

# St. George Ambulance Informational Public Meeting

Town Office and via Zoom

December 1, 2022

## Minutes

The Select Board Ambulance Public Hearing was called to order at 7:00 p.m. Present were Richard Bates (Chair), Randy Elwell, Steve Cartwright, Van Thompson, Wayne Sawyer, Town Manager Rick Erb and Finance Director Irene Ames. There were also approximately fifty attendees, both in person and via Zoom.

### **Quorum**

A quorum was present.

### **Conflict of Interest:**

There were no conflicts of interest.

### **Bates**

Good evening. Thank you all for coming tonight. My name is Richard Bates and I'm head of the Select Board. We are here tonight to discuss the future of the ambulance service in St. George. Many of you know that for the last seventy years, the ambulance service that we have enjoyed here in town has been provided by the St. George Volunteers Firefighters and Ambulance Association, but things change and tonight we are here to discuss what that change implies. We are going to start off with Amy Drinkwater who is our Ambulance Director. She is going to discuss the pressures that have forced us to this position. For those of you who don't know Amy, besides being a great paramedic, she is also Chair Elect of the state Maine State EMS. We are fortunate to have her perspective on the crisis that is affecting the state EMS programs. Amy will start, followed by our Town Manager, Rick Erb. We will talk about the financial consequences of this and will also outline the mechanics of what it will take to make all of this happen. Before we begin, I should preempt any concerns about my conflicts of interest in this. Besides being Chair of the Select Board, I volunteer on the ambulance a couple of shifts per week as an EMT. I've thought about it a lot and do not believe I have any conflicts. I believe this is the best decision for the town to continue to provide a first-class ambulance service. I'm hoping tonight when you hear the presentation and have your questions answered, that you will agree.

**Amy Drinkwater**

I'm Amy Drinkwater, Director here since 2014 when I was asked to take it on for six months. I am a paramedic and Chair Elect for the Maine EMS program. Kevin and I have put together a PowerPoint presentation and we're going to start with the history, continuing to where we are now and where we our hope to be as we continue. The first slide is a picture from John Callahan with the first ambulance which was a retired hearse, purchased for \$100 back then. This is a picture of our four full time people and our fly car and a picture of our current 2015 ambulance. We are operated at this point by the St. George Volunteer Firefighters Association and Ambulance formed, as Richard said, in 1953 by members of the Fire Department. The first ambulance was purchased in 1956. In 1970, it was required that ambulance attendants be licensed and there were sixteen volunteers and thirteen required licenses.

We were incorporated with our current name in 1990. Our first paid staff began in 2011, and we provided 24-hour paramedic coverage that same year. We have provided ambulance services for sixty-six years. We are a nonprofit 501c3. Our funding sources include donations and we have billed for services since 2010. We do get some funds from the town. We apply for grants as much as possible. Our ambulance is a 2015 Ford E350. All staff at the station currently are paid hourly, and are per diem, other than our four full time people. As of last year, we started paying hourly at night so we can retain out of town providers.

We provide two to three people on a crew and cover with paramedics on shift 24/7. We have a Community Paramedic Program and we're still working on grants for that. Right now, we don't bill for it but provide that for free for anybody who is referred to the program.

**Question One:** Can you explain what the Community Paramedic Program is?

**Amy Drinkwater**

Community Paramedic services include orders from PCPs or ERs. We go into homes and help with wound checks, medication checks, home safety, anything that their PCB need us to do, and that people would like us to come in and help with. We sometimes work with Home Health and if they can't do something, we try to do it and vice versa.

**Question Two:** Can you bill insurance for this?

**Amy Drinkwater**

No, we cannot. it's not a billable service.

**Question Three:** Is that what you're aiming for?

**Amy Drinkwater**

Yes. There is legislation right now working on that.

