircraft at the level of care for which it is permitted pursuant to Chapter 4 §2(2) of these Rules presents a hazard to health or safety, the Board may immediately suspend the aircraft's level of care permit consistent with Maine law (see 5 M.R.S. §10004 and 4 M.R.S. §184) and allow the aircraft to operate at the next lowest level of care for which it is properly equipped. If the deficiencies are not such as to require the immediate suspension of the aircraft's license to provide emergency medical services or the immediate suspension of its level of care permit, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to provide emergency medical services while bringing it into conformity with the law and Rules. If the aircraft is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the aircraft's license to provide emergency medical services.

§14. Scene Response & Transfer Air Ambulance Vehicle Licensing Requirements

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service for providing emergency medical services more than four times in any, one-year period, must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.

2. Temporary Air Ambulance Vehicles – Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for its use instead of a “permanent” vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

§15. Scene Response and Transfer Air Ambulance Vehicle Design Requirements

1. Maine EMS requires that an aircraft licensed by the Board must:
 - A. Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;
 - B. Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;
 - C. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;
 - D. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;
 - E. Be equipped with a patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;
 1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;
 2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;
 3. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated

airway problems or extrication from the isolette becomes necessary;

4. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
-
- F. Be equipped with safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, and equipment. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;
 - G. Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;
 - H. Be equipped with climate controls capable of preventing adverse effects on patients or medical personnel on board;
 - I. Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, medical equipment or medical supplies;
 - J. Be designed and configured so that the head-strike envelope for the patient and medical attendants is clear of objects or surfaces that could cause injury in the event of air turbulence or sudden hard landing. Medical crews in rotorcraft must wear helmets.
 - K. Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.
 - L. Be equipped with an oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.
 1. Medical transport personnel will be able to determine if oxygen is "on" by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
 2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;

3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
 4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and must be located and. Under no circumstances will a portable tank be located between the patient's legs.
- M. Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;
- N. Be designed so that medications, medical supplies and equipment - consistent with the service's scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;
- O. Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that the equipment is secured and positioned to provide easy access by the flight medical crew while they are secured in seatbelts. Extra batteries or other power source must be available;
- P. Be designed and configured so that the service's mission and ability to transport two or more patients does not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient, and be designed to provide access for simultaneous airway management if there is a two-patient configuration;
- Q. Be designed so that the floor, sides, and ceiling in the patient compartment have a surface capable of being cleaned and disinfected in accordance with Occupational Safety and Health Administration regulations.
- R. Have overhead illumination at the patient level sufficient for patient care.
- S. Carry radios capable of communicating: with all Maine hospitals which may be over flown; Maine EMS Statewide frequency 155.385; with the flight service dispatch; and with personnel on the ground if scene pickups are routinely conducted. Headset equipment for pilot/medical crew communication is required if such communication would not otherwise be possible.
- T. Be capable of communications utilizing the designated Maine EMS statewide frequency "155.385".

- U. Be equipped with an electrical power source(s) that will accommodate commonly carried medical equipment (AC or DC powered) without compromising the operation of any aircraft electrical equipment and that is not dependent upon a portable battery.
- V. Be configured and equipped so as to prevent interference with medical systems.
- W. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

§16. Air Ambulance Service Equipment Requirements

1. All medical equipment and medical supplies carried on an air ambulance vehicle shall be latex free.
 - A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.
 - B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All medical equipment and supplies must be secured.
 - C. Restricted Response Air Ambulance Services must carry with them on the air ambulance any equipment necessary to continue patient care.

§17. Duty to Report

2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address
 - B. Criminal conviction
 - C. Revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
 - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996

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REPEALED AND REPLACED: July 1, 2000
July 1, 2003
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May 1, 2013
January 10, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5: PERSONNEL LICENSES

§1. Personnel licenses are issued for the following levels of care, in ascending order:

1. Emergency Medical Responder (EMR)
2. Emergency Medical Technician (EMT)
3. Advanced Emergency Medical Technician (AEMT)
4. Paramedic

§2. Scope of Practice

The scopes of practice for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics are defined by the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) document, "National EMS Scope of Practice Model 2019." (Report No. DOT HS 812-666). Accordingly, the following document is incorporated by reference: National Association of State EMS Officials. *National EMS Scope of Practice Model 2019* (Report No. DOT HS 812-666). Washington, DC: National Highway Traffic Safety Administration. Copies of this document are available at Maine EMS.

§3. Licensees may perform the following treatments:

1. **Basic Emergency Medical Treatment:** All licensed personnel may perform basic emergency medical treatment within the scope of their practice as defined below, as permitted by protocol and in accordance with this chapter of the Rules.
 - A. **Emergency Medical Responder:** NHTSA's *National EMS Scope of Practice Model*, 2019 edition, defines the scope of practice for a person licensed at the Emergency Medical Responder level. An Emergency Medical Responder's clinical practice is defined by Maine EMS protocol. A person licensed at the Emergency Medical Responder level may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the Emergency Medical Responder level arrives at the scene. Once on the scene, personnel licensed above the Emergency Medical Responder level are responsible for supervising Emergency Medical Responder licensed personnel, who may not operate without such supervision.

Patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the Emergency Medical Responder level. Any basic emergency medical treatments not described in the scope of practice for an Emergency Medical Responder in NHTSA's *National EMS Scope of Practice Model 2019*, may only be performed while assisting, and in the presence of personnel licensed above the Emergency Medical Responder level.

One EMS provider licensed at or above the EMT level must accompany the patient in the patient compartment of the ambulance during transport.

- B. **Emergency Medical Technician:** NHTSA's National EMS Scope of Practice Model 2019, defines the scope of practice for a person licensed at the Emergency Medical Technician level. An Emergency Medical Technician's clinical practice is defined by Maine EMS protocol.

Additions for Emergency Medical Technicians with Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply WEMT emergency medical care as allowed by the Maine EMS protocol.

- 2. **Advanced Emergency Medical Treatment:** Advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope their practice as defined below, as permitted by protocol and in accordance with this section of the Rules:

- A. **Advanced Emergency Medical Technician (AEMT):** NHTSA's *National EMS Scope of Practice Model 2019*, defines the scope of practice for a person licensed at the Advanced Emergency Medical Technician level. An Advanced Emergency Medical Technician's clinical practice is defined by Maine EMS protocol.

- B. **Paramedic:** NHTSA's National EMS Scope of Practice Model 2019, defines the scope of practice for a person licensed at the Paramedic level. A Paramedic's clinical practice is defined by Maine EMS protocol.

- C. **Paramedic Inter-Facility Transfer (PIFT)** - In order to practice as a PIFT provider, a Maine licensed Paramedic must:

- (a) Complete a Maine EMS approved PIFT provider course; and,

- (b) Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.

§4. A licensee may perform emergency medical treatment when:

- A. The licensee practices in accordance with Maine EMS protocol, and
- B. The licensee acts with the approval of the ambulance crew member in charge of the call.
- C. The licensee has completed the most recent Maine EMS pre-hospital protocol update, including necessary skills expansion.

§5. A license is valid for three years from the month of issuance unless otherwise specified in these Rules. A license issued on or after November 1, 2022, will be valid for a period of two years from the month of issuance unless otherwise specified in these Rules.

§6. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

- 1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care submits and maintains a Maine EMS-approved plan for supervision. No one under the age of 16 may be licensed.
 - A. An applicant must be at least 18 years of age in order to be eligible for licensure above the EMT level.
- 2. Not have received a three-year Maine EMS license at the same level within the past year. Effective November 1, 2022 – Not have received a two-year Maine EMS license at the same level within the past year.
- 3. Submit the following to Maine EMS:
 - A. A completed Maine EMS application signed by the applicant.
 - B. Certification of Board-approved training or training judged by Maine EMS to be equivalent. If the training was completed more than a year prior to application, a license may be issued that is valid for three years (two years after November 1, 2022) from the month of the training completion date (or from the month of the required test if that preceded training completion). Board approved training includes a Board approved initial course at the appropriate level, or a course judged by Maine EMS to be equivalent.

C. Certification of Board-approved continuing education hours (CEH) at the appropriate level, or continuing education hours judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use continuing education hours for licensure.

1. CEH must be of the type and amount appropriate to the level, and may be used to fulfill training requirements provided that:

- (a) The applicant's Maine license is current or not expired by more than two years; and
- (b) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the current license renewal cycle or the past two years; whichever is greater. "Training completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure.
- (c) Continuing education hours appropriate to each level are as follows:
 - (i) Emergency Medical Responder - 32 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 2 hours in Patient Assessment; 4 hours in Medical; 4 hours in Trauma; 4 hours in Obstetrics and Pediatrics; and 8 hours in BLS Psychomotor Skills.
 - (ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education.
 - (iii) Advanced Emergency Medical Technician (AEMT) - 56 total hours consisting of: 2 hours in Preparatory and Operations; 12 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education.

- (iv) Paramedic - 72 total hours consisting of: 2 hours in Preparatory and Operations; 16 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 12 hours in Medical; 8 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education.

- (d) For license renewals on or after November 1, 2023, continuing education requirements will be based upon a two-year licensing cycle and shall be in accordance with the National Registry of Emergency Medical Technicians' 2016 National Continued Competency Program Hour Requirements listed below. This rule incorporates by reference the National Registry of Emergency Medical Technicians' Recertification Guide (Updated July 15, 2019) . Copies of this standard are available from the National Registry of Emergency Medical Technicians at their website (<http://www.nremt.org>) or Maine EMS, Department of Public Safety, 45 Commerce Drive, Suite 1, 152 State House Station, Augusta, ME 04333-0152.
 - (i) Emergency Medical Responder (EMR) - 16 Total Hours consisting of 8 hours in National Continued Competency Requirements (NCCR), 4 hours in Maine-EMS-approved Local Continued Competency Requirements (LCCR), and 4 hours in Individual Continued Competency Requirements.
 - (ii) Emergency Medical Technician (EMT) - 40 Total Hours consisting of 20 hours in National Continued Competency Requirements (NCCR), 10 hours in Maine-EMS-approved Local Continued Competency Requirements (LCCR), and 10 hours in Individual Continued Competency Requirements.
 - (iii) Advanced Emergency Medical Technician (AEMT) - 50 Total Hours consisting of 25 hours in National Continued Competency Requirements (NCCR), 12.5 hours in Maine-EMS-approved Local Continued Competency Requirements (LCCR), and 12.5 hours in Individual Continued Competency Requirements.

- (iv) Paramedic - 60 Total Hours consisting of 30 hours in National Continued Competency Requirements (NCCR), 15 hours in Maine-EMS-approved Local Continued Competency Requirements (LCCR), and 15 hours in Individual Continued Competency Requirements.
 - (e) Further Continuing Education as identified in the aforementioned CEH requirements is not a category but represents additional training in categories 1-5. Category 7 CEH (Instructor Coordinator Continuing Education Hours) is not considered Further Continuing Education for purposes of this Chapter.
 - (f) Nationally standardized training programs may be awarded continuing education hours when that applicant provides proof of current certification at the time of application. Current certification is determined by definition of the national sponsor of the training program.
 - (g) In lieu of the license renewal continuing education hour requirements of this Chapter, an applicant may submit a current certification card at the license level being renewed from a national EMS certifying entity approved by the Board. Unless Maine EMS determines otherwise, a license renewal based upon a national EMS certifying entity certification shall carry an expiration that is concurrent with the applicant's national EMS certifying entity certification's expiration date.
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. The licensee shall retain documentation of continuing education hours for two license renewals, including the current renewal period. For purposes of this paragraph, "current renewal period" means the 24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall be considered the completion date for all continuing education completed within a given month.
 3. Applicants for license renewal will be selected by Maine EMS on a random basis for an audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the

completion of continuing education requirements. An audit will review the continuing education hour certifications submitted by the licensee for the past two license renewals, including the current renewal period.

4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal if they are not already available to Maine EMS. Licensees will have ten (10) business days from the date of notification to submit all requested documentation. Continuing education hours that cannot be verified in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS's discretion, result – in accordance with 32 M.R. Chapter 2-B and the Maine EMS Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

D. Board-approved testing certification:

1. An applicant must demonstrate successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within two years of the application date.
2. For applicants whose initial course completion date is on or after March 1, 2016 - an applicant for an initial license at any provider level must successfully complete the Maine-EMS-Board-approved cognitive test and practical skills evaluation – for the license level being sought - within two (2) years of the course completion date of the initial course.
3. Notwithstanding paragraphs 1 and 2 above, an applicant is not required to submit testing certification as part of the license application process if:

(a) An applicant, whose Maine EMS license has expired within two years prior to the application date is applying for a new or renewed license at the license level held within the aforementioned two-year period.

(b) An applicant possesses a current certification or license from another state or territory; or,

(c) An applicant is determined by Maine EMS to be eligible to license based upon current certification from a national EMS certifying entity.

4. For purposes of paragraph 1, above, if the test is more than a year old, a license may be issued that is valid for the licensing period as calculated from the month of the test (or from the month of the required training course if that precedes the test). When practical and written portions of the test are completed in different months, the test date will be the month the first test was completed.

E. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

F. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§7. License Expiration and Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

§8. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address, including personal email address
 - B. Criminal conviction
 - C. Revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee or,
 - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 September 1, 1986
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 July 1, 1988
 March 4, 1992
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REPEALED AND REPLACED: July 1, 2000
 July 1, 2003
 October 1, 2009
 May 1, 2013
 January 10, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

§1. Except as provided for in these Rules, no person shall provide emergency medical dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board in accordance with 32 M.R.S. §85-A and these Rules.

§2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

§3. Scope of Practice

1. An Emergency Medical Dispatcher may provide emergency medical dispatching in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System, within the scope of the dispatcher’s Maine EMS-approved training and in accordance with 32 M.R.S. §85-A and these Rules.
2. An Emergency Medical Dispatcher may perform emergency medical dispatching services when the Dispatcher:
 - A. Holds a current Emergency Medical Dispatcher license issued by the Board;
 - B. Is employed by and acts with the approval of an Emergency Medical Dispatch Center licensed by the Board in accordance with 32 M.R.S. 85-A and these Rules;
 - C. Practices in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and in accordance with 32 M.R.S. §85-A and these Rules;

§4. License

1. A license issued by the Board under this chapter is valid for twenty-four months from the month of issuance unless earlier suspended or revoked or as otherwise specified in these Rules.
 - A. The Board may issue a license valid for twenty–seven months in order to ensure that the applicant’s license expiration date occurs three months after the applicant’s training certification expiration from the entity that provides the Board approved statewide emergency medical dispatch protocols. Once the three-month separation is established, the license issued will be for a period of twenty-four months, unless the Board determines that a license issued for a shorter period of time is in the best interests of the system.

2. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:
 - A. Be at least 18 years of age on the date of application;
 - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher license within the past year;
 - C. Submit the following to Maine EMS:
 1. A completed Maine EMS application.
 2. Current training certification from the entity that provides the Board approved statewide emergency medical dispatch protocols.
 - (a) A current training certification or recertification cannot be used more than one time to fulfill Maine EMS Emergency Medical Dispatcher training requirements for a new or renewal license.
 - (b) If a training certification or recertification was completed more than a year prior to application, a license may be issued that is valid for two years from the certification month.
 3. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
 4. A complete history of criminal convictions, as well as civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
 5. A complete history of any action taken against any emergency medical dispatch certification or license or any other professional certification or license that the applicant currently holds or has ever held.

§5. License Renewal and Expiration

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted

at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the 24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall be considered the completion date for all continuing education completed within a given month.

3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit will review the continuing education hour certifications used for the past two license renewals submitted by the licensee, including the current renewal period.
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’s discretion, result – in accordance with 32 M.R.S. Chapter 2-B and the Maine EMS Rules - in disciplinary action to deny license renewal, a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.
6. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.
7. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

AUTHORITY: 32 M.R.S. 84, §85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009
 May 1, 2013
 January 10, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5-B: EMERGENCY MEDICAL SERVICES AMBULANCE OPERATOR LICENSES

§1. Persons requiring a license to operate an emergency medical services ambulance:

1. A person not licensed under MRS 32 Chapter 2-B section 85 who is associated with a ground ambulance service shall obtain a license under this chapter to operate an emergency medical services ambulance.
 1. "Associated with" means a person who has a formal relationship with a transporting EMS agency, such as membership or employment, that creates a reasonable expectation that the person may be tasked with operating an ambulance as part of an emergency response or transport of a patient.
2. This rule does not apply to a person not associated with a ground ambulance service who operates an emergency medical services ambulance.
3. This rule takes effect six (6) months after the publication of this chapter by the Secretary of State.

§2. Requirements for licensure

An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license an applicant must

1. Have reached their eighteenth birthday.
2. Submit the following to Maine EMS:
 1. A completed Maine EMS application signed by the applicant. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
 2. Hold a valid state driver's license pursuant to Title 29-A, chapter 11, subchapter 1. Or qualify for an exemption under MRS 29-A Chapter 11 SS 1251 (6)
 3. Provide the following:
 1. The state or province of issuance of the driver's license,
 2. The driver's license number, and

3. The driver's license expiration date
4. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
5. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§3. License Expiration and Renewal

1. A license issued under this chapter will be valid for up to two years. Expiration dates will be set to January 31.
2. A renewal application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a renewed license, an applicant must.
 1. Submit the following to Maine EMS:
 1. A completed Maine EMS application signed by the applicant. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
 2. Hold a valid state driver's license pursuant to Title 29-A, chapter 11, subchapter 1. Or qualify for an exemption under MRS 29-A Chapter 11 § 1251 (6)
 3. Provide the following:
 - 1.The state or province of issuance of the driver's license,
 - 2.The driver's license number, and
 - 3.The driver's license expiration date
 3. Applicants for license renewal will be selected by Maine EMS on a random basis for an audit of compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false information.

