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OPERATIONAL BULLETIN			
Bulletin #	Title		Date Issued
#2024-06-26-01	Need Assessment Changes to Maine EMS Rules Chapter 3: Ground Ambulance Service and Non-Transporting Service Licenses		June 26, 2024
Superseded	Released By:	Source:	Pages
N/A	Maine EMS	Maine EMS	4
Approved By:	Wil O'Neal, Maine EMS Director		
<p>Overview: In 2021, the Maine Legislature passed a law requiring the Emergency Medical Services Board to adopt rules and protocols to evaluate the need for any new ambulance service in the State of Maine prior to granting a license. The Board has adopted rules meeting this requirement, which are effective as of June 25, 2024. This change will impact how a service applies for and obtains a new service license, including the process for changing licensure factors such as service area, type (transporting or non-transporting), License Level, Permit Level, Ownership, and Base Location.</p>			

As of June 25, 2024, an amendment to Maine EMS’s current rules regarding licensure for Ground Ambulance and Non-Transporting emergency medical services is effective. Maine EMS is releasing this operational bulletin to inform all currently licensed services of the new requirement(s) regarding new service licensure, including new licensure issued as a result of a change in licensing factors such as the Service Area, Type of Service (Non-Transporting or Ground Transporting), License Level, Permit Level, Ownership, and Base Location.

Background

In 2021, the Maine Legislature passed PL 2021, c. 241, §4, which amended Maine EMS’s statutes, 32 M.R.S. §86(1), to state: “*Ambulance services and nontransporting medical services to be licensed. Every ambulance service and nontransporting emergency medical service must be licensed, operate in accordance with the rules adopted and protocols developed for services under this chapter and carry the equipment called for in those rules. A. The Board shall adopt rules and protocols to evaluate the need for any new ambulance service in this State before granting a license under this subsection, including rules that provide an appeal process for any decision made by the Board. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.*” The Emergency Medical Services Board initiated the rulemaking process around December of 2022, to address this requirement by amending our current rules, **Chapter 3: Ground Ambulance and Non-Transporting Service Licenses**. After consideration by the Rules Subcommittee and the Board, the amended rule was proposed for public comment, occurring between February 7, 2024, and March 8th, 2024. During

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the comment period, the Board received one (1) comment on the rule. The amended rule was then adopted by the Board on April 3rd, 2024.

Summary and Explanation of Changes

The amended rule changes the “Service Area” licensing factor (§2(5)) to use the term “9-1-1 Primary Response Area”. This change was accompanied by a change to Chapter 2, Definitions, to better define the term. The criteria for the approval of a license (§4) was amended to reflect that the Board would issue a license with a defined 9-1-1 Primary Response Area when a need is demonstrated based on the following:

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

The change to §4, adding the criteria the Board will use in determining need, is supported by changes to the Licensing Standards (§5(D)). It requires an applicant to define their proposed en-route time(s), response time(s), transport time(s), and time tolerance(s) for each geopolitical subdivision in the proposed service area based on and including eight (8) criteria. An applicant will need to provide information to the Board that explains the impact the criteria listed will have on their proposed times, and defend that those times are sufficient to protect the health, safety, and welfare of the public within the 9-1-1 Primary Response Area.

Example: Service “A” is a ground ambulance service licensed at the EMT level, permitted to the Paramedic level, with two EMS crews available and on duty, with two ambulances. Service “A” is a Fire-based EMS department. The EMS crews are dedicated to EMS incidents (may provide a unified response to fire incidents but are assigned to the ambulance with an independent fire crew). Service “A” is seeking to add an area that is not currently being served. Service “A” will perform emergency and interfacility transport in the area they are looking to take on. The proposed addition to their 9-1-1 Primary Response Area consists of one municipality. In taking on this additional area, Service “A” does not plan to add a new base location, ambulances, or staff. As part of preparing to apply, Service “A” evaluates the area they are looking to take on. Service A gathers the following information:

- Service A estimates that its call volume will increase by 300 calls annually, which is less than 50% of its current volume.
 - 200 of those calls are anticipated to be at the EMT level.

