



STATE OF MAINE  
 DEPARTMENT OF PUBLIC SAFETY  
 MAINE EMERGENCY MEDICAL SERVICES  
 152 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333



JANET T. MILLS  
 GOVERNOR

MIKE SAUSCHUCK  
 COMMISSIONER

WIL O'NEAL  
 DIRECTOR

**IFT Committee – May 13, 2024**

**Minutes**

“The mission of Maine EMS is to promote and provide a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent.” (Not Read)

**Meeting begins at 9:33 (Virtually via Zoom)**

**Attendees**

**Committee Members:** Rick Petrie, Chip Getchell, Corey Cole DO, Chris Paré, Steve Leach

**Stakeholders:** Andrea McGraw, David Sugerman MD, Jeffrey Austin, John Lennon, Mike Senecal, Samantha’s iPhone, Stephen Smith, AJ Gagnon, Aiden Koplovsky, Courtney Cook, John Bell, Jonathan Busko MD, David Ireland

**Maine EMS Staff:** Jason Oko

**Introductions**

1. Petrie continues as acting chair, calls meeting to order at 9:33 with a quorum.

**Minutes**

1. January Meeting Minutes, Motion to accept by Chip, second by Steve Leach, no objections except a noted typo. (number 9 replace the [ with a p should be physician hours), accepted as amended.
2. No comments on the notes from February 12, 2024 (there was no quorum).

**Public Comments**

Jeff Austin (MHA) requests to add to the minutes from this meeting the follow up items that have not yet been provided. Petrie will add agenda items to the next meeting to discuss.

**Updates from Acting Chair**

- Excellence
- Support
- Collaboration
- Integrity
- 

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1. Notes that Jason Oko is taking minutes as Marc Minkler (and much of Maine EMS staff) is at the NASEMSO conference.
2. Tremendous amount of legislative activity regarding EMS, so some meeting issues were never resolved, such as forming subcommittees. States Wil O'Neal agrees these are important work topics.
3. Follow up on setting up sub-committees first meetings
  - a. Funding (Rick Petrie, Mike Senecal, Jeff Austin)
  - b. Efficiency of Utilization of Existing Resources (Chris Pare, Bill Cyr, Jon Bell, Paul Hughes)
  - c. Education (Steve Leach, Rick Petrie, Mike Choate, Dr. Meehan-Coussee, Dr. David Sugarman, Don Eno, Sally Weiss)
  - d. These have to be public access meetings.
  - e. Will follow up with Minkler when he returns from NASEMSO
2. Jeff Austin (MHA) gave a legislative update on IFT relevant bills
  - a. LD1515 – Died on the table. Petrie states Commissioner of DPS and Maine EMS came out against this (New EMS Oversight Commission and 3<sup>rd</sup> Blue Ribbon Commission) and it was never able to get off the table. States there was proposal to take \$15 million from stabilization funds and apply towards Medicare reimbursement (\$5 million annually over next 3 years) and come back to EMS agencies without having to do an application for this money and ended the easier way to receive this money. Austin states he thought this would pass, and Petrie/Austin both state it is unfortunate and surprising. Petrie would like to revive this in the future.
  - b. LD1639 - Mandatory nurse staffing regulation bill was never taken up in the house, along party lines. Austin thanks Petrie for his support on this.
  - c. Related to IFT, the legislature did not do anything helpful, directly, on that issue, the challenge is nursing home beds, and when they open and how long they stay open. Two closures recently, the legislature is putting some emergency funding into this topic. Rate reform will begin in 2025.
    - i. Petrie is hopeful to identify new legislative initiatives through this committee in collaboration with the MHA based on whatever does happen.
3. Update on stabilization funding – according to Petrie less than half of the funding has gone out from first 40% (Phase 1), he cited difficulties working with the rule. Petrie states that Maine EMS Director stated he was handcuffed by the rule. Services struggled with the application.
  - a. MEMS has two dedicated staff members to assist with funding distribution. Petrie states they have been working hard to accomplish getting money out.

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- b. Petrie is unsure if Rules Committee has drafted rules on Phase 2. Oko states next meeting is May 20<sup>th</sup>.

**New Business**

1. Review work to date and re-set **IFT Committee Goals** moving forward.
  - a. Funding for IFT and roadblocks.
  - b. Working together to improve overall funding for EMS.
  - c. Ensuring MHA is at the table for all discussion concerning IFT.
  - d. Developing more efficient utilization of EMS resources through centralized dispatch/one call systems and scheduling software.
  - e. Developing standardized education on ambulance transfers to include.
    - i. Medicare regulations
    - ii. License levels/capabilities
    - iii. Paperwork requirements.
2. Discussion
  - a. Austin asks about changing regulatory standards. Petrie states “D” does not have regulations but would be a great joint effort from Maine EMS and MHA to put together a centralized dispatch resource. Petrie states he does not speak on behalf of Maine EMS.
  - b. Petrie states 1515 would have allowed EMS to operate in hospital under delegated practice but this died with 1515. It might be allowed now but 1515 would have codified that and allowed hospitals to contract with an EMS service to use EMS clinicians as staff in the hospital in between EMS calls, and while they have an ambulance parked at the hospital to also do transports. Cole states her hospital in NH functions this way and operates up to their scope and the EMS personnel are employees of the hospital.
  - c. Petrie states figuring out improved reimbursement will take pressure off IFT work
3. Working on the role of the committee chair
  - a. Maine EMS Board has not addressed this
4. Discussion on whether or not 911 patient offloading upon arrival at the hospital is a significant issue in Maine.