A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§4. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address.
 - B. Criminal conviction.
 - C. Change in driver's license status or conditions resulting from a revocation, suspension, or restriction.
 - D. A change in the status of the exemption under MRS 29-A Chapter 11 § 1251 (6)
 - E. Revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
 - F. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: June 19, 2023

16 DEPARTMENT OF PUBLIC SAFETY**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 6: DRUGS AND MEDICATIONS****§1. GENERAL**

1. For the purpose of this Section, "drugs and medications" include only those substances used by Maine EMS licensed services and persons in the delivery of Emergency Medical Treatment, consistent with Maine EMS Protocols. Maine EMS will maintain a list of approved drugs and medications and will revise and publish the list when changes in protocol dictate.
2. The administration of drugs or medications to a patient shall be determined by applicable protocols and recorded on the Maine EMS run report.
3. A service authorized by Board license or permit to obtain, store and administer drugs or medications shall:
 - A. Operate consistent with these Rules except when an alternative system for the supply, storage, and logging of drugs and medications has been approved by a licensed pharmacist, by the service-level medical director or the regional medical director, and by Maine EMS. Under any such system, all drugs and medications shall be properly stored with provision for climate control.
 - B. Report any instances of missing controlled drugs or medications to Maine EMS within twenty-four (24) hours upon discovery. A full report of the service's investigation of the missing drugs and any action the service may have taken regarding the incident must be sent to Maine EMS as soon as it is complete.

§2. STORAGE

1. Drugs and medications must:
 - A. Be stored in packaging as dispensed and/or labeled by a pharmacy.
 - B. Be properly stored with provision for reasonable climate control.
 - C. All controlled substances must be secured in a storage box unless otherwise approved by the Board. The box must be secured with a one-time, pharmacy-type, numbered seal applied. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.
 - D. Non-controlled substances may be stored outside a sealed container so long as they are accounted for in accordance with these rules.

2. A drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drug box) must be kept by the service indicating:
 - A. Date the service received the storage box with new seals.
 - B. Seal numbers (old and new) whenever seal is broken and replaced.
 - C. Use and disposal of drugs/medications including applicable Maine EMS patient/run record number.
 - D. Legible signature and license number of persons making the log entry.
 - E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least daily for scheduled drugs and weekly for nonscheduled drugs and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will ensure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
 - F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 , 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 September 1, 1986
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 7: STATE LICENSURE EXAMINATIONS

§1. An examination required for EMS licensure in Maine must consist of a Board approved written (cognitive) test for the level of license sought and a Board approved practical (psychomotor) evaluation of emergency medical treatment skills.

§2. Examinations required for licensure will be based upon current standards approved and published by the Board, including, but not limited to the:

1. Types of examinations;
2. Eligibility requirements for persons seeking examination; and,
3. Process and content of examinations.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS
USED FOR LICENSURE**

§1. Training Courses

1. Training courses must be conducted in accordance with the Board-approved Training Center Standards.
2. The following training courses are approved for licensure at the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) and Paramedic levels:
 1. For initial licensure - A Maine EMS approved course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for the training.
 2. For renewal - Maine EMS approved continuing education hours in accordance with the licensing requirements of Chapter 5 of these Rules or any other course which is approved by the Board as including all of the required objectives for this training.
- A. Any course (not including continuing education hour programs) leading to certification for EMS provider licensure must be supervised by an instructor/coordinator licensed by Maine EMS for that particular level and must be approved by a Maine EMS Training Center. Out-of-state courses and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.
- B. Applicants to conduct courses leading to certification for EMS provider licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.
- C. Candidates must meet the training requirements for licensure at the level from which the course starts.

§2. EMS Continuing Education Programs

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:

- A. The sponsor must apply before the program is to begin. Only under unusual circumstances, such as those set forth in Chapter 13 of these Rules, may continuing education hour courses be approved after they have occurred;
 - B. The topics to be taught must be relevant to EMS;
 - C. The instructor must be qualified by knowledge and/or training in the topic area;
 - D. The sponsor must make known to the students those requirements the students must meet in order to receive attendance certification;
 - E. The sponsor or designee must submit the Maine EMS-approved attendance roster and course evaluations, or a course evaluation summary document, for the program to Maine EMS within ten days of the date the course was taught. The roster must include the names and license numbers of those attending, attendees' signatures or the course sponsor's attestation of remote attendance, the number and type of hours approved, and the approval number. The list must be physically or electronically signed by the sponsor or designee as verification of attendance;
 - F. Programs are open to the public unless otherwise approved by Maine EMS, a regional council or a Training Center; and
 - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within ten days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing, the Internet, and other forms of distributive learning, or for other educational programs not described in this Chapter, when requested by the applicant. For Maine EMS to consider granting CEH approval the applicant must submit to Maine EMS:
- A. An outline and description of the program, to include program handouts;
 - B. The name and address of the program sponsor;
 - C. The names of any EMS agencies granting the program continuing education hours;
 - D. A contact name and telephone number for attendance verification;
 - E. A program completion certificate, or equivalent;

- F. If applicable, approval from the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), formerly known as the Continuing Education Coordinating Board for EMS (CECBEMS); and
 - G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a knowledge test in order to receive a program completion certificate.
3. Programs that have been previously approved by Maine EMS, a regional council or a Training Center may be approved without further review, provided that:
- A. Maine EMS, a regional council, or a Training Center has not rescinded the program's approval; and
 - B. No significant changes have been made to the program content or faculty.
4. Maine EMS may delegate approval of continuing education programs that meet the requirements of this chapter to regional councils or a Maine EMS approved Training Center provided that they maintain a system for assuring high quality programs and provide such program information in a timely manner as requested by Maine EMS.

AUTHORITY: 32 M.R.S., Chapter 2-B

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8-A: TRAINING CENTERS

§1. A provider of emergency medical services courses leading to licensure in Maine must be authorized by the Board in accordance with 32 M.R.S. §88(2)(D) and these Rules.

§2. Authorization Factors – The authorization issued under this chapter is for a Training Center

1. Ownership

Upon request of the Board, an applicant or authorized Training Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds or is making application for the authorization. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

An authorization is issued for a specific physical address or location.

§3. Change in Authorization Factors

A Training Center must receive Board approval to change any of the authorization factors.

§4. Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization. To obtain new authorization, a Training Center applicant must:

A. Apply in a format prescribed by Maine EMS; and,

B. Demonstrate to Maine EMS that the applicant complies with the requirements of 32 M.R.S. §88(2)(D), the Rules, and the Board-approved Training Center Standards.

2. A Training Center Authorization is issued for a period of 60 months unless earlier suspended or revoked. An authorization may be issued for a shorter period of time if approved by the Board.

3. A Training Center must demonstrate ongoing compliance with these Rules and the Training Center Standards in order to maintain its authorization.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization.
2. A Training Center may apply for a renewal authorization for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. A Training Center with an expired authorization cannot provide education and training courses pursuant to the Training Center Standards. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain an authorization renewal, a Training Center must:
 - A. Apply electronically; and,
 - B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S. §88(2)(D), these Rules and the Training Center Standards.

§6. Termination of Training Center Authorization

Any Training Center intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the termination date.

AUTHORITY: 32 M.R.S. §84, §88

EFFECTIVE DATE: May 1, 2013 (NEW)

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16 DEPARTMENT OF PUBLIC SAFETY**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE****§1. Licenses are issued for the following levels of Instructor Coordinators (I/C):**

1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, and EMT license levels.
2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the I/C - AEMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, EMT and Advanced Emergency Medical Technician (AEMT) license levels.
3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license levels.

Licensed Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator licenses are valid for a period of two years, or as otherwise determined by Maine EMS.

§2. To obtain and maintain a new or renewed Instructor Coordinator license, the applicant must:

1. Be at least 18 years of age.
2. Submit the following to Maine EMS:
 - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
 - B. Proof of education consistent with current Maine EMS Education Standards at the:
 1. EMT level, if applying for an I/C-EMT license.
 2. Advanced Emergency Medical Technician (AEMT) level, if applying for an I/C – AEMT license.
 3. Paramedic level, if applying for an I/C – Paramedic license.
 - C. Training Certification, which may be:

1. A Board-approved instructor coordinator training program completed within two years of license application at the appropriate level taught by a Maine EMS licensed I/C following the guidelines set forth by the Training Center or a program judged by Maine EMS to be equivalent; or,
 2. For licensees whose Maine Instructor Coordinator license is current or not expired by more than two years - Maine EMS-approved continuing education hours - 16 hours of Maine EMS approved continuing education specifically designed to address educational issues and approved by Maine EMS, provided that:
 - (a) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the past two years.
 - (b) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling license renewal requirements.
- D. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
- E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§3. License Renewal and Expiration

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the 24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall be considered the completion date for all continuing education completed within a given month.
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee

may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit will review the last two continuing education hour certifications submitted by the licensee, including the current renewal period.

4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Licensees will have ten (10) days from the date of notification to submit all requested documentation. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS's discretion, result – in accordance with 32 M.R.S. Chapter 2B and the Maine EMS Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.
6. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license.
7. Licensees whose licenses have expired cannot act in an Instructor Coordinator capacity in any class leading to licensure until a renewed license has been issued.
8. An application submitted more than ninety (90) days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§4. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address;
 - B. Criminal conviction;

- C. Revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
- D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066, 11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

§1. Emergency Medical Dispatch Training Courses

1. Training courses for certification leading to licensure or license renewal as a Maine Emergency Medical Dispatcher must meet the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.
2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure must comply with requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§2. Emergency Medical Dispatch Instructors

Any course leading to certification for licensure must be supervised by an instructor that meets the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§3. Emergency Medical Dispatcher Continuing Education Programs

1. Emergency Medical Dispatcher continuing education training programs shall be conducted in accordance with the requirements of the Maine EMS Board-approved certifying entity.
2. The Board may require specific continuing education programs for Maine licensed Emergency Medical Dispatchers, based upon an educational or training need identified by Maine EMS.

AUTHORITY: 32 M.R.S. §§ 84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 10: RECIPROCITY

§1. Any ambulance service, vehicle or person licensed in another state or territory to provide emergency medical treatment and entering Maine in response to a call to assist in a mass-casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

§2. If a person holds a valid license or certificate entitling him/her to practice as an EMS provider in another state or territory, he/she may receive reciprocal licensing provided he/she satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based on materials supplied by the applicant which demonstrate the following:

1. Certification of training history.
2. Certification of testing history.
3. Certification/licensure in another state or territory.
4. History of criminal convictions and actions taken against professional licenses in accordance with Chapter 5 of these rules. Maine EMS will consider this to the extent allowed by Maine law.

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 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR
RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR
REVOKING A LICENSE**

§1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering, or lending a license to another person.
7. Responding to the scene of a call while under the influence of drugs or alcohol, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit, or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that scene and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.

12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.
13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.
 - a. Possession of a useable amount of marijuana in violation of 22 M.R.S.A §2383 is not considered a minor civil violation.
14. Violation of any standard established in the profession.
15. Inaccurate recording of material information or falsifying or improperly altering a patient or healthcare provider record.
16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
17. Diverting drugs, supplies or property of patients, patient's families, services, or healthcare providers.
18. Possessing, obtaining, furnishing, or administering prescription drugs, equipment or supplies to any person, including one's self, except as directed by a person authorized by law to prescribe such items.
19. Impersonating another licensed practitioner.
20. Impersonating any applicant or licensee or acting as proxy for the applicant or licensee in any licensing exam.
21. Acting negligently or neglectfully when caring for or treating a patient.
22. Losing certification or license when the certification or license is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his or her certification or license.
23. Acting negligently or neglectfully in conducting an ambulance service.
24. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.

25. Altering or falsifying documents used or intended to be used to obtain a course card or certificate.
26. Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.
27. Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit, or misrepresentation.
28. Transferring a license from one vehicle to another without the consent of the Board.
29. Willfully making a false statement in an application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.
30. Providing treatment or emergency medical dispatch services at a level for which a person is not licensed or for which a service is not licensed or permitted.
31. The practice of fraud, deceit, misrepresentation, or the concealment of material facts in connection with service rendered within the scope of the license issued.
32. Misuse of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.
33. Aiding or abetting the practice of emergency medical treatment by a person not duly licensed under 32 M.R.S.A., Chapter 2-B.
34. Delegation of practice, skills, treatment, or educational instruction to a person who is not licensed or qualified to perform said practice, skills or treatment.
35. Abandonment or neglect of a patient.
36. Causing physical or emotional injury to a patient as a result of a violation of the applicable standard of care.
37. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, creed, color, sexual orientation, gender, or socio-economic status.
38. Sexual misconduct as defined in Chapter 14 of these Rules.
39. Providing instruction at a level for which a person is not licensed.
40. Providing instruction at a level for which a Training Center is not authorized or licensed to provide.
41. Aiding or abetting the practice of instruction by a person not duly licensed as a Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is required.

42. Violating any of the requirements of the Training Center Standards.
43. Failure to provide program or course documentation when required or requested by Maine EMS.
44. Inaccurate recording of material information or falsifying or improperly altering an emergency medical dispatch record.
45. Acting negligently or neglectfully in the provision of emergency medical dispatch services to a caller or patient.
46. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch Center.
47. Providing emergency medical treatment or emergency medical dispatch services when not licensed to do so.
48. Aiding or abetting the practice of emergency medical dispatch services by a person not duly licensed as a Maine EMS Emergency Medical Dispatcher.
49. Failing to participate in Maine EMS approved quality assurance activities.
50. Failure to comply with continuing education requirements for license renewal.

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**CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE**

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS

§1. Disciplinary Actions

1. Investigation of Complaints

The Board, its subcommittee or staff shall investigate complaints in accordance with 32 M.R.S. §90-A (1).

2. Notice of Complaints and Response

A. Notice

The Board or staff shall notify an individual or organization of the content of a complaint filed against the individual or organization not later than 60 days after receipt of the initial pertinent information, in accordance with 32 M.R.S. §90-A (2). Notice shall be in writing. Service of the notice is complete upon mailing to the party, the party's attorney, or upon in-hand delivery to the party or the party's office in accordance with 5 M.R.S. §8051 (2).

B. Response

If the licensee wishes to contest the complaint or dispute the information that forms the basis of the complaint, the licensee must respond to the Board in writing. For this response to be considered timely, it must be received by Maine EMS within thirty (30) days of receipt of the Board's notice in accordance with 32 M.R.S. §90-A (2). Service of the licensee's response is complete when the Board or the Board's staff receives the response by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. §8051 (1).

C. Additional Information

The Board, its subcommittee or staff may request additional information from the licensee. If the licensee's response to the complaint satisfies the Board, its subcommittee or staff that no further action is warranted on the complaint, the complaint may be dismissed. Notice of the dismissal must be sent to any complainants.

D. Further Communications with Complainant

The Board, its subcommittee or staff may provide the complainant with a copy of the licensee's response or portions thereof, as the members or staff determines to be necessary to facilitate the investigation. The Board, subcommittee or staff may request additional information from the complainant in support of the original complaint or in response to the licensee's response. The complainant must provide this additional information to the Board, subcommittee, or staff within thirty (30) days of being requested to do so or indicate why the information cannot be obtained within that time.

E. Resolution of Complaints Without Discipline

Upon the written information provided by the complainant, licensee and any others in support of the complaint and responses, the Board, its subcommittee or staff may take any of the following actions, which do not constitute discipline.

1. Issue a letter of guidance or concern pursuant to 32 M.R.S. §88(4);
2. Dismiss the complaint and refer it to the Regional Medical Director for resolution to the extent that the complaint alleges conduct that relates solely to clinical practice issues. A complaint may be referred both to the Regional Medical Director for review of clinical practice issues and for further disciplinary procedures in accordance with these Rules, if the complaint alleges both clinical practice issues and issues appropriate for discipline by the Board; or
3. Dismiss the complaint upon a finding that the complaint is factually unfounded or alleges conduct that is not a violation of EMS Rules or statutes.

3. Informal Conferences

- A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the licensee may be requested to participate in an informal conference in accordance with 32 M.R.S. §90-A. The licensee shall be provided with at least seven days written notice of the conference and of the issues to be discussed, unless the licensee waives such right to notice or extraordinary circumstances warrant a shorter period of notice.
- B. If, after the informal conference, the Board, subcommittee or staff determines that resolution without discipline is appropriate, the matter may be resolved by referral to the Regional Medical Director, a letter of guidance or concern, or dismissal as appropriate, and in accordance with EMS statutes and these Rules.

4. Sanctions

- A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after an informal conference, the Board, its subcommittee or staff determines that the complaint is true, that a current or former licensee has violated Maine EMS statutes or Rules, and the violation is of sufficient gravity to warrant further action, any of the following may occur:
 1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 M.R.S. §88(3)(E) and §90-A (4)(A). Any remedy, penalty or fine, or cost recovery that is otherwise available by law may be achieved by consent agreement, including long-term suspension and permanent revocation of a license.
 2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 M.R.S. 90-A (4)(B).
- B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board's authority pursuant to 32 M.R.S. §88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:
 1. The board shall notify the licensee in writing of the licensee's right to request an adjudicatory hearing concerning any proposed action of the Board.
 2. The licensee must file a written request for hearing within thirty (30) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. §8051 (1). The Board may extend this period for good cause shown.
 3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375, Subchapter IV.
 4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held or the proposed action of the Board becoming final without further hearing.
 5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final agency action appealable pursuant to 32 M.R.S. 90-A (4)(C) and the

Maine Administrative Procedure Act, 5 M.R.S. Chapter 375, Subchapter VII.

- C. Except in the specific circumstances where 5 M.R.S. §10004, Action without hearing, may be invoked, if the Board or staff concludes that suspension beyond the authority conferred by 32 M.R.S. §88 or revocation is in order, the Board or staff may request the Attorney General to file a complaint in the District Court.

Time limits in these Rules may be modified as necessary to address emergency license suspensions, consistent with the Maine Administrative Procedure Act.

§2. Initial License Applications

- 1. Issuance Subject to Letter of Guidance or Consent Agreement
 - A. A license may be issued in conjunction with a letter of guidance pursuant to 32 M.R.S. §88(4). The purpose of the letter is to educate the applicant, reinforce knowledge regarding legal or professional obligations, and express concern over action or inaction by the applicant that does not rise to the level of misconduct sufficient to merit denial of the application or negotiation of a consent agreement.
 - B. A license may be issued subject to a consent agreement with the applicant in accordance with 32 M.R.S. §88(3)(E) and 90-A (4)(A) if the applicant has engaged in conduct actionable under Maine EMS statutes or Rules and the terms of the consent agreement, in the opinion of the Board, subcommittee or staff, are adequate to protect the public health and safety and to rehabilitate or educate the licensee.
- 2. Denial
 - A. The staff or a subcommittee of the Board may deny an initial license application if done so in a written decision that reflects the reasons for the denial and informs the applicant of the right to appeal the decision to the Board.
 - B. A person or organization aggrieved by a subcommittee or staff decision to deny a license may appeal the decision to the Board for a final decision in accordance with 32 M.R.S. §91-A.
 - C. If the applicant wishes to appeal the denial, the applicant must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the denial. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. §8051 (1).