**Question Four:** What is the workload for that?

**Amy Drinkwater**

It depends. Right now, we have two patients in that program. We've had up to eight at a time. It really depends on if the ER needs wound checks or burns or if there's something going on. We have more patients in that program in the winter because patients can't get to their PCPs, so we receive requests to do a blood pressure check and we take care of that and then we'll fax information to the PCPs to see if they need med changes, etc. because sometimes people cannot get to their doctor's appointments.

We provide vaccination clinics, and we provide training such as CPR, first aid and some EMT classes in house. Those decreased because of the pandemic but are starting to pick back up, so we are going into the community and doing some of those classes.

**Hewlett**

These are classes for receiving our CEH credits.

**Amy Drinkwater**

Yes, for our providers.

**Bates**

Providing the required number of hours to stay current with their licenses?

**Amy Drinkwater**

Correct.

**Question Five:** You also perform these classes for the public, correct?

**Amy Drinkwater**

Yes. We promote those classes in the public.

**Question Six:** What is the paramedic agreement with South Thomaston?

**Amy Drinkwater**

The paramedic agreement with South Thomaston is one of mutual aid. We don't charge each other when assisting each other as a second call or helping out with car accidents. We do charge a flat fee when we send a paramedic because we're sending a medic over which is billable and so is reimbursable.

**Question Seven (Briggs):**

Annually, what percentage of the money would you say is being used to fund the community program such as visits to people's homes, versus vaccination clinics, versus 911 Ambulance calls or the agreement with South Thomaston?

**Amy Drinkwater**

This slide shows our staff at this point broken down by residents, nonresidents and students that are trying to improve their license. Right now, for drivers, we have three residents, one non-resident, and two students that are drivers but also in an EMT program or who are finishing an EMT program. It is the same with basics. We have four residents, seven non-residents and three that are in the advanced program. The advanced EMT category staff

are all nonresidents, and we have four medic students that are advanced. For paramedics, we have one resident and five nonresidents.

**Question Eight (Hewlett):**

Who is considered a resident?

**Amy Drinkwater**

Residents of St. George.

**Question Nine (Hewlett)**

Does it include South Thomaston?

**Amy Drinkwater**

No, only residents of St. George. Okay.

**Question Ten:** Does everyone have a basic understanding of the difference between the three license levels?

**Amy Drinkwater**

If you drive the ambulance, you have to know where the equipment is. You have to know CPR. You have to have completed specific classes. It requires training.

**Question Eleven:** Can you explain what those specific classes are?

**Amy Drinkwater**

The driver training is a mandated class by the state on operations of a fire truck or an ambulance.

**Question Twelve:** Are three enough?

**Amy Drinkwater**

There's not enough of any of these positions for 24/7 coverage anywhere in the state of Maine and many people work more than one job. The three license levels are Basic, Advanced and Paramedic. The requirements for Basic have now increased to 156 hours of class time and hands on training and then you must take a national registry test to get your license. After you get your license, you have 52 CE hours that you have to do every three years and that will be changing to every two years under the new rules for Maine EMS. Each level has more hours required because there are more skills and protocols that have to be followed, medications, etc. The advanced category requires almost 500 hours between clinicals, classroom time and hands on training. The paramedic category requires a minimum of 1600 hours between clinicals and class time. A basic class used to be \$400 when I started years ago, and now it's \$1,300 to take the class. The advanced class is \$1600 to \$1700 depending on where you are located, and a paramedic class is \$12,000. It takes a lot of time and money to become a provider at any level, plus you have to keep that license up with skills and education.

**Question Thirteen:** Can I assume that the demand from the regulatory agencies has increased year to year for all of these hours? I know everyone in this room who is volunteering for EMT, puts an enormous number of family time hours in. Can I assume that the state is demanding more for regulatory purposes?

**Bates**

I believe the question is who is mandating all the extra training hours and has it increased significantly.

**Amy Drinkwater**

It is the Maine EMS and National Registry. It is based on the level of skills and the protocols. The more skills and protocols you obtain, the more time it takes to practice them and to keep them up. They change every two years on a rotation cycle. Any questions or comments? It's not unusual for us to get assistance from the fire department. We work very well with the Fire Department, and these are the things they help us with: CPR, lifting, driving, plowing, obtaining equipment for us. We also do a lot of skills training on car accidents, and things like that.