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- a. Cook says yes, due to the fact patients are holding due to the challenges of getting patients out of the ER. Petrie clarifies is waiting time an hour or more. Cook states she is unaware of anyone waiting more than 15 minutes but that is excessively long. Cole states she knows of EMS outside of Maine waiting 4+ hours.
- b. Cole says there is not a significant issue in Maine, there may be a direct to triage path.
- c. Getchell spoke of a change in the acuity and number of patients going to the waiting room (patients with IVs or who have received medications). Leach agreed with this statement, states his crews sometimes wait 10 minutes.
- d. Paré spoke to this not being an issue in Southern Maine, worked with Maine Medical Center to minimize those types of situations.
- e. Cole states she has had patients in the ED waiting room call 911 due to the wait.
- 5. Getchell states we have no board representation on this group since Beals left the committee. Petrie states Cyr has replaced Beals and is the Board rep.
- 6. Paré discusses his changing role and how this affects this committee. Sent an email to Petrie and Board Chair Drinkwater as he was appointed as fire based IFT position, and is no longer affiliated with a fire department doing IFT. Petrie states this will need to go to the board, and there are no open positions, will need to fill that position. Ask of the Board is if Pare can fill this role until it is filled. Pare states he is willing to help but also points out that there are 6,000 EMS clinicians in Maine and perhaps there are other people to fill this role. Getchell recommends having Pare stay in the interim.
- 7. Oko suggests reviewing the needs of the committee and seeing if the current composition matches the needs, and as needed, rework with the EMS Board.
  - a. Petrie suggested adding an MHA rep.
  - b. Petrie and Leach will work on a definition document and a potential restructuring of the committee.
- 8. Sugerman states our limitations are the availability of person-power, none of the goals seem to address EMS staffing. Is staffing a sperate issue or is it inter-related, so it does not need a separate line on the goals. EMS clinicians available to provide IFT seem limited.
  - a. Petrie state the education system is struggling a bit and one college may take a year off from ALS classes. There are waits to get into EMS classes. There are groups working on retention.

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- b. Cook asks if the issue is finding instructors, Petrie states it is multi-layered. Petrie states accreditation requires significant administrative work, and that structure does not really exist to maintain this.
  - c. Koplovsky added that the programs are significantly challenged with program resourcing. Programs are expensive and not enough financial resources currently exist to support EMS education.
9. Cole asked if there is an update on the PIFT 'Crisis' where there is no way to become a PIFT instructor.
- a. Petrie has not heard from the MDPB, he asked Koplovsky if he has had discussion at the education committee. (Koplovsky had left the meeting). Petrie does not believe that the MDPB has sent anything to the board.
  - b. Paré states Dr. Sholl has spoken to the board at the last two board meetings regarding critical care transporting (possible licensing for clinicians and services) and creating pathways for them to move forward. This may replace a redesign of the PIFT program if undertaken.
10. Cole states we talked about goals and the purpose of the group, what are we actually doing? Cole feels like we should have items that produce something.
- a. Rick said that would be the goal of the three sub-committees to generate some kind of idea for funding for IFT, identify legislative and rules changes that might make IFT easier, and try to come up with a plan on centralized dispatch, plan on education and outreach to put out to clinicians and hospitals to improve communication and increase efficiency.
    - i. Cook asks if anything has happened, Petrie states the sub-committees haven't met yet. The goal is to come back to the group with substantive issues.
    - ii. Gagnon states Tilney has completed a review of the PIFT protocols and is meeting with Sholl and MDPB.
11. Cole sees that centralized dispatch being a logistical nightmare (contracts, individualized needs, free market issues), but it is a great idea. Petrie agrees and will have to address those issues. Right now everything is uncoordinated.

**Next Meeting Action Items Still Unaddressed (from January Committee Minutes)**

1. Oko asks if Petrie would like to address these issues from January IFT Minutes.

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- a. Anthony Roberts will provide data from Maine EMS for transfer information.
    - i. Where from, to, date, time, and any information able to be quantified.
  - b. Butch Russell will provide info on reimbursement holes and unreimbursed calls from MAA and commercial carriers.
  - c. Petrie will reach out to larger EMS agencies in Maine for additional info on Medicare and MaineCare reimbursement holes and unreimbursed calls.
  - d. Butch Russell will provide a number of ambulance services out of contract from MAA and commercial carriers.
  - e. Petrie will meet with Maine EMS Acting Director Anthony Roberts to determine additional meetings for IFT and staff representation to schedule the IFT meeting to be with the MHA.
2. Austin recommends all of these be sent to the Funding Subcommittee. Petrie asks committee members and the IFT Committee members present agreed.

**Follow Up/To Do's**

1. Schedule sub committee meetings with Maine EMS
2. Follow up with Maine EMS Board
  - a. Appointing chair
  - b. Pare staying on as voting member while new candidate sought
3. Re-evaluate positions and representation roles of IFT Committee members

**Adjourn**

Rick mentioned that next week is EMS week and in Augusta there is a ceremony from 11-12 at the EMS memorial and then EMS awards in the hall of flags in the state house.

- The meeting adjourned at 10:43

*Minutes by Jason Oko and Marc Minkler*

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