- D. The staff's or subcommittee's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
- E. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing unless otherwise required by law.
- F. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the basis for the Board's decision.
- G. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375, Subchapter VII.

§3. License Renewals

The staff or a subcommittee of the Board may recommend to the Board that it refuse to renew a license. Before presenting the recommended decision to the Board for consideration, staff shall mail or hand-deliver to the applicant/licensee written notice of the recommended decision and the reasons therefore with notice of applicant/licensee's right to request a hearing in accordance with the Administrative Procedure Act. Service is complete upon mailing to the applicant/licensee or the applicant/licensee's attorney, or upon in-hand delivery to the recipient or the recipient's office in accordance with 5 M.R.S. §8051 (2).

- 1. If the applicant/licensee wishes to request a hearing, the applicant/licensee must submit a written request for a hearing to the Board. The written request must be received by the Board within thirty (30) days of the applicant/licensee's receipt of notice of the proposed decision/opportunity to request hearing. Service of request is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. §8051 (1). Failure to submit a request within this period shall be deemed a waiver of the right to hearing, and the Board may adopt the recommended decision without further hearing.

The decision of the Board shall be in writing or stated on the record and reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the basis for the Board's decision.

- 2. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375, Subchapter VII.

§4. Other Staff/Board Actions

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the Board in taking any non-disciplinary action pursuant to the Board's statutes and Rules, including waiving the application of any rule, or in interpreting statutes or Rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 M.R.S. §91-A.
2. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the challenged decision. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. §8051 (1).
3. The staff's or subcommittee's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
4. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
5. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the basis for the Board's decision.
6. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375, Subchapter VII.

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 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 13: WAIVER OF RULES

§1. Upon the request of an individual, organization or on the Board's own initiative, the Board may waive any of these Rules by a two-thirds majority vote of those present and voting and by no less than a majority of the appointed and currently serving members, if it determines that such a waiver would avert a significant injustice while preserving the public safety and the integrity of the statutory and regulatory components of the State's EMS system.

§2. When determining whether to waive a rule, the Board will consider a number of factors including, but not necessarily limited to, the following:

1. Whether the person or organization seeking the waiver took reasonable steps to ascertain the rule and comply with it;
2. Whether the person or organization seeking the waiver was given inaccurate information by an agent or employee of the State EMS program;
3. Whether the person or organization seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived;
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community; and
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or office of EMS in its administration of Maine's EMS system.

A waiver is to be granted only under extraordinary circumstances. This means that the Board must find a number of the above factors weighing in favor of a waiver before it is granted.

The Board shall notify any person or organization requesting a waiver of its decision to grant or deny this request. The notice shall include a brief summary of the reasons for the Board's decision.

Any decision by the Board to deny a waiver may be appealed by the person or organization seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 14: SEXUAL MISCONDUCT

§1. Definitions

1. “EMS Provider” is an individual who is licensed or certified according to the provisions of 32 M.R.S. §81 *et seq.* and the Maine EMS Rules.
2. “Sexual misconduct” is behavior that exploits the EMS Provider-patient relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have a sexual connotation or that a reasonable person would construe as such. Sexual misconduct is considered unprofessional conduct pursuant to 32 M.R.S. §90-A(5)(F) and Chapter 11 of the Maine EMS Rules. There are two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in either category may be the basis for disciplinary action.
3. “Sexual violation” is any conduct by an EMS Provider with a patient that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to:
 - A. Sexual intercourse, genital to genital contact;
 - B. Oral to genital contact;
 - C. Oral to anal contact or genital to anal contact;
 - D. Kissing in a sexual manner;
 - E. Any touching of a body part for any purpose other than appropriate examination or treatment.
 - F. Encouraging the patient to masturbate in the presence of the EMS Provider or masturbation by the EMS Provider while the patient is present; and,
 - G. Offering to provide practice-related services, such as drugs, in exchange for sexual favors.

4. “Sexual impropriety” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
 - A. Kissing;
 - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
 - C. Examination or touching of genitals without a reported, suspected or obvious injury;
 - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
 - E. Using the EMS Provider-patient relationship to solicit a date or initiate romantic relationship;
 - F. Initiation by the EMS Provider of conversation regarding the sexual problems, preferences, or fantasies of the EMS Provider, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

§2. Sanctions

1. If the Board finds that an EMS Provider has engaged in sexual misconduct as defined in §1 of this chapter, the EMS Provider shall be disciplined in accordance with Maine statutes and these Rules.
 - A. All disciplinary sanctions under 32 M.R.S. §§ 88 and 90-A are applicable.
 - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.
 - C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh sanction, which may include license revocation.

2. Special consideration should be given to at least the following when determining an appropriate sanction for sexual misconduct:
 - A. Patient harm;
 - B. Severity of conduct;
 - C. Motive and intent of licensee;
 - D. Inappropriate termination of EMS Provider-patient relationship;
 - E. Age of patient;
 - F. Physical and mental capacity of patient;
 - G. Frequency and duration of behavior;
 - H. Number of patients involved;
 - I. Evaluation/assessment results.

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- April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

§1. Regions

1. The State of Maine shall be divided into four distinct EMS regions based on geographical county boundaries. Those regions shall be:

A. Region One: Cumberland and York Counties.

B. Region Two: Androscoggin, Franklin, Kennebec, Oxford, Sagadahoc, and Somerset Counties.

C. Region Three: Hancock, Knox, Lincoln, Penobscot, Piscataquis, Waldo, and Washington Counties.

D. Region Four: Aroostook County.

§2. Regional Councils

1. Designation

A. Each Region shall have one (1) Regional Council; an entity may not serve more than one region.

B. The Board shall designate regional emergency medical services councils, but in no event shall the number of regional councils exceed four (4).

C. Such regional councils shall be established by application for designation to be submitted by a business entity. Such application shall describe, at minimum, the region to be served and contain a list of nominees for appointment to voting membership of the council, on an application approved by the Board.

D. The Board, upon a finding that the regional council has failed to execute its duties, may designate another business entity, with a two-thirds majority vote

1. If an entity serving as the regional council is terminated for cause, the board may designate an entity to serve as the regional council until the Board designates a new entity through the designation process described in this sub-section. The temporarily appointed entity may be an entity that serves a separate region.

2. Roles and Responsibilities

- A. The Regional Council and its representative to the Board shall ensure information is shared between the Board, Committees, Entities of the Board, and Office, with the local agencies and stakeholders within the region served.
- B. The Regional Council shall appoint, subject to approval by the board, a Regional Medical Director, in accordance with §3(1) of this chapter.
- C. The Regional Council shall nominate candidates in accordance with 32 M.R.S. §89.
- D. The Regional Council shall establish a committee to carry out a plan of quality improvement approved by the Board.
- E. Each region shall have one (1) Regional Coordinator, who shall be responsible to the Regional Council. This Coordinator shall, with the advice and knowledge of the Regional Council, be responsible for the administration of regional plans, goals, and operations as defined in this rule.
 - 1. The Regional Coordinator shall be an ex-officio non-voting member of the Regional Council.
 - 2. The Regional Coordinator shall interface with and provide monthly updates to the Office of EMS.
 - 3. The vacancy of this position shall be reported to the Office of EMS within seven (7) calendar days.

3. Composition

- A. The regional council shall consist of the following voting members. No single Ambulance Service or Non-Transporting Emergency Medical Service shall have more than one voting representative on the council. A regional council shall, at a minimum, consist of:
 - 1. Three (3) representatives from Hospital(s) located within the region. Three (3) representatives from Maine EMS-licensed Ambulance Services or Non-Transporting Emergency Medical Services located within the region. One (1) representative of Emergency Medical Dispatch Services who is currently licensed by the Board. Seven (7) representatives currently residing within the region, one of whom is not licensed by the Maine EMS Board. There must, at minimum, be a member chosen from each county represented within the region

- B. A Regional Council shall have no more than 17 voting members.
- C. Voting members of the regional councils shall be limited by terms defined by the Regional Council bylaws.
- D. The names and public contact information for the voting members of the regional council shall be published digitally, and maintained by the regional council. Any changes in name or public contact information shall be published within seven (7) business days.

4. Duties

- A. Make and alter by-laws for its organization and internal management.
- B. Convene a meeting no less than four (4) times annually. Draft minutes will be recorded for each of these meetings, which will become final upon a vote of the council. Maine EMS-licensed entities within the region shall receive written notice no later than seven (7) days prior to the meeting. Finalized minutes will be provided within five (5) business days after council approval to the Office of EMS and any Maine EMS-licensed entities within the region.
- C. Develop and submit to the Board a comprehensive Regional Plan that provides for the organization and implementation of regional goals and strategies in alignment with the goals and objectives defined by the Board and as defined in the Request for Proposal, if applicable. This plan shall identify how the Regional Council will provide support to Ambulance Services and Non-Transporting services, and be accompanied by an analysis of regional operations that includes the identification of resources needed to meet the goals and strategies identified within the plan. This plan shall be subject to annual approval by the Board; submission shall be no later than August 15 of each calendar year. The Board will approve or reject the submitted plan within 70 calendar days after the deadline for submission. If a plan is rejected, a Regional Council shall be afforded 60 calendar days to submit a modified plan to the Board for approval.
- D. Develop a comprehensive Quality Assurance and Improvement plan approved by the Board. This plan must be reviewed and approved by the Board at a minimum every three (3) years.
 - 1. The plan shall be based on an ongoing region-wide assessment of EMS and EMD services operating within the region, and the quality of service-level quality assurance/quality improvement efforts.

- E. Undertake or cause to be undertaken plans, surveys, analyses and studies necessary, convenient or desirable for the effectuation of its purposes and powers, and to prepare recommendations and reports in regard thereto.

§3. Regional Medical Director

1. Each region shall have one (1) Regional Medical Director, who shall be a Maine licensed physician affiliated with a hospital within the region they serve.

2. Appointment

- A. Upon appointment by the region, the qualifications and experience of the licensed physician will be submitted to the Board. The Board, in consultation with the Medical Direction and Practices Board, shall vote to confirm the appointment.

3. Duties

- A. A Regional Medical Director shall serve as a point of contact, coordination, and advice for Service-Level Medical Directors. A Regional Medical Director may, at their discretion, serve as a Service-Level Medical Director.
- B. Attend 75% of Regional Quality Assurance and Improvement Committee Meetings.
- C. Serve as the regional representative to the Medical Direction and Practices Board, maintaining compliance with that board's bylaws.
- D. Will refer, as appropriate, cases to the Office of EMS for investigation, and after adjudication by the Board of EMS, will serve as a coordinator for referred matters. A Regional Medical Director may not be referred a matter that involves a Maine-EMS licensed entity for which they serve as a Service-Level Medical Director; the matter should be directed to the Associate Regional Medical Director, or if one isn't available, a Regional Medical Director in another Region.

4. Delegation of Duties

- A. The Regional Medical Director may delegate in writing to other licensed physicians the responsibilities of their position. This written delegation must be submitted to the Office of EMS prior to the delegation's effect.
- B. The Regional Medical Director may not delegate their representation on the Medical Direction and Practices Board.

§4. Associate Regional Medical Director

1. Each region may have one (1) Associate Regional Medical Director, who shall be a Maine-licensed physician.

2. Appointment

- A. The Associate Regional Medical Director shall be designated by, with the advice of the Regional Medical Director, the Regional Council.

3. Duties

- A. The Associate Regional Medical Director may assist the Regional Medical Director in carrying out their duties.

- B. The Associate Regional Medical Director may perform the functions of the Regional Medical Director as delegated in writing and after submission of such delegation to the Office of EMS.

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES
PERSONS WHO DIE IN THE LINE OF DUTY.**

Summary: This chapter outlines the procedures governing the award of death benefits to the child, spouse or parent of an emergency medical services person who dies while in the line of duty.

§1. Definitions

1. “Child” means any natural born or unborn child, legally adopted child, or stepchild of an emergency medical services person who, at the time of the emergency medical services person’s death, is:
 - A. Conceived or less than 19 years of age
 - B. 19 or more years of age, but less than 25 years of age, and accepted for admission or enrolled in a full-time postsecondary educational institution or
 - C. 19 or more years of age and is incapable of self-support because of a physical or mental disability.
2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or illness that results in death as a result of the performance of an emergency medical services person’s official duty.
3. “Director” means the Director of Maine Emergency Medical Services as defined in 32 M.R.S. §83, sub-§10-A.
4. “Emergency medical services person” has the same meaning as in 20-A M.R.S. Sec 12552, §1-C with 25 M.R.S. Sec 1611, §3.
5. “Official duty” means an action that an emergency medical services person is authorized or obligated by law, rule, regulation or condition of employment or service to perform.
6. “Parent” means the natural or adoptive mother or father, or the stepmother or stepfather, whose parental rights have not been terminated and who contributed significantly to the upbringing of an emergency medical services person.
7. “Spouse” means a person who is legally married to an emergency medical services person at the time of the emergency medical services person’s death.

8. “Under the influence” means under the influence of alcohol, a drug other than alcohol, a combination of drugs or a combination of alcohol and drugs or having a blood alcohol level of .08% or more.

§2. Death Benefit – Amount and Receipt

1. If the Director determines that an emergency medical services person died while in the line of duty, the State shall pay a benefit of such an amount as pursuant to M.R.S. 25 §1612 as follows:
 - A. If there is no surviving child of the emergency medical services person, to the surviving spouse;
 - B. If there is a surviving child or children and a surviving spouse of the emergency medical services person, 1/2 to the surviving child or children in equal shares and 1/2 to the surviving spouse;
 - C. If there is no surviving spouse of the emergency medical services person, to the child or children in equal shares; or
 - D. If there is no surviving child or spouse, to the parent or parents of the emergency medical services person, in equal shares.

§3. Limitation on Benefit

1. Notwithstanding a determination by the Director that an emergency medical services person died while in the line of duty, a benefit may not be paid:
 - A. If the death or the injury or illness that resulted in the death was caused by the intentional misconduct of the emergency medical services person or by the emergency medical services person’s intention to bring about the death or the injury or illness that resulted in the death;
 - B. If the emergency medical services person was voluntarily under the influence at the time of the death or the injury or illness that resulted in the death and being under the influence was a substantial contributing factor in the death or the injury or illness that resulted in the death;
 - C. If the emergency medical services person was performing in a grossly negligent manner at the time of the death or the injury or illness that resulted in the death;
 - D. To any person who would otherwise be entitled to a benefit pursuant to 25 M.R.S. c. 195-A and this chapter, if the person’s actions were a substantial contributing factor to the death of the emergency medical services person; or

- E. If the potentially eligible child, spouse, or parent dies prior to actual receipt of this death benefit.

§4. Filing Request for Benefit

1. A person who is potentially eligible to receive these benefits, or a person authorized to request benefits acting as an agent of a potentially eligible person, must forward a written request to the Director for a State of Maine Application for Line of Duty Death Benefit within 90 days of the emergency medical services person's death. The 90-day period may be extended by the Director for good cause shown.
2. Upon receipt of the written request for a State of Maine Application for Line of Duty Death Benefit, the Director shall provide an application package and questionnaire that must be completed and returned within 30 days of receipt by the applicant. The 30-day period may be extended by the Director for good cause shown.

§5. Determination of Eligibility for Benefit

1. Upon receipt of a completed State of Maine Application for Line of Duty Death Benefit, the Director shall appoint a review panel consisting of at least three, but not more than five, persons knowledgeable in the emergency medical services person's official duties.
2. The review panel shall convene to review the application, investigate the circumstances surrounding the death and make a written recommendation to approve or deny the application to the Director within 30 days. If the Director determines that further investigation is necessary, the Director may extend the review period.
3. The Director, after review of the recommendation, shall make the determination to approve or deny the application in a timely manner. The Director's determination is the final agency decision.

§6. Interim Benefits

The Director may make interim benefits payments in accordance with and subject to the limitations outlined in 25 M.R.S. §1612.

§7. Appeal

An appeal of the final agency decision may be filed in accordance with the *Administrative Procedure Act*, 5 M.R.S. Chapter 375 Subchapter VII.

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January 10, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 17: MINIMUM REQUIRED EQUIPMENT LISTS FOR MAINE EMS
SERVICES AND REGIONAL EMS RADIO FREQUENCIES**

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made. There may be instances where the Maine EMS Prehospital Treatment Protocols allow for additional skills or therapies not listed in this chapter.

§1. Required Equipment List for Non-Transporting Services, Ground Ambulance Services, Transfer Air Ambulance Services and Scene Response Air Ambulance Services.

1. Any Non-Transporting Service, Ground Ambulance Service, Transfer Air Ambulance Service or Scene Response Air Ambulance Service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.
 - A. All medical equipment and medical supplies required in this section must be latex free.
 - B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in this chapter.
 - C. The Emergency Medical Technician (EMT) set of equipment is the minimum set of required equipment for a Ground Ambulance Service.
 - D. The Emergency Medical Responder (EMR) set of equipment is the minimum set of required equipment for a Non-Transporting Service.
 - E. If a Ground Ambulance Service is licensed at the Advanced Emergency Medical Technician (AEMT) or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.
 - F. If a Non-Transporting Service or a Ground Ambulance Service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.