The next topic is where we are headed, and the future of EMS. Over the years, generations of members have built a first-class ambulance service. Members of the Association are very proud of the history of volunteerism and the service in the community. We are the last nonprofit service in Knox County; the others are municipality based. The time has come to decide how we're going to continue to service and move into the future. We are asking for your input and support with the decision to have the ambulance become a department of the town government. Members of the association have considered various options over the last few years and feel at this time, that this is the best decision to keep the service in our town. The cost of maintaining quality services has increased. Similar to the costs at the grocery store or fuel for your vehicle, the price of everything has increased. We have a lack of licensed providers. Some staff over the last few years have left the EMS. It is hard to compete with McDonalds or other competition. With their level of education, the staff really deserves a reasonable salary. Donations haven't kept up with the cost increases of providing services. Lower operational costs from consolidating costs with the town's operations and policies would help save some money. The ability to ensure the future of services is what we really need. The next slide shows our budget for the last five years and our call volumes. In 2018, our budget was \$443,650; in 2019, it was \$473,492; in 2020, it was \$480,000; and in 2021 it was \$521,054. Last year when we went to 24-hour paid service, it was \$634,038.

**Question Fourteen:** What is the call volume?

**Amy Drinkwater**

In 2018, there were 376 calls; in 2019, there were 423; in 2020, there were 382; in 2021, including the vaccine clinics of 378 vaccines, our total calls with 911 were 837. For 2022, at the end of November, the number of calls was 404.

**Question Fifteen:** Does that include trips to South Thomaston?

**Amy Drinkwater**

It does.

**Question Sixteen:** For South Thomaston, calls and mutual aid calls, would you say they are about 50 per year?

**Amy Drinkwater**

Depending on the year, they were between 38 and 98. I think this year we are up to 90.

**Question Seventeen:** Are you available 24/7 for South Thomaston as well as here?

**Amy Drinkwater**

We are, except that if we are on a call and they need a medic, they'll need to call someone else.

**Question Eighteen: (Briggs)**

For St. George, with a population of 2600 people, how many calls were there in 2021?

**Amy Drinkwater**

In 2021, there were 282 911 calls. That's not including South Thomaston, or mutual aid calls. There were also 378 vaccine calls.

**Question Nineteen (Hewlett):**

What caused the \$115,000 increase between 2021 and 2022?

**Amy Drinkwater**

The increase between 2021 and 2022 was paying providers to be here 24/7 and increases in wages.

**Question Twenty:** Did the EMTs get an increase also?

**Amy Drinkwater**

Yes. They did.

**Bates**

Thank you. Now Rick Erb will tell us about the financial consequences and the mechanics of how this could come about.

**Erb**

Thank you. As has already been said, this is not a problem unique to St. George. There is a serious problem statewide with providing EMS services. I have been in contact with a couple of town administrators who are interested in the meeting we have tonight, and they may be joining us by Zoom or maybe some of them are here. Others are watching to see how we are going to approach this, and I appreciate the turnout tonight. This is an informative meeting at this point. In a minute I'll talk about the process which will include public hearings, but it's good to have input now because this will be on the Select Board's agenda and there is still quite a bit of discussion to take place. I want to commend the Ambulance Association for the excellent service they provide and that they have been able to do it with limited public participation, as Amy just pointed out. It is quite common for municipalities to fund their own ambulance service. We have had a nonprofit do that, and while we have contributed, they have taken on much of the work themselves and have been able to do it much longer than most of us would have expected. It has taken a toll on their resources to provide these services. It's not sustainable, as we see it right now and that's why we're talking tonight. As far as the process goes, the charter for the town of St. George allows for the creation of new departments but it specifically says those need to be created through an ordinance, and goes on to say that ordinances can be adopted by the town after holding public hearings, and a referendum vote which is a secret ballot vote. Inevitably, if we're going to move ahead with this, it will require a vote, most likely the day before the town meeting. We've still got a way to go, but that would be the methodology.