- 100 of those calls are anticipated to be at the AEMT or Paramedic level.
- The population count of the proposed addition to their 9-1-1 Primary Response Area contains approximately 2,000 residents.
- The proposed addition to their 9-1-1 Primary Response Area is 30 sq. miles of land area.
- The proposed addition to their 9-1-1 Primary Response Area is ten additional minutes away from the closest available hospital.
- There is an assisted living facility and a dialysis center in their proposed addition to their 9-1-1 Primary Response Area. service area.
- There are numerous routes of travel through the municipality, with no rail service that would delay a response, or that would be impacted by adverse weather (i.e., the road is closed due to snowfall annually).
- No changes are estimated to be made to the dispatch agreement, and the service does not use a Response Assignment Plan (as defined in Chapter 2).

Service "A", based upon the information they gathered, estimates that:

- Their en-route time will be an average of five minutes with a tolerance of (+/-) five minutes. The service estimates this figure represents an increase of call volume and the time for the second EMS crew to go en-route from the hospital or the scene of a unified response when the primary crew is already dedicated to a call.
- Their response time to the new service area will be an average of 25 (+/-) 15 minutes. This response time and tolerance is based upon the geography the service would be covering, and the time tolerance considers the possibility of additional time needed to respond from their furthest point versus the time to respond from the border of their current coverage area.
- Their transport time to the hospital is an average of 30 minutes (+/-) 10 minutes from the new service area. The service attributed the estimated transport time and time tolerance to the distance they would need to traverse, including through their current coverage area and the routes of travel they could take.

Within the materials accompanying their application to the Board, Service "A" provides the information they have gathered and supplies their estimated times and rationale for those times.

The amended rule changes licensing standards, §5(E), to address a circumstance where a ground ambulance service applicant is looking to add a 9-1-1 Primary Response Area that is currently being served by a licensed ground ambulance service. This provision does not impact non-transporting service applicants. In the case where 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 that they are relinquishing it. In the case where a service is NOT voluntarily relinquishing the service area, there are two new parts the applicant must provide:

1. A signed and notarized letter from the geopolitical subdivision(s) (e.g., the city(ies), town(s), etc.) within the contended 9-1-1 Primary Response Area indicating they are

seeking to replace the currently authorized ground ambulance service. This part requires the applicant to obtain consent from the governing body of the geopolitical subdivision(s) within the service area sought by the applicant; an applicant cannot complete their application for licensure in the case where they are seeking to obtain the service area that is already and will continue to be served by the current ground ambulance service, and the geopolitical subdivision(s) do not want to change from that service. This part is designed to protect a service currently serving an area by ensuring that the relinquishment of an area is voluntary and to ensure communication and coordination between the service and the applicant in the transition.

2. A report produced by a third party, disinterested consultant, who has experience evaluating the efficiency and delivery of emergency medical services. This report must be obtained by the applicant and must be dated within sixty (60) business days of the applicant's acceptance by Maine EMS as complete. This time requirement ensures that the report is contemporaneous with the application; a report completed a significant amount of time before the application may not reflect the current circumstances of that area. The report must:
 - Indicate that changing the ground ambulance service is in the best interest of the residents of the geopolitical subdivision(s);
 - Acknowledge and defend that the change(s) will maintain or improve patient care quality;
 - Acknowledge and defend that the change(s) will improve system efficiencies and use of resources; and
 - Acknowledge and defend that the change(s) maintain and/or enhance response efficiencies.

This part is intended to regulate the necessity of a transfer of a 9-1-1 Primary Response Area when the service currently serving that area intends to continue serving that area. This ensures the change is independently assessed by a third party who can evaluate that the change is necessary and in the best interest of the residents of the area served and the EMS system as a whole.

§5(E) is not applicable in the case where a ground ambulance service is terminating its service licensure with Maine EMS because the 9-1-1 Primary response area would not be considered to be currently served. Similarly, if a service completes the licensure process to change its 9-1-1 primary response area by removing an area, a service will not need a notarized letter to apply to take that service area on as that area would not be currently served.

An amendment to §6, Renewal of Service License, 1(A)(1) adds a provision exempting applicants from the needs assessment process during license renewal.