§2. Airway management supplies

§2. Airway Management		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Airways, Nasal	20 French	1	1	1	1	1	1
Airways, Nasal	22 French	1	1	1	1	1	1
Airways, Nasal	24 French	1	1	1	1	1	1
Airways, Nasal	26 French	1	1	1	1	1	1
Airways, Nasal	28 French	1	1	1	1	1	1
Airways, Nasal	30 French	1	1	1	1	1	1
Airways, Nasal	32 French	1	1	1	1	1	1
Airways, Oral	40 mm	1	1	1	1	1	1
Airways, Oral	50 mm	1	1	1	1	1	1
Airways, Oral	60 mm	1	1	1	1	1	1
Airways, Oral	70 mm	1	1	1	1	1	1
Airways, Oral	80 mm	1	1	1	1	1	1
Airways, Oral	90 mm	1	1	1	1	1	1
Airways, Oral	100 mm	1	1	1	1	1	1
Airways, Oral	110 mm	1	1	1	1	1	1
Aspirator, Bulb	Small	1	1	1	1	1	1
Meconium Aspirator					1	1	1
Bag Valve Mask ¹	Adult, Child, Infant	1	1	1	1	1	1
Bougie	Adult & Pediatric				1	1	1
Continuous Positive Airway Pressure (CPAP) Device ²			1 (Optional)	1	1	1	1
Endotracheal Tube, 1 Set	Cuffed, 1 of Each Size (2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5)				1	1	1
Tube Securing Device or Umbilical tape	Adult and Pediatric				1	1	1
Gastric Tubes, One set	1 of Each Size (5, 6, 8, 10, 12, 14, 18)				1	1	1
Magill Forceps	Large & Small				1	1	1

¹ Automatic, pressure cycled resuscitators are not acceptable.

² CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO₂, capable of regulating Positive End Expiratory Pressure (PEEP), latex-free, and the ability to attach a nebulizer.

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§2. Airway Management Continued		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Laryngoscope Handle	Large & Small				1	1	1
Laryngoscope Blades - Straight	1 Each Size (0, 1, 2, 3, 4)				1	1	1
Laryngoscope Blades - Curved ³	1 Each Size (1, 2, 3, 4)				1	1	1
Lubricating Jelly		1	1	1	1	1	1
CPR Pocket Masks		1	1	1	1	1	1
Nebulizers ⁴			2	2	2	2	2
Oxygen Masks	Adult non-rebreather	2	2	2	2	2	2
Oxygen Masks	Adult Nasal Cannula	2	2	2	2	2	2
Oxygen Masks	Pediatric non-rebreather	2	2	2	2	2	2
Oxygen Masks	Pediatric Nasal Cannula	2	2	2	2	2	2
Oxygen Masks	Infant non-rebreather	2	2	2	2	2	2
Stylet	Pediatric				1	1	1
Suction Apparatus ⁵	Manual	1					
Suction Catheter, Flexible, one set	Flexible all sizes (6, 8, 10, 12, 14) Fr		1	1	1	1	1
Suction Catheter	Rigid Tip		1	1	1	1	1
Suction Device	Portable ⁶		1	1	1	1	1
Surgical Airway Set ⁷⁻⁸							
Cuffed Tracheostomy Tube ⁹					1	1	1
Tracheal Hook					1	1	1
Kelly Clamp					1	1	1

³ Hyperangulated blades are not accepted

⁴ Suitable for use with adult and pediatric patients

⁵ Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters

⁶ Capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery.

⁷ May be commercially prepared, but must contain items listed

⁸ MDPB approved percutaneous cricothyroidotomy kits only if they follow the method of piercing the cricothyroid membrane

⁹ recommended 6.0 internal diameter for adults

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§2. Airway Management Continued		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
4" X 4" Sterile Sponges					6	6	6
#10 or #11 Scalpel Blade					2	2	2
Povidone Iodine/Chlorohexidine ¹⁰					1	1	1
Scalpel Blade Handle					1	1	1
Sterile Surgical Gloves, Pair					2	2	2
10 mL Syringe					1	1	1
Transtracheal inflation tubing					1	1	1
14 ga. 2" IV Catheters					2	2	2
Chest Decompression Set ¹¹							
14 ga. 3.25" IV Catheters					2	2	2
Surgical Antiseptic Swabs					4	4	4
20 mL Syringe					2	2	2
One-way Type Valve Assembly					2	2	2
One set of option "A" or option "B"							
Option A							
Periglottic devices, one set ¹²	All Sizes (1, 1.5, 2, 2.5, 3, 4, 5)			1	1	1	1
Option B							
Transglottic Device, one set ¹³	All Sizes (0, 1, 2, 2.5, 3, 4, 5)			1	1	1	1

§3. Diagnostic and Monitoring Equipment

§3 Diagnostic & Monitoring		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Automatic External Defibrillator (AED)		1	1				
AED Pads	Adult	2	2				
AED Pads	Pediatric	2	2				
Cardiac Monitor/Defibrillator capable of & including:							
Pediatric and adult defibrillation				1	1		
Cardioversion							
Pacing							
Manually selectable joule settings				1			

¹⁰ Or other FDA Approved Patient Antiseptic Skin Preparations as a means to prep and cleanse the skin

¹¹ May be commercially prepared, but must contain items listed

¹² It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

¹³ It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

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12 Lead Electrocardiogram (ECG) Monitoring		1 (Optional)				
Paper strip ECG recordings						
ECG Electrodes		30 (Optional)			30	
Defibrillator Pads, Adult					2	
Defibrillator Pads, Pediatric					1	
Disaster Tags	24	24	24	24	24	24
Doppler					1	1
End Tidal CO2 monitor with waveform display			1	1	1	1
End Tidal CO2 Nasal	Adult		2	2	2	2
End Tidal CO2 Nasal	Pediatric & Infant		2	2	2	2
End Tidal CO2 Inline Adapters	Adult		2	2	2	2
End Tidal CO2 Inline Adapters	Pediatric & Infant		2	2	2	2
Glucometer		1	1	1	1	1
Glucometer Test Strips		1	1	1	1	1
Pulse Oximeter ¹⁴		1	1	1	1	1
Thermometer	Non-Glass	1	1	1	1	1
Sphygmomanometer	Infant Size	1	1	1	1	1
Sphygmomanometer	Child Size	1	1	1	1	1
Sphygmomanometer	Adult Size	1	1	1	1	1
Sphygmomanometer	Large Adult Size	1	1	1	1	1
Stethoscope	Adult	1	1	1	1	1
Stethoscope	Pediatric	1	1	1	1	1

§4. Dressings & Bandages

§4 Dressings & Bandages		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Aluminum Foil ¹⁵		1	1	1	1	1	1
Adhesive Bandages	Assorted Sizes	1	1	1	1	1	1
Bandages	Triangular	4	4	4	4	4	4
Bandages ¹⁶	Roller	4	4	4	4	4	4
Burn Sheet	Sterile	2	2	2	2	2	2
Occlusive Dressing		2	2	2	2	2	2

¹⁴ Suitable for use with adult and pediatric patients

¹⁵ Acceptable Alternative - An occlusive dressing as well as a device for wrapping a newborn, such as a space blanket, must be present.

¹⁶ Roller Bandages must be self-adhering and 3 inches minimum width.

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§4 Dressings & Bandages continued		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Universal Dressing	8" X 30" Minimum	3	3	3	3	3	3
Surgical Dressings	Minimum 5" X 9"	4	4	4	4		4
Hemostatic Agent ¹⁷	Gauze Format	1	1	1	1		1
Obstetrical Kit		1					
Sterile Gloves, Pair		2					
Scissors		1					
Umbilical Cord Clamp		2					
Sterile Dressings		2					
Towel		1					
Small Bulb Aspirator		1					
Plastic Bag		1					
Receiving Blanket		1					
Trauma Shears		2	2	2	2	2	2
Sterile Sponge	4" X 4"	12	12	12	12	12	12
Adhesive Tape	Assorted Sizes	2	2	2	2	2	2
Tourniquet ¹⁸		2	2	2	2	2	2

§5. Fluids & Medications

§5 Fluids & Medications		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Drug Storage Container ¹⁹		1	1	1	1	1	1
Logbook	Drug Storage Container	1	1	1	1	1	1
Saline, Sterile ²⁰		2	2	2	2	2	2
Intraosseous Needles ²¹	15 ga. Or equivalent			2	2	2	2
Intravenous Administration Set	Macro-Drip			2	2	2	2

¹⁷ Must support wound packing

¹⁸ Must be a commercially manufactured device in its original packaging, be a minimum of one inch wide, be latex free, and use a windlass or mechanical advantage to tighten the device.

¹⁹ As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules.

²⁰ Must be unexpired, in commercially sealed container(s), and total no less than 500 ml (multiple smaller size containers are acceptable).

²¹ Suitable for use with adult and pediatric patients

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§5 Fluids & Medications continued		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
IV Fluid	D5W				1	1	1
IV Fluid	Volume Replacement			6000 mL	6000 mL	6000 mL	6000 mL
IV Needle Catheter ²²	Size 14			2	2	2	2
IV Needle Catheter	Size 16			2	2	2	2
IV Needle Catheter	Size 18			2	2	2	2
IV Needle Catheter	Size 20			2	2	2	2
IV Needle Catheter	Size 22			2	2	2	2
IV Needle Catheter	Size 24			2	2	2	2
Oxygen	“D” Cylinder (410 Liters)	2	2	2	2	See Chapter 4	
Mucosal Atomization Device	For IN medication administration	1	1	1	1	1	1
Pediatric Length/Weight Based Tape		1	1	1	1	1	1
Pump ²³	Intravenous				1	1	1
Administration Set	Intravenous			2	2	2	2
Pressure Bag	IV			2	2	2	2

§6. Immobilization

§ 6. Immobilization		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Restraints, one set ²⁴	Soft		1	1	1	1	1

²² All IV catheters must be "over the needle" type catheters.

²³ Pump must be: U.S. Food and Drug Administration approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source.

²⁴ Commercially available

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Rigid Extrication Collar ²⁵	Adjustable to small, medium, and large	2	2	2	2	2	2
Rigid Extrication Collar	Pediatric Size		2	2	2	2	2
Immobilization Device	Head		1	1	1	1	1
Spinal immobilization Device ²⁶	Long		1	1	1	1	1
Spinal Immobilization device	Short		1	1	1		
Splint, Traction ²⁷	Adult Size		1	1	1		1
Splints, Padded Board ²⁸	3" X 36"		4	4	4		2
Splints, Padded Board	3" X 15"		4	4	4		2

§7. Patient Comfort

§7. Patient Comfort	Minimum Required Quantities for Service License or Permit Level					
Item	EMR	EMT	AEMT	Paramedic	Air Transfer Service	Scene Response Air Ambulance
Blankets	2	2	2	2	2	2
Emesis Basins	2	2	2	2	2	2
Pillows		2	2	2		
Sheets		2	2	2		
Towels	4	4	4	4		

§8. Personal Protective & Safety Equipment

§8 Personal Protective & Safety Equipment		Minimum Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance

²⁵ Soft collars are not acceptable

²⁶ A rigid Flight Frame is an acceptable alternative to a long and short spinal immobilization device

²⁷ Pediatric size is recommended

²⁸ Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.

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Fire Extinguisher ²⁹		1	1	1	1		
Flashlight		1	2	2	2	2	2
Gloves ³⁰	Non-latex	10	10	10	10	10	10
Protective Goggles	Pair	4	4	4	4	4	4
Gowns/Overalls ³¹		4	4	4	4	4	4
Masks	N-95 Small	4	4	4	4	4	4
Masks	N-95 Large	4	4	4	4	4	4
Masks	Surgical	4	4	4	4	4	4
Reflective Safety Vest		2	2	2	2		
Sharps Container			1	1	1	1	1

§9. Transporting Equipment

§9. Transporting Equipment		Minimum Required Quantities for Service License or Permit Level				
Item	Description	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Pediatric Transport Device		1	1	1	1	1
Stretcher ³²	Folding	1	1	1		
Straps ³³		3	3	3	3	3
Ventilator ³⁴					1	1

§10. Hospital Frequencies

Region 1	Southern Maine	155.325
Region 2	Tri County	155.340
Region 3	Kennebec Valley	155.400
Region 4	Northeast	155.355
Region 5	Aroostook	155.340
Region 6	Mid-Coast	155.340
"Statewide Net" (Maine EMS mobile-to-mobile)		155.385

²⁹ A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis

³⁰ Small, Medium, Large & Extra-Large Sizes

³¹ Material and design must provide a protective barrier against contact with patient's body fluids.

³² Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher.

³³ 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.

³⁴ Must have external continuous waveform end-tidal Carbon Dioxide monitoring.

AUTHORITY: 32 M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 18: QUALITY ASSURANCE AND IMPROVEMENT

§1. Definitions

1. *Emergency Medical Services (EMS) Quality Assurance Committee* means a quality assurance committee approved by the Board or Maine EMS pursuant to 32 M.R.S. §92-A, including but not limited to service-level quality assurance committees.
2. *Maine EMS Quality Assurance and Improvement Committee* mean the standing committee established by the Board pursuant to 32 M.R.S. §88(2)(J).
3. *Quality Improvement Initiative* means review and assessment of Maine EMS system data by Maine-EMS-approved quality assurance committees for the purpose of improving patient care.
4. *Quality Improvement Marker* means a measurable standard within a Maine EMS protocol established by an emergency medical services quality assurance committee.

§2. Maine EMS Quality Assurance and Improvement Committee

1. The Maine EMS Quality Assurance and Improvement Committee is authorized by the Board to perform EMS system quality assurance and improvement, including, but not limited to:
 - A. Creating statewide quality improvement markers;
 - B. Conducting Quality Improvement Initiatives, as approved by the Board;
 - C. Receiving and interpreting results of quality marker reports;
 - D. Responding, in concert with regional medical directors and regional coordinators, to requests for assistance regarding local services' sub regional quality assurance and improvement plans;
 - E. Publishing and updating the Maine EMS Quality Assurance and Improvement Manual;
 - F. Leading or participating in state-based quality management education; and,
 - G. Reviewing quality assurance and improvement management of Board-approved pilot projects when requested by the Board, the Medical Direction and Practices Board or the pilot project participant(s).

§3. Emergency Medical Services Quality Assurance Committees

1. A Board or Maine EMS -approved emergency medical services quality assurance committee must participate in EMS quality assurance activities, including, but not limited to:

- A. Gathering and submitting data as part of a Maine EMS Quality Assurance and Improvement Committee Quality Improvement Initiative; and,
- B. Conducting a program of quality assurance and improvement in accordance with 32 M.R.S.A Chapter 2-B, and these Rules.

§4. Emergency Medical Services Persons and EMS Services

Licensed emergency medical services personnel and licensed EMS services shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

§5. Emergency Medical Dispatchers and Emergency Medical Dispatch Centers

Emergency Medical Dispatchers and Emergency Medical Dispatch Centers shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

AUTHORITY: 32 M.R.S. §§ 84(1), 88(2)(J) & 92-A(1).

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16 DEPARTMENT OF PUBLIC SAFETY

163 EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)

Chapter 19: COMMUNITY PARAMEDICINE

SECTION 1. DEFINITIONS

1. ***“Community Paramedicine”*** means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician.
2. ***“Episodic”*** means an encounter with a patient focused on presenting concerns and an identified medical condition in which neither the community paramedic nor the patient has the expectation of an ongoing general home care relationship;"
3. ***“Formulary”*** means a list of substances that may and may not be administered, and the routes available for their administration in the context of Community Paramedicine.
4. ***“Community Paramedicine Affiliate”*** means an emergency medical services person with active, unrestricted licensure, at minimum at the EMT level, who is licensed by the Board to provide community paramedicine according to the affiliate-level scope-of-practice, this chapter of rules, and the scope of practice to which they are otherwise licensed by the Board.
5. ***“Community Paramedicine Technician”*** means an emergency medical services person with active, unrestricted licensure, at minimum at the AEMT level, who is licensed by the Board to provide community paramedicine according to the affiliate-level scope-of-practice, this chapter of rules, and the scope of practice to which they are otherwise licensed by the Board.
6. ***“Community Paramedic”*** means an emergency medical services person with active, unrestricted licensure, at minimum at the Paramedic level, who is licensed by the Board to provide community paramedicine according to the affiliate-level scope-of-practice, this chapter of rules, and the scope of practice to which they are otherwise licensed by the Board.
7. ***“Community Paramedicine Personnel”*** means an emergency medical services person licensed as a Community Paramedicine Affiliate, Community Paramedicine Technician, or Community Paramedic.

8. ***“IBSC”*** means the International Board of Specialty Certification.
9. ***“CP-C”*** means Certified Community Paramedic through the IBSC.
10. ***“Primary Care Medical Director”*** means a physician or a nurse practitioner who has completed the required clinical experience pursuant to 32 M.R.S. §2102(2- A), who assumes primary responsibility to ensure quality medical care for community paramedicine program. A physician assistant may assist in this role under the direct supervision of a physician; however, the supervising physician must be identified to Maine EMS as the medical director. A Primary Care Medical Director must be licensed and practicing in a primary care capacity within the State of Maine.
11. ***“Business Records”*** means any document or record associated with doing business in the State of Maine, including, but not limited to: Insurance documents, office space leases, ownership/incorporation documents, business bank records, municipal permits or approvals, infectious waste agreements, business policies/procedures, and personnel files.

SECTION 2. COMMUNITY PARAMEDICINE PERSONNEL CONDITIONAL LICENSURE

1. Conditional Licensure
 - A. Any person licensed in Maine to provide emergency medical treatment and who actively practiced community paramedicine prior to July 1, 2024, may be eligible to apply for conditional licensure. Applicants must demonstrate the following:
 - (1) Active community paramedicine practice in the State of Maine prior to July 1, 2024, as evidenced by a minimum of 10 community paramedicine patient care reports in the Maine EMS and Fire Incident Reporting System, completed within the past year.
 - (2) Proof of initial education received and completion of a Maine EMS evaluation of said education:
 - (a) The education received must relate to the provision of Community Paramedicine.
 - (3) Proof of eight (8) hours of continued education related to community paramedicine.
2. Those conditionally licensed under this subsection, may only provide community paramedicine according to the scope of practice for the level of licensure they are licensed at per Chapter 5 §2.

SECTION 3. COMMUNITY PARAMEDICINE PERSONNEL LICENSURE LEVELS

1. Community Paramedicine Personnel Licenses are issued for the following levels of care in ascending order. To be eligible to receive licensure , an applicant must meet the standards as defined below:

- A. Community Paramedicine Affiliate

- (1) Current active and unrestricted licensure as an EMT, AEMT, or Paramedic.

- B. Community Paramedicine Technician

- (1) Current active and unrestricted licensure as an AEMT or Paramedic.