We would hold public hearings, we would have a referendum vote, and then the next night, we would need to be prepared with a budget. We'll have to move ahead as if this will pass the referendum vote and then we will fund it. That's the work we have ahead of us. When budget meetings start after the first of the year, this will be a prime topic. We need to understand this will have a financial impact on the towns. It's adding an entire new department and several new employees to the town, so we're going to have to address that and costs are only going up as the numbers you've just seen would indicate. It's not hard to anticipate that this could increase the town's budget in the area of \$500,000. We may not be there quite yet, but we're very close to that. We have more work to do on the budget and things will change but if we did increase the town's participation by \$500,000, that would be roughly a 5% increase in property tax rate by itself. It wouldn't include any other school or county increases. It's not hard to calculate in St. George because our tax rate is almost exactly \$10 per \$1000. A 5% increase for a house that is valued at \$300,000 would be \$150 a year. I think it's always helpful to keep in mind the nature of the increase we're talking about and as we move ahead, to keep those numbers in mind. I think that will help you to understand the impact of what we're doing. There are some savings I believe that may be achieved by becoming part of town government, but I also think it's important to remember by my rough calculation, that 80% of the cost of the ambulance is staffing related and those costs are increasing. As has been stated, there are not enough EMTs and paramedics around. We're all competing for a small pool of potential employees, and we all want to compensate our staff in the ambulance adequately and make certain that they're being taken care of. We will analyze the budget and will tighten it where we can but keep in mind, there are only so many places to do that as the costs are mostly our personnel.

**Question Twenty-one:** Rick, given that the budget is \$600,000 and you mentioned a \$500,000 increase to the town. Will the gap be covered by donations?

**Erb**

We've worked with Amy to project future costs and came up with \$700,000. The town already contributes \$230,000. There is some reimbursement from insurance also. There is a lot of work to be done on calculating the exact numbers. The ambulance has been very successful with fund raising. As a department of the town, I don't think we can anticipate the level of fundraising will be maintained. Also, these numbers do not include funding of a replacement ambulance which is at least two years away. We must think about that.

**Question Twenty-two (Briggs):**

I have a question about taxes. Does that affect people whose taxes are supposedly fixed? Wouldn't that put a burden on young families whose taxes have not been fixed?

**Erb**

Those over age sixty-five would be exempted from this increase as proposed and being implemented by the state at this time. The state is actually expected to make up that gap but many of us are skeptical that it will continue in future years. At least for now, the state will pick that up.

**Question Twenty-three (Briggs):**

Wouldn't the increases be shifted to younger families so that they would have to pay not \$150, but \$300 or \$500 or something like that?

**Erb**

No, not as it is being implemented right now.

**Bates**

The \$150 per year is based on the median house price and half the houses are valued less than that.

**Question Twenty-four (David Percival):**

Are most people who use the ambulance over the age of sixty-five?

**Amy Drinkwater**

Yes. In town they are.

**Erb**

I do think we need to plan ahead for replacement of the ambulance. I'm wondering if there is still a fundraising component to that and perhaps people will be more willing to contribute to the ambulance replacement. We haven't had the opportunity to discuss that yet, but I suspect we will.

**Tim Polky**

I will say one thing. the Fireman's Association isn't going anywhere. Our intention is to continue fundraising and while we cannot promise a certain amount, we still plan to fundraise for equipment and training and seek grants if possible. When the association was first organized, it was to provide a trained firefighter force. Our personnel were mostly involved with training.

**Question Twenty-five:** Is the Fire Association portion, that is separate from the Ambulance Association, going to remain a non-profit?

**Tim Polky**

Yes. We are still going to remain a 5013C.

**Question Twenty-six:** There is talk in the county about regionalization. Is there a benefit to being a municipal based service if there is regionalizing with other municipalities?