- C. Community Paramedic

- (1) Current active and unrestricted licensure as a Paramedic

- (2) CP-C Certificate from the IBSC or an equivalent as judged by Maine EMS.

2. Community Paramedicine Personnel licensed under this chapter are not permitted to exceed the scope of Community Paramedicine care at their agency's level or permitted level of licensure.

3. Licensure

- A. To obtain and maintain a new or renewed Community Paramedicine license, the applicant must:

- (1) At the time of initial application, be affiliated with a Maine EMS licensed service approved by the Board to provide Community Paramedicine Services.

- (2) At the time of application, the applicant must have held personnel licensure at the level that makes them eligible for the community paramedicine licensure level for greater than two years, or one licensure cycle, whichever is greater, and the applicant must be documented in a caregiver role at the EMT, AEMT, or Paramedic level on at least 24 electronic patient care reports in the Maine EMS

Fire and Incident Reporting System involving contact with a patient while licensed at that level.

(3) Possess and maintain active, unrestricted licensure at the level appropriate for the desired license level:

(a) For the Community Paramedicine Affiliate level license, the applicant must have an EMT, AEMT, or Paramedic license.

(b) For the Community Paramedicine Technician level license, the applicant must have an AEMT or Paramedic level license.

(c) For the Community Paramedic level license, the applicant must have a Paramedic license as well as a Board-approved CP-C certificate or an equivalent, as determined by the Office of EMS.

(4) Submit the following to Maine EMS:

(a) A completed Maine EMS Community Paramedicine application provided by the Office of Maine EMS that is signed by the applicant.

(b) For initial licensure, the applicant must provide a verifiable copy of a transcript showing the successful completion of Maine EMS-approved training as described in Maine Community Paramedicine Education Standards, dated June 30, 2024, at a level appropriate for the desired level of licensure, or education judged as equivalent by Maine EMS, obtained within two years of the date of application.

(i) Education should include both didactic instruction and clinical hours.

(c) A Certificate of Completion of State of Maine Mandated Reporter Training.

(d) In the case of an applicant whose Community Paramedicine license is current or not expired by more than two years, proof of completion of Board approved continuing education hours.

(i) For all levels of licensure, the applicant must submit proof of completion of 16 hours of Maine EMS-approved continuing education in community paramedicine topics, as specified by Maine EMS, provided that:

1. Certificates of continuing education hours have not been used for a previous license renewal and have been earned within their licensure cycle

2. Include a minimum 1 hour of mandated reporter training.

(5) Submit a complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

SECTION 4. SCOPE OF PRACTICE

1. The Community Paramedicine scope of practice is considered to be additive to the applicant's primary Maine EMS clinician level of licensure.
2. The scope of practice for the Community Paramedicine Affiliate, Community Paramedicine Technician, and Community Paramedic is defined within the Community Paramedicine Scope of Practice Document, dated December 20, 2022, and which is incorporated by reference. Copies of this document are available at Maine EMS, 152 State House Station, Augusta, ME 04333-0152.

SECTION 5. COMMUNITY PARAMEDICINE FORMULARY

1. The Formulary identifies what medications may or may not be administered following a physician order for a Community Paramedicine provider. The formulary will act as an expansion of existing protocols. The formulary is defined within Community Paramedic or Technician at the Paramedic Level Formulary, dated May 2, 2023, and which is incorporated by reference. Copies of this document are available at Maine EMS, 152 State House Station, Augusta, ME 04333-0152.

SECTION 6. EDUCATIONAL REQUIREMENTS FOR LICENSURE

1. A Training Center currently licensed by Maine EMS in accordance with Chapter 8-A, is approved to conduct training programs that qualify an individual for licensure under this chapter.
2. An educational program that qualifies an individual for licensure under this chapter must:
 - A. Test student proficiency and periodically measure student learning;
 - B. Maintain records of student attendance at didactic sessions, practical laboratory requirements, and performance of clinical requirements;
 - C. Provide, by policy, for the removal of a student from the course for unsatisfactory performance; and

- D. Demonstrate that the program has adequate training space, equipment and other resources to conduct the particular level of instruction.

3. Community Paramedicine Affiliate

- A. Programs qualifying an individual for licensure at the Community Paramedicine Affiliate level must:

- (1) Consist of a minimum of 32 hours of didactic, hands-on, and clinical rotations addressing the following topics:

- (a) The social determinants of health model;
- (b) The role of a Community Paramedicine Affiliate in public health and primary care;
- (c) Developing cultural competency;
- (d) Chronic disease management;
- (e) Recognition and treatment of mental health; and
- (f) Personal safety and wellness of the Community Paramedicine affiliate.

4. Community Paramedicine Technician

- A. Programs qualifying an individual for licensure at the Community Paramedicine Technician level must:

- (1) Consist of a minimum of 96 hours of didactic, hands-on, and clinical rotations addressing the following topics:

- (a) The social determinants of health model;
- (b) The role of a Community Paramedicine Technician in public health and primary care;
- (c) Developing cultural competency;
- (d) Personal safety and wellness of the Community Paramedicine Technician;
- (e) Chronic disease management; and

(f) Recognition and treatment of mental health.

5. Community Paramedic

A. A minimum of 1800 hours of didactic, hands-on, and clinical rotations addressing the following topics:

- (1) The social determinants of health model;
- (2) The role of a Community Paramedic in public health and primary care;
- (3) Developing cultural competency;
- (4) Personal safety and wellness of the Community Paramedic;
- (5) Systems of Care;
- (6) Chronic disease management;
- (7) Recognition and treatment of mental health; and
- (8) Pandemic response.

6. The education standards identify the standards Community Paramedicine education must follow. This is inclusive of minimum hours, initial education, and continuing education. The standards are defined within Maine Community Paramedicine Education Standards, dated June 30, 2024, and which is incorporated by reference. Copies of this document are available at Maine EMS, 152 State House Station, Augusta, ME 04333-0152.

SECTION 7. COMMUNITY PARAMEDICINE AGENCY DESIGNATION

1. Agency Designations will only be valid until November 30, 2025, and will not be issued after that date. Following November 30, 2025, agencies will need to obtain a Community Paramedicine license as described in section 8 of this Chapter in order to provide Community Paramedicine in the State of Maine.

2. To obtain a new Community Paramedicine designation prior to November 30, 2025, an emergency medical services provider, including but not limited to an ambulance service or non-transporting emergency medical service, must apply to Maine EMS for approval. In order to obtain this designation, the provider must:

A. Apply on forms available from the Office of Maine EMS;

- B. Provide a description of the intended Community Paramedicine plan to be approved by the Board or Maine EMS staff;
 - C. Provide a quality assurance and quality improvement plan that directly addresses Community Paramedicine;
 - D. Identify a primary care medical director with whom it plans to work. The Primary Care Medical Director may serve as the Service-level medical director. An individual serving in both capacities must be clearly identified to Maine EMS as fulfilling both roles; and
 - E. Demonstrate to Maine EMS that it has designated an emergency medical services medical director.
3. Once an application for a new Community Paramedicine designation has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the designation within 70 days. Applications for a new Community Paramedicine designation will only be accepted until 70 days before November 30, 2025.
 4. All designations will be issued with an expiration date of November 30. Designations active as of November 30, 2025, will be issued Community Paramedicine licensure at their level, with an expiration date of November 30, 2026. Designations issued licensure in this fashion will be required to meet the provisions of section 7 of this rule to renew their licensure.

SECTION 8. COMMUNITY PARAMEDICINE SERVICE LICENSURE

1. To obtain a new Community Paramedicine service license, an emergency medical services provider, including but not limited to an ambulance service or non-transporting emergency medical service, must apply to Maine EMS for approval. In order for the application to be considered complete, the applicant must:
 - A. Apply on forms available from the Office of Maine EMS;
 - B. Provide a description of the intended Community Paramedicine Plan to be approved by the Board or the Office of Maine EMS addressing at a minimum:
 - (1) A training plan
 - (2) Referral process
 - (3) Agency-specific protocols

- C. Proof of current licensure of all licensed community paramedicine personnel employed directly by the agency.
- D. The Community Paramedicine Licensed service shall keep a personnel file for each community paramedicine personnel employed which shall include, but not be limited to:
 - (1) Their application for employment;
 - (2) Evidence of current qualifications;
 - (3) Evidence of orientation and in-service training; and
 - (4) Periodic evaluations.
6. Any licensed service shall work to coordinate and communicate with local Home Health Agencies, Hospice, other community, and social services, and local ED providers within the area served. In coordination of services they shall work to avoid any duplication of services.
7. Once an application for a new Community Paramedicine Service license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within 70 days.
8. Any actively licensed Community Paramedicine Agency that wishes to change their Community Paramedicine Plan approved by the Board and/or the Office of Maine EMS, must submit a formal request to the Office of Maine EMS prior to effecting those changes.
 - A. If the change is deemed a significant change in the scope of work the agency may be required to submit a new application.
 - B. If the change is deemed a minor change the agency will just need to submit an addendum for review by the office. Following review and approval the agency can implement said change.
9. All Community Paramedicine Agency Licenses will be issued for up to 13 months, with an expiration date of November 30.

This section of the rule is effective 70 days prior to November 30, 2025.

SECTION 9. COMMUNITY PARAMEDICINE SERVICE LICENSURE RENEWAL

1. A service applying for renewal of their Community Paramedicine Service Licensure must demonstrate, as specified by the Office of Maine EMS, that they have provided Community Paramedicine services at least once (1) within the preceding licensure term.
2. Once an application for a renewed Community Paramedicine Service license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within 70 days.
3. To obtain a renewed Community Paramedicine service license, an emergency medical services provider, including but not limited to an ambulance service or non-transporting emergency medical service, must apply to Maine EMS for approval. In order for an application to be considered complete, the applicant must:
 - A. Apply on forms available from the Office of Maine EMS;
 - B. Demonstrate, as required by the Office of Maine EMS, that they continue to meet the requirements of Section 7 of this rule.

SECTION 10. COMMUNITY PARAMEDICINE SERVICE REQUIREMENTS

1. A service licensed to provide community paramedicine services must ensure its employees have received and documented training to the standard within its Community Paramedicine Plan prior to those employees providing community paramedicine services. Proof of documented training must be provided to Maine EMS upon request.

STATUTORY AUTHORITY: 32 M.R.S. §§ 84(1) & 84(4)

ADOPTED: August 7, 2019

EFFECTIVE DATE: August 26, 2019

REPEALED AND REPLACED: January 10, 2021

REPEALED AND REPLACED:

January 20, 2025 – filing 2025-007 (Nonsubstantive correction to rule history section to indicate repeal and replacement of the rule, not an amendment of it as previously indicated.)

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 20: COVID-19 IMMUNIZATION REQUIREMENTS – EMERGENCY RULE
(EXPIRED – November 21, 2021)**

AUTHORITY: 32 M.R.S. § 84(1)(A)
EFFECTIVE DATE: August 23, 2021 (Emergency Rule)
ADOPTED: August 23, 2021
EXPIRED: November 21, 2021

16 DEPARTMENT OF PUBLIC SAFETY

163 EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)

CHAPTER 21: IMMUNIZATION REQUIREMENTS

§1. Definitions

1. “Certificate of Immunization” means documentation from a health official of the administration of an immunization, specifying the vaccine administered and the date it was administered. Electronic health records, having been compiled and maintained as an official document based on certificates of immunization, which provide at a minimum the month and year that the immunization was administered may also be accepted as proof of immunization.
2. “Covered Emergency Medical Services Person” means a licensed ambulance operator, basic emergency medical services person, an advanced emergency medical services person, or any person licensed by this Board who routinely provides Direct Patient Care. For the purposes of this definition, EMS students that provide Direct Patient Care are Covered Emergency Medical Services Persons.
3. “Direct Patient Care” means any activity that places an individual within six (6) feet of a patient for a period of 15 minutes or more.
4. “Disease” means the following conditions which may be preventable by immunization:
 - a. Influenza (Seasonal Influenza),
 - b. Mumps,
 - c. Rubella (German Measles),
 - d. Rubeola (Measles),
 - e. Pertussis, and
 - f. Varicella (Chicken Pox).
5. “Effective Date” means November 1, 2023, for Influenza, and at the time a Covered Emergency Medical Services Person is added to the entity’s roster for all other required vaccinations.
6. “Entity” means an organization that holds a license issued by the Board authorizing it as an organization to provide emergency medical services or a training center licensed by the Board.
7. “Masking Agreement” means a signed, voluntary agreement between an Entity and a Covered Emergency Medical Services Person obligating the Covered Emergency Medical Services Person to wear at minimum a procedural/surgical mask while providing direct patient care between November 30th and March 31st. This agreement expires annually on November 30th.

8. “Medical Exemption” means a formal procedure to procure discharge from the requirement to vaccinate under this rule in accordance with Section 3 below.
9. “Immunization” means a vaccine, antitoxin, or other substance used to increase an individual’s immunity to a specific Disease.
10. “Proof of Immunity” means laboratory evidence demonstrating immunity or other acceptable evidence of immunity. No Proof of Immunity is available for Influenza.

§2. Immunization Required

Each Entity with which a Covered Emergency Medical Services Person is associated shall ensure that the Covered Emergency Medical Services Person providing Direct Patient Care on behalf of the entity has a valid Certificate of Immunization, Proof of Immunity, or documentation of a Medical Exemption pertaining to each of the diseases enumerated in this chapter. Covered Emergency Medical Services Persons may refuse seasonal immunization for influenza when in compliance with this chapter.

1. No Entity shall permit a Covered Emergency Medical Services Person to provide Direct Patient Care without a Certificate of Immunization, Proof of Immunity, Medical Exemption, and/or a Masking Agreement (only applicable to influenza) for the diseases enumerated in this chapter.

2. Vaccination Schedule

a. Table 1: Immunization Requirements by Disease

Disease	Vaccination	Proof of Immunity	Schedule
Influenza	Current annual dose of FDA-approved seasonal influenza vaccine	Not Applicable	Annual
Mumps	Two doses of live Rubeola or MMR Vaccine	Laboratory Evidence of Immunity	One time
Rubella (German Measles)	One dose of live Rubeola or MMR Vaccine	Laboratory Evidence of Immunity	One time
Rubeola (Measles)	Two doses of live Rubeola or MMR Vaccine	Laboratory Evidence of Immunity	One time
Pertussis	Tdap Vaccination	Laboratory Evidence of Immunity (Every 10 years)	Every ten (10) years

Varicella	Two doses of live Varivax or MMRV Vaccine	Laboratory Evidence of Immunity	One time
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b. The Influenza vaccine is required annually by November 30th, or as otherwise recommended by the US Centers for Disease Control and Prevention.

c. The Tdap vaccination, which includes Pertussis, is required every ten (10) years.

3. Any such immunization must meet the standards for biological products which are approved by the US Public Health Service.

§3. Exemptions

1. A Medical Exemption is available to a Covered Emergency Medical Services Person who provides a written statement from a licensed physician, nurse practitioner or physician assistant that, in the clinician's professional judgment, immunization against a disease enumerated in this chapter may be medically inadvisable. To be valid, Medical Exemptions must originate from a physician, nurse practitioner, or physician assistant with whom the Covered Emergency Medical Services Person has an established patient-provider relationship with the clinician issuing the written statement. An exemption is considered permanent unless otherwise denoted in the exemption from the authorized healthcare professional.
2. A Covered Emergency Medical Services Person without a Certificate of Immunization, or valid Proof of Immunity, but in possession of a Medical Exemption may provide Direct Patient Care. If the Medical Exemption is related to seasonal influenza immunization, the Covered Emergency Medical Services Person must complete a Masking Agreement and comply with Section 4 of this chapter to provide Direct Patient Care.

§4. Masking

1. Covered Emergency Medical Services Persons who refuse immunization for influenza or have a medical exemption for an influenza vaccination are required to wear, at minimum, a procedural/surgical mask, as specified in the Masking Agreement.
2. An Entity must obtain and maintain a Masking Agreement for those associated Covered Emergency Medical Services Persons who are required to wear a mask prior to allowing those persons to provide Direct Patient Care on their behalf.
3. Failure of an Entity to ensure that an associated Covered Emergency Medical Services Person complies with this section is considered unprofessional conduct subject to disciplinary action by the Board.
4. Failure of a Covered Emergency Medical Services Person to comply with this section is considered unprofessional conduct subject to disciplinary action by the Board.

120 §5. Record Keeping
121

- 122 1. An entity must ensure a record of the immunization status of each Covered Emergency
123 Medical Services Person for the Diseases enumerated in this chapter, with the exception
124 of Influenza, is submitted through the system prescribed by the Office of Emergency
125 Medical Services, at the time a Covered Emergency Medical Services Person is added to
126 the entity's roster.
127
- 128 2. An entity must ensure that the immunization status for Influenza of each Covered
129 Emergency Medical Services Person on the entity's roster is submitted annually on or
130 before November 30th, through the system prescribed by the Office of Emergency
131 Medical Services.
132
- 133 3. Entities must review submissions made by Covered Emergency Medical Services Persons
134 on the Entity's roster in the system, and attest to valid documentation of Certificate(s) of
135 Immunization, Proof of Immunity, Medical Exemption(s), and Masking Agreement
136 (where applicable).
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138 All records required under this chapter shall be deemed, for the purposes of public access,
139 confidential medical records under 22 M.R.S. §1711-C. Notwithstanding this statement,
140 the Board may obtain and disclose records required under this chapter in accordance with
141 32 M.R.S. § 91-B.
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143 STATUTORY AUTHORITY: 32 M.R.S. §84(1)(A)
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145 This rule was newly ADOPTED on June 1, 2022, and became EFFECTIVE on August 19,
146 2022 – filing 2022-132 [Note: The effective date information was corrected on May 16,
147 2024, by the Office of Secretary of State following communication with Maine Emergency
148 Medical Services. Previously, the effective date listed was August 7, 2022.]
149

150 AMENDED: January 10, 2024 – filing 2024-004
151 September 28, 2024 – filing 2024-218

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 22: EMERGENCY MEDICAL SERVICES DATA

§1. Definitions

1. “*National data elements*” means the specific EMS data elements defined by the national emergency medical services information system (NEMSIS).
2. “*National emergency medical services information system (NEMSIS)*” means the national EMS electronic database, as developed, and published by USDOT, NHTSA.
3. “*Maine EMS patient care reporting System*” means the Maine EMS electronic database, that meets the requirements of NEMSIS, provided by Maine EMS to all EMS agencies and EMS clinicians to record EMS incidents.
4. “*Receiving Facility*” means the hospital or any other facility the patient was transported to.
5. “*Health Info Net (HIN)*” means the independent, nonprofit information services organization that manages the statewide health information exchange (HIE) in Maine.
6. “*Health Information Exchange (HIE)*” is the statewide HIE designed to link an individual’s clinical information from unaffiliated healthcare sites to create a single electronic health record, allowing authorized providers across the state to better support and coordinate patient care.

§2. Data Ownership

1. Data collected in the patient care reporting system is the property of the EMS submitting the data.
 - A. Maine EMS shall have unrestricted access to the data within the patient care system.
 - B. EMS agencies are responsible for the accuracy of the information entered into patient care and retain access to the data for the purpose of patient care. Moreover, EMS agencies may request data access logs for their data, which Maine EMS will provide within 14 days.

§3. Patient Care Report Required

1. For each request for service, or for each patient when more than one patient is involved in a call, a service will require their EMS clinician primarily responsible for patient care to complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours from the incident completion date and time.
2. For each request for service, or for each patient when more than one patient is involved in a call, an EMS clinician who participated in the response must submit a

completed electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours from the incident completion date and time.

§4. Patient Care Report Requirements and Reporting Timeframe

1. Patient care reporting of EMS incidents by an EMS clinician or unit shall be made by providing the information in the Maine EMS Data Dictionary, as applicable, electronically, using software developed or purchased through contract, and distributed by Maine EMS.
2. When a patient is transported to a hospital/facility, the EMS clinician shall complete a patient care report and submit it within 24 hours of arriving at the destination facility and in accordance with the Maine EMS Protocols.
 - a. A copy of the complete patient care report should be left at the receiving facility whenever possible. In the event a complete patient care report cannot be left at the receiving facility prior to the departure of the ambulance crew, a Maine EMS approved hand-written short form must be left in all circumstances
3. Maine EMS shall provide non-mobile access to the electronic patient care reporting system at no cost to an EMS Agency.

§5. Emergency Medical Services Monitoring of Health Outcomes

1. Maine Emergency Medical Services electronically transmits EMS patient care reports to Maine Health Info Net (HIN) for storage in the State of Maine Health Information Exchange (HIE).
 - a. The following data elements will be requested from hospitals or physicians on all patients receiving emergency medical treatment as defined in Chapter 2 of these rules:
 1. Emergency Department Disposition
 2. Hospital Disposition
 3. External Report ID/Number Type
 4. External Report ID/Number
 5. Other Report Registry Type
 6. Emergency Department Chief Complaint
 7. First ED Systolic Blood Pressure
 8. Emergency Department Recorded Cause of Injury
 9. Emergency Department Procedures
 10. Emergency Department Diagnosis
 11. Date/Time of Hospital Admission
 12. Hospital Procedures
 13. Hospital Diagnosis
 14. Total ICU Length of Stay
 15. Total Ventilator Days
 16. Date/Time of Hospital Discharge
 17. Outcome at Hospital Discharge (e.g., Cerebral Performance Category Score or Scale at Hospital Discharge)

- b. records identifying a patient, in any format, that include HIV or AIDS status or test results, or that relate to referral, treatment or services for a behavioral or mental health disorder or substance use disorder are excluded from this requested data.
2. Hospitals and Physicians providing data to the state-designated statewide health information exchange as described in Title 22, section 1711-C, may notify the board of their decision to do so by submitting an authorization letter to each provider (i.e., hospital, physician) participating in the Health Information Exchange (HIE) with language to the effect of: “[Provider Entity Name] is a participant in the state-designated statewide Health Information Exchange as described in Title 22 MRSA §1711-C. By signing below, [Provider Entity Name] hereby authorizes the Board to receive [Provider Entity Name’s] healthcare information or records in accordance with Title 32 MRSA §96 (2)(A).”
 - a. Providers may choose to not authorize the Board to retrieve their data from the HIE, those Hospitals and Physicians, must then provide the data directly to the Board
3. Hospitals and Physicians providing data to the state-designated statewide health information exchange as described in Title 22, section 1711-C may revoke that authorization by submitting a letter to the state-designated statewide health information exchange as described in Title 22, section 1711-C, revoking the Hospitals and Physicians previous authorization.
4. Maine EMS Posts all data requests received on the Maine EMS Website:
 - a. The information shared will include the following:
 - i. Date of request
 - ii. Date request was fulfilled
 - iii. The data elements that were requested
 - iv. The data elements that were provided
 - v. The requestor
 - vi. The purpose of the request
 - vii. A copy of any agreement regarding the data release, if applicable
 - viii. Board of EMS authorization information, if applicable

§6. Quality Assurance & Improvement

1. Quality initiatives are adopted in the following process:
 - a. The Maine EMS Quality Assurance & Improvement Committee promulgates statewide quality initiatives for review and adoption by the Maine EMS Board,
2. Notification to providers regarding quality initiatives:
 - a. Maine EMS shall provide a public list of Maine EMS Board approved quality initiatives on the website.

AUTHORITY: 32 M.R.S. §96
 EFFECTIVE DATE: December 24, 2022
 ADOPTED: September 7, 2022

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 23: REGISTRY OF AUTOMATED EXTERNAL DEFIBRILLATORS

§1. Definitions

1. "Automated external defibrillator" or "AED" means a medical device that combines a heart monitor and a defibrillator approved by the United States Food and Drug Administration that:
 - a. Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia.
 - b. Is capable of determining, without intervention by an operator, whether defibrillation should be performed on an individual; and
 - c. Upon determination that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.
2. "Automated external defibrillator registry" means a registry of publicly accessible automated external defibrillators, as defined above, that are located within the State for the purpose of assisting a person or a law enforcement officer, firefighter or emergency medical services person who calls for assistance in an emergency situation.
3. "Registrant" means the individual that has the responsibility of maintaining the functionality of the fully automated external defibrillator entered into the registry.

§2. Minimum Information Collected

For entities wishing to have their fully automated external defibrillator in the registry, the following is the minimum information that must be collected and entered into the automated external defibrillator registry identified by Maine EMS.

1. The name of the registrant of an automated external defibrillator; and
 - a. Email address of the registrant, and
 - b. Telephone contact information of the registrant; and
2. The precise location of the automated external defibrillator, including the address and the place in which the automated external defibrillator is stored; and
3. The make and model number of the automated external defibrillator; and
4. The expiration date and type of each automated external defibrillator pad stored with the automated external defibrillator; and
5. The expiration date of each automated external defibrillator battery

§3. Automated external defibrillator Registry Maintenance

Each Public Safety Answering Point (PSAP) shall designate a point of contact who shall ensure the registry data is complete and accurate for AED use within the jurisdiction of the PSAP in the following manner:

1. Automated external defibrillator points of contact shall be reported to Maine EMS on forms provided by Maine EMS
 - a. On the initial application; and
 - b. On subsequent renewal applications; and
 - c. Anytime a new automated external defibrillator point of contact is established.
2. Each PSAP must provide a policy addressing or establishing the frequency and method with which the data contained within the automated external defibrillator registry is reviewed for accuracy and completeness.
3. The effective date of this rule is ninety (90) days after the publishing of this rule by the Secretary of State.

§4. Automated External Defibrillator Registry Use in Emergency Medical Dispatch

1. The information maintained in the automated external defibrillator registry may be provided for the purpose of assisting a person or a law enforcement officer, firefighter or emergency medical services person who calls for assistance in an emergency situation.
2. Emergency Medical Dispatch Centers shall use the Maine EMS approved automated external defibrillator registry when engaged in emergency medical dispatch.
3. Emergency Medical Dispatch centers shall obtain the electronic interface between the board approved software used for emergency medical dispatch and the board approved automated external defibrillator registry software.

§5. Effective Date

1. The effective date of this chapter is ninety (90) days after the publishing of this rule by the Secretary of State.

AUTHORITY: 32 M.R.S. §88-C
PUBLISHED DATE: December 19, 2022
EFFECTIVE DATE: March 19, 2023
ADOPTED: September 7, 2022

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 24: IMPLEMENTING THE MAINE EMS STABILIZATION PROGRAM
(EMERGENCY – EXPIRED – March 12, 2024)**

AUTHORITY: 32 MRSA §84(1), 32 MRSA §98

EFFECTIVE DATE: December 13, 2023

EXPIRED: March 12, 2024

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 25: IMPLEMENTING THE MAINE EMS STABILIZATION PROGRAM

§1. Purpose. The purpose of this rule is to implement procedures for allocating stabilization funds totaling \$12,000,000 to emergency medical services entities from the Emergency Medical Services Stabilization and Sustainability Program created by 32 M.R.S. § 98 and referred to herein as “the Program.” These funds are intended to provide financial assistance to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services.

§2. Definitions

1. “Eligible emergency medical services entity” or “eligible EMS entity” means an actively licensed ground ambulance service or non-transporting ground emergency medical service.
2. “Qualified applicant” means an eligible EMS entity that has applied for and qualified to receive stabilization funding from the Program.

§3. Applications

- 1. Eligible Entities. Only eligible EMS entities may apply for stabilization funding from the Program.** All eligible EMS entities that apply for funding and meet all the following criteria shall receive funding from the Program:

A. Risk of Imminent Failure. An applicant must demonstrate an immediate risk of failing either by an inability to finance daily operations or due to recruitment and retention issues. All applicants for funding must complete the assessment for their ability to finance daily operations as part of the application even if they do not seek eligibility under that pathway.

I. Assessment of an Applicant’s Ability to Finance Daily Operations. If an applicant’s Operating Margin is less than or equal to 10% of its Total Revenue it will be considered to be at immediate risk of failing due to an inability to finance daily operations. Each applicant shall provide the following information to determine if its Operating Margin is at or below 10% of its Total Revenue.

a. “Total Expenses” equals the sum of the following expenses.

i. Labor costs.

1. If the eligible EMS entity is staffed with volunteers or a combination of volunteer staff persons, labor costs should be estimated based on a rate of \$28.89 for volunteer hours. That amount should also be included as revenue as an in-kind donation of volunteer labor.

2. If the service’s average compensation, including benefits, for an actively licensed EMS person, is below \$28.89, regardless of licensure level, the actual labor costs should be calculated and disclosed; however, the agency may use the rate of \$28.89 for the determination of eligibility calculation.
- ii. Non-labor/equipment costs. This includes supplies and materials (e.g., equipment costs, consumables/disposable equipment, and other associated costs).
- iii. Purchased services costs. This includes service-level medical director contracting, quality assurance and improvement, training support, etc.
- b. “Total Revenue” equals the sum of the following revenues.
 - i. Transport revenue, if applicable.
 - ii. Local subsidy or subsidies. This includes any funds generated from tax revenues received by the EMS entity.
 - iii. Hospital subsidy or subsidies. This includes any funds hospitals or other entities provide for services rendered for that facility or health system outside of transporting revenue. For example, if a hospital reimburses an EMS entity for an interfacility transport and provides a \$100,000 contractual fee, only the \$100,000 would be represented here.
 - iv. Subscription services, if applicable.
 - v. Grant funding, if applicable.
 - vi. Donations. This includes in-kind donations of labor from volunteers. Volunteer hours should be calculated using the rate of \$28.89 per hour, irrespective of the EMS person’s licensure level.
 - vii. Any additional revenue.
- c. Calculations
 - i. For purposes of this rule, Operating Margin is calculated by subtracting Donations and Total Expenses from Total Revenue.
- d. Determination
 - i. If an applicant’s Operating Margin is less than or equal to 10% of its Total Revenue, the applicant will have demonstrated an immediate risk of failing due to an inability to finance daily operations and thereby qualify to receive funding.

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ii. If an applicant’s Operating Margin is greater than 10% of its Total Revenue, the applicant is not eligible for funding based on an inability to finance daily operations. The applicant may still receive funding based on Employee Recruitment and Retention (see II).

II. Employee Recruitment and Retention. If an applicant is not eligible for funding based on its current financial situation, it still may seek funding based on potential workforce recruitment and retention concerns. Such applicants shall provide employee data on a form and in a manner prescribed by the Director.

a. Applicants utilizing a volunteer or augmented voluntary staffing model (i.e., stipend, per call pay, etc.).

i. An applicant with a monthly average of fewer than fourteen (14) actively licensed emergency medical services persons providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years for each response unit (Maine EMS-licensed emergency response vehicle) that is available for at least 60 hours per week shall be considered at immediate risk of failing due to employee recruitment or retention issues and thereby qualify to receive funding.

b. Applicants utilizing a paid staffing model.

i. An applicant with a monthly average of fewer than seven (7) actively licensed emergency medical services persons providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years for each response unit (Maine EMS-licensed emergency response vehicle) that is available for at least 60 hours per week shall be considered at immediate risk of failing due to employee recruitment or retention issues and thereby qualify to receive funding.

B. An applicant must submit financial statements covering the most recent complete fiscal year and the current fiscal year to date as part of its application.

I. These statements must include a balance sheet and income statement from the most recent complete fiscal year and the current fiscal year to date, which may be used to verify financial information provided in the application to demonstrate financial hardship.

C. An applicant must demonstrate that it provided 9-1-1 emergency medical services to its community during the previous calendar year, including as follows;

I. If an applicant underwent a merger in 2022 or 2023, it must also provide proof of consolidation of operations. For such an applicant, the combined volumes of the merged entities will be used for calculations.

D. An applicant must currently provide and intend to continue to provide emergency medical services coverage to the community it serves.

E. If the applicant is a transporting ambulance service, it must participate in the MaineCare Program and maintain an electronic funds account with the Maine Department of Health and Human Services.

2. Announcement of Funding Opportunity

A. The Director shall announce via electronic communication pathways, at a time to be determined by the Director, that the application is available for completion, including instructions on how it can be accessed. The application shall be made available for at least 30 days and can be extended at the discretion of the Director.

3. Application Form

A. The Director shall develop an application to ensure compliance with this rule.

B. All applications for funding must comply with this rule, all instructions provided in the Announcement of Funding Opportunity, and any instructions and formatting requirements within the application.

C. All applicants shall submit the following additional documents to the Director based on instructions provided within the Announcement of Funding Opportunity and Application Form.

I. Current fiscal (year to date) income statement

II. Current fiscal (year to date) balance sheet

III. Most recently completed fiscal year income statement

IV. Most recently completed fiscal year balance sheet

§4. EMS Entity Funding Allocation

1. Maximum and Minimum Allocations

A. Transporting EMS Entities

I. Minimum allocation shall be no less than \$15,000 per qualified applicant that functions as a transporting ambulance service.

II. Maximum allocation shall not exceed \$200,000 per qualified applicant that functions as a transporting ambulance service.

B. Non-Transporting EMS Entities

- 182
- 183 I. Minimum allocation shall be no less than \$5,000 per qualified applicant that functions as a
- 184 non-transporting service.
- 185
- 186 II. Maximum allocation shall not exceed \$50,000 per qualified applicant that functions as a
- 187 non-transporting service.
- 188
- 189 **2. Allocation Algorithm.** The Director shall use the following algorithm to determine the allocation
- 190 for each qualified applicant:
- 191
- 192 A. Components
- 193
- 194 I. Rurality Score by Zip Code.
- 195
- 196 a. The Director shall use the Frontier and Remote Area Codes published by the United
- 197 States Department of Agriculture’s Economic Research Service (updated April 15,
- 198 2015), which this rule incorporates by reference. However, in situations where there
- 199 is no score for a specific zip code, or the data is older than ten (10) years at the time
- 200 of calculating the algorithm, the Director shall formulate the rurality score using the
- 201 “Rural Indicators” in the Ambulance Fee Schedule and ZIP Code Files published by
- 202 the US Centers for Medicare and Medicaid Services (published December 2023),
- 203 which is incorporated into this rule by reference.
- 204
- 205 i. United States Department of Agriculture’s Frontier and Remote Area Codes:
- 206 “EXCEL file containing ZIP-code-level FAR codes and related data”, last
- 207 updated on April 15, 2015, which is available for download from
- 208 [https://www.ers.usda.gov/webdocs/DataFiles/51020/FARcodesZIPdata2010With](https://www.ers.usda.gov/webdocs/DataFiles/51020/FARcodesZIPdata2010WithAKandHI.xlsx?v=6390.1)
- 209 [AKandHI.xlsx?v=6390.1](https://www.ers.usda.gov/webdocs/DataFiles/51020/FARcodesZIPdata2010WithAKandHI.xlsx?v=6390.1)
- 210
- 211 ii. Centers for Medicare and Medicaid Services’ Ambulance Fee Schedule and ZIP
- 212 Code Files: “2023 End of Year Zip Code File (ZIP)”, published in December
- 213 2023, which is available for download from [https://www.cms.gov/files/zip/2023-](https://www.cms.gov/files/zip/2023-end-year-zip-code-file.zip)
- 214 [end-year-zip-code-file.zip](https://www.cms.gov/files/zip/2023-end-year-zip-code-file.zip)
- 215
- 216 b. If using the Frontier and Remote Area Codes, the Director shall assign the following
- 217 scores based on the Frontier and Remote (FAR) classification for each zip code:
- 218
- 219 i. No FAR Classification: Score of One (1)
- 220
- 221 ii. FAR Classification of One (1): Score of Two (2)
- 222
- 223 iii. FAR Classification of Two (2): Score of Three (3)
- 224
- 225 iv. FAR Classification of Three (3): Score of Four (4)
- 226
- 227 v. FAR Classification of Four (4): Score of Five (5)

c. If using the Ambulance Fee Schedule and ZIP Code Files, the Director shall assign the following scores based on the Rural Indicator field for each zip code:

i. Blank/Urban: Score of One (1)

ii. R (Rural): Score of Three (3)

iii. B (Super Rural): Score of Five (5)

II. Call Volume

a. The Director shall query de-identified electronic patient care reporting information from the Maine EMS and Fire Incident Reporting System (MEFIRS) to determine the number of 9-1-1 activations, including scene responses, mutual aid requests, and ambulance intercepts that each eligible EMS entity experienced for each zip code.

B. Calculations

I. The Director shall perform the calculations below to determine the distribution percentage or “DP” for each eligible EMS entity. These calculations shall be performed separately for transporting and nontransporting eligible EMS entities.

II. A rurality-weighted call volume or “RWCV” will be calculated for each eligible EMS entity by multiplying the number of activations the entity experienced for each zip code by each zip code’s rurality score and then totaling the resulting products.

III. The total rurality-weighted call volume or “TRWCV” for each category (transporting and nontransporting) will be the sum of the RWCVs of all the eligible EMS entities in the respective category.

IV. An eligible EMS entity’s distribution percentage or “DP” will equal the eligible EMS entity’s RWCV divided by the TRWCV of the eligible entity’s respective category (transporting or nontransporting).

C. Allocation Process

I. The Director shall identify all transporting and non-transporting eligible EMS entities based on the information available to the Bureau of Emergency Medical Services and determine the final maximum allocation or “FMA” for each of these entities. The Director shall provide a list of these entities and their corresponding FMAs in the Announcement of Funding Opportunity.

a. Nontransporting Eligible EMS Entities.

- i. Initial maximum allocations or “IMAs” for all nontransporting eligible EMS entities will be calculated by multiplying the entity’s distribution percentage by the total amount of stabilization funds available for nontransporting entities.
- ii. If an entity’s IMA is less than or equal to \$5,000, the entity’s FMA will be \$5,000.
- iii. If an entity’s IMA is greater than or equal to \$50,000, the entity’s FMA will be \$50,000.
- iv. If an entity’s IMA is greater than \$5,000 but less than \$50,000, its IMA will be recalculated by multiplying the entity’s distribution percentage by the total amount of stabilization funds available for nontransporting entities minus the amounts applied as FMAs to entities pursuant to subsections ii and iii above.
- v. If the recalculation of IMAs in subsection iv above generates IMAs that are either less than or equal to \$5,000 or greater than or equal to \$50,000, FMAs will be assigned to those applicable entities in accordance with subsections ii and iii above.
- vi. IMAs greater than \$5,000 but less than \$50,000 will continue to be recalculated in accordance with subsections iv and v above until no IMAs are less than or equal to \$5,000 or greater than or equal to \$50,000. At that point, the entity’s last recalculated IMA will become its FMA.

b. Transporting EMS Entities

- i. Initial maximum allocations or “IMAs” for all transporting eligible EMS entities will be calculated by multiplying the entity’s distribution percentage by the total amount of stabilization funds available for transporting entities.
- ii. If an entity’s IMA is less than or equal to \$15,000, the entity’s FMA will be \$15,000.
- iii. If an entity’s IMA is greater than or equal to \$200,000, the entity’s FMA will be \$200,000.
- iv. If an entity’s IMA is greater than \$15,000 but less than \$200,000, its IMA will be recalculated by multiplying the entity’s distribution percentage by the total amount of stabilization funds available for transporting entities minus the amounts applied as FMAs to entities pursuant to ii and iii above.
- v. If the recalculation of IMAs in subsection iv above generates IMAs that are either less than or equal to \$15,000, or greater than or equal to \$200,000, FMAs will be assigned to those applicable entities in accordance with subsections ii and iii above.

vi. IMAs greater than \$15,000 but less than \$200,000 will continue to be recalculated in accordance with subsections iv and v above until no IMAs are less than or equal to \$15,000 or greater than or equal to \$200,000. At that point, the entity's last recalculated IMA will become its FMA.

D. Posting. The Director shall provide the final maximum allocation for each EMS entity as determined by this algorithm as a component of the Announcement of Funding Opportunity.

§5. Requirements, Criteria, and Unauthorized Uses of Funds

1. Requirements. An application must:

- A. Be completed and submitted by an eligible EMS entity and its agent.
- B. Be completed in accordance with this rule and any guidance provided by the Director through Announcement of Funding Opportunity and Application.
- C. Include a project plan that meets the standards for the use of the funding; those standards are:
 - I. The funding shall only be utilized for the following activities:
 - a. Supplementing wages, benefits, stipends, and incentives for actively licensed emergency medical services persons;
 - b. Supporting training directly related to the provision of clinical care, leadership, or management of EMS;
 - c. Supplementing wages, benefits, stipends, and incentives for administrative support staff (e.g., service-level medical director, quality assurance and improvement officer, infection control officer, and training officer);
 - d. Implementation of programming directly related to the *Maine EMS Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*, with this incorporated by reference and available for download online from <https://www.maine.gov/ems/sites/maine.gov/ems/files/inline-files/20230522-Maine-EMS-Vision-and-Plan.pdf>; and
 - e. Investment in capital expenditures not to exceed \$50,000 in the aggregate.

D. Include a project budget that meets the standards for use of the funding.

2. Programmatic Criteria for Evaluating Applications. An application that meets the requirements of subsection one must be evaluated based on the following programmatic criteria:

- A. Based on the proposed programming, whether it aligns with the activities authorized in the previous section and whether the action will likely result in improved financial stability or workforce resiliency.

- B. If supplementing wages, ensure that EMS entities are not paying any individual staff member more than \$76,500 annually with the awarded funding. This is not inclusive of associated standard employee benefits.
 - C. If utilizing funding for programming related to the *Maine EMS Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*, ensuring that there is clear alignment with the vision document and/or any associated guidance, agenda, or action plan that has been published related to this document.
 - D. If making a capital expenditure, ensure that all capital expenditures collectively do not exceed \$50,000 in total.
 - I. Only purchases valued at \$5,000 or more are considered capital expenditures for the purposes of this rule.
3. **Unauthorized Uses of Funds.** Applications shall also be reviewed for potential unauthorized uses of funding. Applications may be denied should it be determined that the applicant EMS entity intends to use the funding for unauthorized uses. The following are unauthorized uses of the funding:
- A. Expenses or losses reimbursed from any other source(s) or that other sources are obligated to repay.
 - B. Expenses related to staffing needs that exceed an annual salary of \$76,500, as prorated over the applicable period. This limit does not include standard employee benefit offerings (i.e., the cost of a staff member may be higher because the cost of benefits and salary exceeds \$76,500).
 - C. Construction, renovation, purchase, or acquisition costs for facilities.
 - D. Payment for existing indebtedness.
 - E. Payment on obligations incurred prior to the award of funds.
 - F. Supplanting existing local subsidies or funding sources except if they replace volunteer labor, donated services, donated goods, or funds raised through community fundraising efforts (e.g., bake sales, dinners, etc.)

§6. Evaluation of Applications

- 1. **Evaluation Panel.** The Director shall establish an evaluation panel of at least three people who will serve to evaluate each of the applications to ensure compliance with the requirements, programmatic criteria, and to screen for identifiable unauthorized uses of the funding.

2. **Process.** Each panel member shall review each application separately and determine if the proposed programming and budget align with the previous section.
 - A. If a single member of the panel, following their review, believes that an application is out of compliance with any component of Section Five of this rule, all members of the evaluation panel shall meet to discuss.
 - I. If it is determined by a majority of the evaluation panel that the application is or may be out of compliance with one or more components outlined in Section Five of this rule, they may take any or all, of the following actions:
 - a. Request additional information from the applicant
 - b. Offer the applicant an opportunity to modify its application within 15 calendar days to come into compliance with the Announcement of Funding Opportunity.
 - II. If following these actions, the majority of the evaluation panel determines that all or part of the application remains out of compliance, they may deny all or part of the proposed programming and its associated budget line. This is considered final agency action.
 - B. If all members of the evaluation panel determine separately that the application is compliant with all components of Section Five of this rule, they shall inform the Director and the Director shall offer a funding agreement to the qualified applicant that conforms with the requirements of 32 M.R.S. § 98(3)(B) and allows for the transfer of funds to the recipient organization in the amount it requested or the applicant's potential maximum allocation, whichever is lower.
 - C. If the committee fails to reach a resolution within 30 calendar days following the initiation of the review, the Director may act on the application and take any of the actions afforded to the committee as described above. That action is considered final agency action.
 - D. If an application is denied in totality, the applicant will not be eligible for funding under the applicable Announcement of Funding Opportunity. Funds comprising the denied applicants potential maximum allocation shall be retained for future stabilization funding opportunities under the Program.

§7. Reporting

1. **Reporting Requirements.** The Director shall define the reporting requirements for this funding opportunity and incorporate them into the funding agreements with qualified applicants. The agreement shall detail specific due dates and expectations for reporting. At a minimum, qualified applicants should anticipate providing quarterly and annual updates no later than 60 days following the specific reporting period. Recipients must track expenditures, detail their purpose, and provide evidence of the impact of the funding on the stability of the agency. The Director shall also include the following as part of any resultant funding agreement:

A. Sustainability Planning. All recipients shall submit a sustainability plan within 180 calendar days of receiving the funds detailing how they intend to sustain the programming and projects initiated using the funds afforded by this rule.

I. Workforce Sustainability. Recipients that were made eligible for this funding in part by workforce challenges as defined in Section Three covering Employee Recruitment and Retention, shall detail their staffing sustainability plan in their plan.

§8. Dispensing Funds

1. **Awards.** After review, the Director shall enter into an agreement with each qualified applicant in the amount of the pre-determined allocation or their requested amount, whichever is lower.

2. **Delegation.** The Board delegates authority to the Director to enter agreements with qualified applicants for the disbursement of stabilization funds in amounts totaling no more than \$200,000 for any eligible EMS entity. Following approval of an application by the evaluation panel or the Director, as the case may be, the Director may enter the agreement without any additional authorization from the Board.

AUTHORITY: 32 MRSA §84(1), 32 MRSA §98

ADOPTED: March 11, 2024

EFFECTIVE DATE:

March 18, 2024 - filing 2024-062

1 **16 DEPARTMENT OF PUBLIC SAFETY**

2
3 **163 EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)**

4
5 **CHAPTER 26: COMMUNITY GRANT PROGRAM**

6
7
8 **§1. Purpose.** The purpose of this rule is to establish a grant application and selection process for
9 the EMS Community Grant Program as established by 32 M.R.S. § 97 and a process by which
10 the Board shall administer those grants.

11
12 **§2. Definitions.**

- 13
14 A. “Community” as used in this chapter has the same meaning as 32 M.R.S. § 97(1)(A).
15
16 B. “Program” as used in this chapter has the same meaning as 32 M.R.S. § 97(1)(B).
17
18 C. “Application Cycle” as used in this chapter means a period designated by the Board
19 during which the Board will accept grant applications for program funds.
20
21 D. “Evaluation Panel” as used in this chapter means the panel of Board members who
22 evaluate grant applications for an application cycle.
23
24 E. “Evaluation Criteria” as used in this chapter means the criteria established by this
25 rule that communities must address in their applications and that the evaluation panel
26 and Board will use to evaluate applications.
27

28 **§3. Application Cycle.** The Board will announce and post on its website notice of any
29 application cycle that it designates. The notice will include the dates and manner by which
30 communities may submit grant applications for program funds.
31

32 **§4. Evaluation Panel.**

- 33
34 A. Upon announcing an application cycle, the Board will create an ad hoc
35 subcommittee to serve as an evaluation panel for that application cycle.
36
37 B. The Board Chair, in consultation with the Director of Maine EMS, will select
38 between three and six Board members to serve on the evaluation panel.
39
40 C. A Board member who is affiliated with or has a financial interest in any community
41 that intends to submit an application or in an ambulance service currently serving or
42 being considered to serve any community that intends to submit an application may
43 not serve on the evaluation panel for the corresponding application cycle.
44

45 **§5. Application Process.**

47 A. **Requirements.** Communities seeking to obtain program funds shall submit grant
48 applications to the Board during the times and in a manner specified by the Board in
49 its announcement of an application cycle and in accordance with the minimum
50 requirements listed below. The evaluation panel may reject as incomplete any
51 application that fails to comply with all of these requirements.

52
53 B. At a minimum, an application must include:

- 54 1. The names of all municipalities comprising the applicant community
- 55 2. A signed debarment, performance, and non-collusion certification
- 56 3. A detailed plan that addresses the evaluation criteria
- 57 4. A projected timeline on fund expenditures that specifies the estimated dates
- 58 on which the monies will be used
- 59 5. A projected budget
- 60 6. Names of any contractors engaged with any associated quotes received with
- 61 a statement of work
- 62 7. Expected deliverables resulting from the use of grant funds (e.g., a written
- 63 report produced from surveys/studies undertaken)
- 64 8. A detailed list of sources and uses of any other monies associated with the
- 65 project; and
- 66 9. An agreement to return any unobligated funds to the State of Maine in
- 67 accordance with agreements established to facilitate the initial transfer of
- 68 funds.

69 **§6. Evaluation Criteria.** The evaluation panel and Board will examine the following criteria
70 when evaluating a grant application:
71

- 72 A. The extent to which the applicant performs surveys or studies that enhance
73 understanding of the current level of financial health of a community's existing
74 emergency medical services.
- 75 B. The extent to which the applicant performs surveys or studies that enhance
76 understanding of the structure, delivery, and financing of the community's
77 emergency medical services.
- 78 C. The extent to which the applicant performs surveys or studies that enhance
79 understanding of the issues that challenge or improve the community's provision of
80 emergency medical services.

- 93
94 D. The extent to which the applicant engages with disinterested third-party consultant(s)
95 to identify and stratify a community's options for the level and/or model of
96 emergency medical services to be delivered to a community and/or the financial
97 impact(s) and long-term fiscal stability of those options.
98

99 **§7. Evaluation Process.**

100
101 A. Evaluation Panel Review.

- 102
103 1. The evaluation panel will review applications for completeness and
104 satisfaction of evaluation criteria.
105
106 2. Applications will be evaluated in the order they are received, and awards
107 will continue until either one of the following occurs:
108
109 i. All applications received within the application period have
110 received awarded funds; or
111
112 ii. All allocated funds have been awarded.
113
114 3. If a majority of the evaluation panel determines that an application meets
115 the application requirements and satisfactorily addresses the evaluation
116 criteria, the evaluation panel shall forward to the Board the application and
117 all materials compiled during the application review along with a written
118 recommendation for the Board to approve the application and award a grant
119 in a specific sum.
120
121 4. If a majority of the evaluation panel fails to determine that an application
122 should be approved, the evaluation panel may:
123
124 a. Request additional information from the applicant;
125
126 b. Offer the applicant an opportunity to modify its application within
127 30 business days to resolve identified concerns or to complete its
128 application; or
129
130 c. Preliminarily deny the application by issuing a written statement that
131 contains the panel's reasoning in a manner sufficient to inform the
132 applicant and the public of the basis for the panel's decision. An
133 applicant may appeal the preliminary denial of that applicant's
134 application by submitting a written request for a hearing within 30
135 business days of receipt of the written statement of preliminary
136 denial issued by the evaluation panel. Failure to submit a request for
137 hearing within 30 business days will result in final denial of the
138 application.

139
140 B. Board Review.
141

- 142 1. The Board shall review all materials forwarded to it by the evaluation panel
143 regarding an application the evaluation panel has recommended the Board
144 approve.
145
146 2. The Board shall hold a hearing on any preliminarily denied applications
147 that have been appealed to the Board.
148
149 3. If a majority of the Board determines that an application should be
150 approved and a grant in a specific sum should be awarded to the applicant,
151 it shall direct Maine EMS to facilitate the provision of those funds to the
152 community.
153
154 4. If a majority of the Board fails to determine that an application should be
155 approved and a grant in a specific sum should be awarded to the applicant,
156 the Board may direct the evaluation panel to request additional information
157 from the applicant or the Board may deny the application.
158
159 5. The Board's decision shall be in writing and contain the Board's reasoning
160 in a manner sufficient to inform the applicant and the public of the basis for
161 the Board's decision.
162
163 6. The Board's decision constitutes final agency action, appealable to the
164 Superior Court in accordance with the Maine Administrative Procedure
165 Act, 5 M.R.S. Ch. 375 Subchapter VII.
166

167 **§8. Reporting.** Any recipient who has been awarded funds must provide:
168

- 169 A. Quarterly reports to the Board on the expenditure and use of those funds that address
170 the activities within the approved application. These reports shall continue until the
171 activities within the approved application have been completed.
172
173 B. A final report within three (3) calendar months of expenditure of all funds, or all
174 activities within the approved application have been completed, whichever is earlier.
175

176 AUTHORITY: 32 M.R.S. §84(1)(A), 32 M.R.S. §97(4)

177 ADOPTION: August 7, 2024

178 EFFECTIVE DATE: October 16, 2024 – filing 2024-236

16 DEPARTMENT OF PUBLIC SAFETY

163 EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)

Chapter 27: IMPLEMENTATION OF EMS SUSTAINABILITY PROGRAM

SECTION 1. PURPOSE

The purpose of this rule is to implement procedures for allocating sustainability funds totaling \$19,308,000.00 to emergency medical services entities from the Emergency Medical Services Stabilization and Sustainability Program created by 32 M.R.S. § 98(4) and referred to herein as “the Program”. These Funds are intended to increase financial support and planning for sustainability, collaboration, and the enhancement of efficiency in the delivery of emergency medical services in the State.

SECTION 2. DEFINITIONS

1. “Eligible emergency medical services entity” or “eligible EMS entity” has the same meaning as 32 M.R.S. § 98(1)(B).

SECTION 3. APPLICATIONS

1. Eligibility

A. Eligible Entities. Only eligible EMS entities may apply for sustainability funding from the Program. All eligible EMS entities that apply for funding and meet all the following criteria, as applicable, shall be eligible to receive funding from the Program.

- (1) If the applicant is an Ambulance Service or Non-Transporting Emergency Medical Service, the applicant must currently provide and intend to continue to provide emergency medical services to the community it services.
- (2) If the applicant is an Ambulance Service, it must participate in the MaineCare Program and maintain an electronic funds account with the Maine Department of Health and Human Services.
- (3) If the applicant is a licensed emergency medical services training center, the applicant must currently provide and

intend to continue to provide EMS licensure courses to students.

- (4) If the applicant is a regional council, the applicant must be in compliance with Chapter 15 of these Rules.

2. Announcement of Funding Opportunity

A. Application Period

(1) Initial Application Period

(a) The Application Period will open 5 days after the publication of the Announcement of Funding Opportunity.

(b) The Application Period will be open for 60 calendar days.

(c) At the discretion of the Board, the initial application period may be extended by additional 60-day period(s).

(2) Subsequent Application Period(s).

(a) No more than 45 days after the final disbursement of awards has been made for applications received during the Initial Application Period, a Subsequent Application Period may open, during which remaining funds shall be reallocated in accordance with this rule for which eligible entities may apply. This will continue until all funds allocated have been disbursed.

B. The Director shall develop an application, approved by the Board, to ensure compliance with this rule.

C. All applications for funding must comply with this rule, all instructions provided in the Announcement of Funding Opportunity,

and any instructions and formatting requirements within the application.

SECTION 4. FUNDING POOL

1. The total amount of funds available for award during the initial application period is \$10,808,000.00 for Ambulance Services and Non-Transporting Services.

- A. The total amount for Ambulance Services is \$7,515,600.00.

- B. The total amount for Non-Transporting Services is \$3,292,400.00.

2. The total amount of funds available for award during the initial application period is \$7,500,000.00 for Maine EMS-licensed Training Centers.

3. The total amount of funds available for award during the initial application period is \$1,000,000.00 for Board-Designated Regional Councils.

4. **Unawarded Funds.** This section is to be utilized in subsequent application periods.

- A. Subsequent application periods are open to eligible Ambulance Services and Non-Transporting Services who were not awarded their maximum allocated amount, and to Maine EMS-licensed Training Centers and Board-Designated Regional Councils.

- B. Subsequent application period(s) may be offered if there are funds not otherwise awarded after the closure of the initial application period. The unawarded funds will be pooled, and redistributed with eighty-percent (80%) of the pooled funds available to be reallocated to Ambulance Services and Non-Transporting Services, not to be awarded in excess of an entity's maximum allocation amount, until there are no eligible Ambulance Services and Non-Transporting Services that can receive funds. The remaining twenty percent (20%) of those funds will be available to be reallocated to Maine EMS-licensed Training Centers and Board-Designated Regional Councils.

- C. When there are no eligible Ambulance Services and Non-Transporting Services that can be awarded funds, the remaining funds are reallocated to Maine EMS-licensed Training Centers and Board-Designated Regional Councils.

D. Funds reallocated to Maine EMS-licensed Training Centers and Board-Designated Regional Councils may be allocated in a similar fashion to the initial award, as determined by the Director.

SECTION 5. FUNDING ALLOCATION FOR AMBULANCE SERVICES AND NON-TRANSPORTING SERVICES

1. Maximum and Minimum Allocations

A. Ambulance Services

(1) Minimum allocation shall be no less than \$15,000.00 per qualified applicant who functions as an Ambulance Service.

(2) Maximum allocation shall not exceed \$200,000.00 per qualified applicant who functions as an Ambulance Service.

B. Non-Transporting Services

(1) Minimum allocation shall be no less than \$5,000.00 per qualified applicant who functions as a Non-Transporting Service.

(2) Maximum allocation shall not exceed \$50,000.00 per qualified applicant who functions as a Non-Transporting Service.

2. Allocation Algorithm. The Director shall use the following algorithm to determine the allocation for each qualified applicant:

A. Components

(1) Rurality Score by Zip Code

(a) The Director shall use the Frontier and Remote Area Codes published by the United States Department of Agriculture's Economic Research Service (updated April 15, 2015), which this rule incorporated by reference. However, in situations where there is no score for a specific zip code, or the date is older than

ten (10) years at the time of calculating the algorithm, the Director shall formulate the rurality score using the “Rural Indicators” in the Ambulance Fee Schedule and ZIP Code Files published by the US Centers for Medicare and Medicaid Services (published December 2023), which this rule incorporates by reference.

(i) United States Department of Agriculture’s Frontier and Remote Area Codes: “EXCEL file containing ZIP-code-level FAR codes and related data”, last updated on April 15, 2015, which is available for download from <https://www.ers.usda.gov/webdocs/DataFiles/51020/FARcodesZIPdata2010WithAKandHI.xlsx?v=6390.1>

(ii) Centers for Medicare and Medicaid Services’ Ambulance Fee Schedule and ZIP Code Files: “2023 End of Year Zip Code File (ZIP)”, published in December 2023, which is available for download from <https://www.cms.gov/files/zip/2023-end-year-zip-code-file.zip>

(b) If using the Frontier and Remote Area Codes, the Director shall assign the following scores based on the Frontier and Remote (“FAR”) classification for each zip code:

(i) No FAR Classification: Score of One (1)

(ii) FAR Classification of One: Score of Two (2)

(iii) FAR Classification of Two: Score of Three (3)

(iv) FAR Classification of Three: Score of Four (4)

(v) FAR Classification of Four: Score of Five (5)

(c) If using the Ambulance Fee Schedule and Zip Code Files, the Director shall assign the following scores based on the Rural Indicator field for each zip code:

(i) Blank/Urban: Score of One (1)

(ii) R (Rural): Score of Three (3)

(iii) B (Super Rural): Score of Five (5)

(2) Call Volume

The Director shall query de-identified electronic patient care reporting information from the Maine EMS and Fire Incident Reporting System (“MEFIRS”) to determine the number of 9-1-1 activations, including scene responses, mutual aid requests, and ambulance intercepts that each eligible EMS entity experienced for each zip code, for the previous calendar year.

B. Calculations

(1) The Director shall perform the calculations below to determine the distribution percentage or “DP” for each eligible EMS entity. These calculations shall be performed separately for Ambulance Services and Non-Transporting Services.

(2) A rurality-weighted call volume or “RWCV” will be calculated for each eligible EMS Service by multiplying the number of activations the entity experienced for each zip code by each zip code’s rurality score and then totaling the resulting products.

(3) The total rurality-weighted call volume, or “TRWCV” for each category (Ambulance Services and Non-Transporting Services) will be the sum of the RWCVs of all eligible EMS entities in the respective category.

(4) An eligible EMS Service’s distribution percentage or “DP” will equal the eligible EMS Service’s RWCV divided by the TRWCV of the eligible entity’s respective category (Ambulance Services or Non-Transporting Services).

C. Allocation Process

(1) The Director shall identify all eligible Ambulance Services and Non-Transporting Services based on the information available to the Office of Emergency Medical Services and determine the final maximum allocation or “FMA” for each of these entities. The Director shall provide a list of these entities and their corresponding FMAs in the Announcement of Funding Opportunity.

(a) Non-Transporting Services.

(i) Initial maximum allocations or “IMAs” for all Non-Transporting Services will be calculated by multiplying the service’s distribution percentage by the total amount of sustainability funds available for non-transporting services.

1. If a service’s IMA is less than or equal to \$5,000.00, the service’s FMA will be \$5,000.00.

2. If a service’s IMA is greater than or equal to \$50,000.00, the service’s FMA will be \$50,000.00.

3. If a service’s IMA is greater than \$5,000.00 but less than \$50,000.00,

its IMA will be
recalculated by
multiplying the service's
distribution percentage by
the total amount of
stabilization funds
available for Non-
Transporting Services,
minus the amounts
applied as FMAs to
services pursuant to §1
and §2 above.

4. If the recalculation of
IMAs in §4 above
generates IMAs that are
either less than or equal
to \$5,000.00 or greater
than or equal to
\$50,000.00, FMAs will
be assigned to those
applicable services in
accordance with §1 and 2
above.

5. IMAs greater than
\$5,000.00 but less than
\$50,000.00 will continue
to be recalculated in
accordance with §3 and
§4 above until no IMAs
are less than or equal to
\$5,000.00 or greater than
or equal to \$50,000.00.
At that point, the
service's last recalculated
IMA will become its
FMA.

(b) Ambulance Services

- (i) Initial maximum allocations or
"IMAs" for all Ambulance Services

will be calculated by multiplying the services distribution percentage by the total amount of stabilization funds available for Ambulance Services.

1. If an Ambulance Service's IMA is less than or equal to \$15,000.00, the service's FMA will be \$15,000.00.
2. If an Ambulance Service's IMA is greater than or equal to \$200,000.00, the service's FMA will be \$200,000.00.
3. If an Ambulance Service's IMA is greater than \$15,000.00 but less than \$200,000.00, its IMA will be recalculated by multiplying the service's distribution percentage by the total amount of stabilization funds available for Ambulance Services, minus the amounts applied as an FMA to services pursuant to §1 and §2 above.
4. If the recalculation of IMAs in §3 above generates IMAs that are either less than or equal to \$15,000.00 or greater than or equal to \$200,000.00, FMAs will be assigned to those

379 applicable services in
380 accordance with §1 and 2
381 above.

- 382
- 383 5. IMAs greater than
384 \$15,000.00 but less than
385 \$200,000.00 will continue
386 to be recalculated in
387 accordance with §3 and
388 §4 above until no IMAs
389 are less than or equal to
390 \$15,000.00 or greater
391 than or equal to
392 \$200,000.00. At that
393 point, the service’s last
394 recalculated IMA will
395 become its FMA.

396

397 D. Posting. The Director shall provide the final maximum allocation
398 (“FMA”) for each eligible EMS service as determined by the
399 algorithm as a component of the Announcement of Funding
400 Opportunity.

401

402 **SECTION 6. FUNDING ALLOCATION FOR MAINE EMS-LICENSED TRAINING**
403 **CENTERS AND BOARD-DESIGNATED REGIONAL COUNCILS**

404

405 **1. Emergency Medical Services Training Centers**

406

407

408 **A. Maximum and Minimum Allocation for initial awards**

- 409
- 410 (1) The minimum allocation for the initial award of funds shall
411 be \$50,000, and the maximum allocation for the initial
412 award of funds shall be \$833,000.00 for entities eligible as
413 Maine EMS-Licensed Training Centers.

- 414
- 415 (2) The Director shall use the following algorithm to determine
416 the award for each qualified applicant, up to the maximum
417 allocation above for the initial award of funds.

418

	Total available at each level: \$300,000.00
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Number of EMT Students	1-20 \$50,000.00	21-40 \$100,000.00	41-60 \$150,000.00	61-80 \$200,000.00	81 or greater \$300,000.00
Number of AEMT Students	1-5 \$50,000.00	6-10 \$100,000.00	11-15 \$150,000.00	16-20 \$200,000.00	21 or greater \$300,000.00
Number of Paramedic Students	1-10 \$100,000.00				11 or greater \$300,000.00

This algorithm is based on the number of students who obtained their training from the applicant, and who passed within six attempts at the National Registry Certification Examination in the last calendar year calculated from January 1, 2024-December 31st, 2024.

2. Board-Designated Regional Councils

A. Maximum and Minimum Allocation for initial awards

(a) The maximum and minimum allocation for the initial award of funds shall be \$250,000.00 for entities eligible as Board-Designated Regional Councils.

(i) \$150,000.00 shall be allocated to each Board-Designated Regional Council from the above amount to be used by each Regional Council to meet the requirements of this chapter, Section 7(1)(D).

SECTION 7. REQUIREMENTS, CRITERIA, AND UNAUTHORIZED USES OF FUNDS

1. **Requirements.** For an application to be considered complete, an application must:

A. Be completed and submitted by an eligible EMS entity or its agent.

B. Be completed in accordance with this rule and any guidance provided by the Director through the Announcement of Funding Opportunity and within the application.

C. Include, attached, a project plan that meets the standards for the use of funding; those standards, which describe the only activities for which funds may be used, are:

- (1) The initiation or support of programs, applications, or the use of consultants or experts to establish or support an ongoing mental health and wellness program;
- (2) The consolidation and/or regionalization of the delivery of emergency medical services;
- (3) Inter-municipality EMS planning for rural patient transport;
- (4) Supporting training directly related to the provision of clinical care, safety, leadership, or management of EMS;
- (5) Supplementing wages, benefits, stipends, and incentives for EMS clinicians, Ambulance Operators, and/or administrative support staff (e.g. service-level medical director, quality assurance and improvement officer, infection control officer, training officer, and administrative aide);
- (6) Implementation of other programming directly related to the Maine EMS Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035, as published on May 22, 2023, which is incorporated into this rule by reference and available for download online:
<https://www.maine.gov/ems/sites/maine.gov/ems/files/inlin e-files/20230522-Maine-EMS-Vision-and-Plan.pdf>;
- (7) Investment in capital expenditures not to exceed \$100,000.00 in the aggregate;
- (8) Board-Licensed Training Centers only:
 - (a) Support the hiring of qualified and credentialed instructors to adequately cover course administration and demand for delivery over the three year grant period.

- (b) Supplement the cost(s) of program administration and maintenance over the three year grant period.
- (c) Increase licensure classes offered over the three-year grant period.
- (d) Increase total number of EMS students over the three-year grant period.
- (e) Create new hybrid course offerings over the three-year grant period.
- (f) Offer learning opportunities at a reduced cost over the three-year grant period.
- (g) Increase non-licensure – EMS Professional Development offerings (Leadership training, safety Officer Courses, Continuous Quality Improvement, EMS Business Training) over the three-year grant period.

and

- (9) If the applicant is a Board-Designated Regional Council, the application must contain an agreement that \$150,000.00 of the allocated amount shall be used to provide Regional Medical Director and Associate Regional Medical Director services for at minimum of a three (3) year period following the disbursement of funds.

2. Programmatic Criteria for Evaluating Applications. An application that meets the requirements of §1 must be evaluated based on the following programmatic criteria:

- A. Based on the proposed programming, whether it aligns with the activities authorized in §1 above and whether the action will likely result in increasing the sustainability of local EMS entities, regional EMS entities, or the Maine EMS system's sustainability.
- B. If supplementing wages, ensure that EMS entities are not paying any individual staff member more than \$76,500.00 annually with the awarded funding. This is not inclusive of associated standard employee benefits.
- C. If an Ambulance Service or Non-Transporting Service was awarded funds under the Maine EMS Stabilization Program, the Service is in compliance with the program contract for their agency. Non-compliance with the Maine EMS Stabilization Program Contract is

grounds for application denial in addition to any penalties or remedies provided for under Chapter 25 of these Rules and the Service's Maine EMS Stabilization Program Contract.

D. If an Ambulance Service or Non-Transporting Service, and if the application is not an initial application, the amount sought does not exceed the entity's FMA.

E. If making a capital expenditure, ensure that all capital expenditures collectively do not exceed \$100,000.00 in total.

(1) Only purchases valued at \$5,000.00 or more are considered capital expenditures for the purposes of this rule.

3. **Unauthorized Uses of Funds.** Applications shall also be reviewed for potential unauthorized uses of funding. Applications may be denied should it be determined that the applicant EMS entity intends to use the funding for unauthorized uses. The following are unauthorized uses of the funding:

A. Expenses or losses reimbursed from any other source(s) or that other sources are obligated to repay.

B. Expenses related to staffing needs exceeding an annual salary of \$76,500.00, as prorated over the applicable period. This limit does not include standard employee benefit offerings (i.e., the cost of a staff member may be higher because the cost of benefits and salary exceeds \$76,500.00.).

C. Construction, renovation, purchase, or acquisition costs for facilities.

D. Payment for existing indebtedness.

E. Payment on obligations incurred prior to the award of funds.

F. Supplanting existing local subsidies or funding sources except if they replace volunteer labor, donated services, donated goods, or funds raised through community fundraising efforts (e.g., bake sales, dinners, etc.).

SECTION 8. EVALUATION OF APPLICATIONS

1. **Evaluation Panel.** The Director shall establish an evaluation panel of at least three people who will serve to evaluate each of the applications to ensure

578 compliance with the requirements, programmatic criteria, and to screen for
579 identifiable unauthorized uses of the funding.

- 580
581 2. **Process.** Each panel member shall review each application separately and
582 determine if the proposed programming and budget align with the previous
583 section.

584
585 A. If a single member of the panel, following their review, believes that
586 an application is out of compliance with any component of Section
587 seven (7) of this rule, all members of the evaluation panel shall meet to
588 discuss.

589
590 B. If it is determined by a majority of the evaluation panel that the
591 application is or may be out of compliance with one or more of the
592 components outlined in Section seven (7) of this rule, they may take
593 any, or all, of the following actions:

594
595 (1) Request additional information from the applicant.

596
597 (2) Offer the applicant the opportunity to modify its application
598 within 15 calendar days to come into compliance with
599 Section seven (7) of this rule.

600
601 C. If, following these actions, the majority of the evaluation panel
602 determines that all or part of the application remains out of
603 compliance, they may deny all or part of the proposed programming
604 and its associated budget line. This denial is considered Final Agency
605 Action, appealable to the Superior Court in accordance with the Maine
606 Administrative Procedure Act, 5 M.R.S. Ch. 375 Subchapter VII.

607
608 D. If an application is denied in totality, the applicant will not be eligible
609 for funding under the applicable Announcement of Funding
610 Opportunity. Funds comprising the denied applicant's potential
611 maximum allocation shall be retained for future funding opportunities
612 in accordance with this rule.

613 614 **SECTION 9. REPORTING**

615 616 1. **Requirements.**

617
618 A. The Director shall define the reporting requirements for this funding
619 opportunity and incorporate them into the funding agreements with
620 qualified applications.

- 621
- 622 B. Recipients of funds must track expenditures, detail their purpose, and
- 623 provide evidence of the impact of the funding on the sustainability of
- 624 their Service, Maine-licensed Training Center, Board-Designated
- 625 Regional Council, Region, and/or the Maine EMS System.
- 626

627 2. **Reporting Frequency.**

- 628 A. The minimum frequency of a report shall be at least quarterly, with an
- 629 annual update. The frequency of reporting required shall be defined in
- 630 the funding agreement.
- 631

632 **SECTION 10. DISPENSING FUNDS**

633

- 634 1. After review, the Director shall enter into an agreement with each qualified
- 635 applicant for the amount awarded.
- 636
- 637 2. **Delegation.** The Board delegates authority to the Director to enter into
- 638 agreements with qualified applicants for the disbursement of sustainability funds
- 639 in amounts totaling no more than \$900,000.00 for any eligible EMS entity.
- 640 Following approval of an application by the evaluation panel, the Director may
- 641 enter into the agreement without any additional authorization from the Board.
- 642
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643

644 STATUTORY AUTHORITY: 32 M.R.S. §84(1)(A), 32 M.R.S. §98(4)

645 EFFECTIVE: February 25, 2025 – filing 2025-038