**Tim Polky**

I don't think we will be able to regionalize it as a whole county. I can imagine divisions into Northern areas of the county, Central areas, etc. Amy is regionalizing right now; the services are not all under one umbrella. We work closely with Thomaston and South Thomaston. I can see that. I'm not sure if it will affect costs.

**Question Twenty-seven:** I'm just concerned on the structural side of things and if it benefits us by having the ambulance under the town.

**Tim Polky**

I don't think that makes a difference.



**Erb**

When regionalization is discussed, the subject often shifts to the geography of St. George.

**Question Twenty-eight (Steve)**

It's twenty minutes from South Thomaston and twenty-five from Thomaston.

**Bates**

Excuse me Steve. I want to make sure the people on Zoom can hear this. The issue is regionalization and Steve is talking about distance. Do you want to elaborate?

**Erb**

Steve was basically saying that the nature of the peninsula puts us in a slightly different situation than a more centrally located community and we have to measure that. Much of the response time is based on our 24-hour staffing. Whether that can work in a regional model would need a lot of discussion.

**Amy Drinkwater**

When discussing regionalization, everyone wants the station in their town. We are way down at the end of the peninsula. If other towns staff a station up on the other end of Route 131, how long will it take to get to Port Clyde and do we want to allow response times to be affected. There have been many meetings regarding this, but nobody can agree to give up the ambulance station in their town. The other day I had an ambulance in another county wait 38 minutes for someone to get on the scene and that is happening all over the state.

**Question Twenty-nine:** If our paramedic is at the hospital and someone in Port Clyde has an event, how long would it take Thomaston to get down there?

**Amy Drinkwater**

Probably 18 - 30 minutes depending on the time of day, staffing, etc.

**Question Thirty:** This year there has only been one call requiring a response from a paramedic from another town. Every other call has been covered by the St. George medic, regardless of whether they have been on another call or not. If South Thomaston has the medic at the hospital, while we are paying attention to what's happening on the peninsula, we can get (inaudible) down here soon enough to make a difference. It comes down to the level of service people are willing to pay for.

**Erb**

When you get into these kinds of discussions, it comes down to what level of service are people willing to pay for.

**Tim Polky**

That is what got us into this position in the first place. Protocol requires that certain calls have a medic on that call. This is an aging community. The Association was looking at this before we had full-time staff because we were required to have a medic, and a lot of times we had to get out of Thomaston, Rockland or even Camden and there were waits of 20-30 minutes. You might not want to wait that long if you are having a stroke or a heart attack. Fifteen years ago, they were charging us \$400 a trip and now it is \$800. If we need a backup from Rockland, it is \$800.

**Amy Drinkwater**

A medic is \$700 for mutual aid.

**Tim Polky**

That is why the agreement we have with South Thomaston is so important. We don't have to pay. It's truly mutual aid. It would be more expensive if we didn't go this route, I think.

**Question Thirty-one (Hewlett):**

I think the other thing to remember is that a lot of the ambulance staff wear pagers. If there is an emergency, and we know that the ambulance is already at the hospital, we will respond to the call even if we are off duty, just to go help. I would say half of the people in this room wear pagers right now, between the Fire Department and EMS. The Fire Department is very helpful. I cannot lift a 400-pound person myself.

**Bates**

Are there other questions or suggestions? We would love to hear other ideas.

**Question Thirty-two:** I have a question about mutual aid to South Thomaston and providing a paramedic 24/7. I wonder if they should share the cost of that. It is available to them.

**Amy Drinkwater**

They do but the service is available to them only if we are available. If we aren't available, they have to call someone else, and we do charge for every call that we provide to them.

**Tim Polky**

If we have a call in St. George that is closer to the South Thomaston station, they first respond with a medic or truck if available.

**Question Thirty-three:** Is it a requirement to have a Paramedic on board before you roll? How many advanced EMTs do we have in town?

**Tim Polky**

Not before you roll but the level of care is required to be at a medical level. We have no advanced EMTs in town.

**Question Thirty-four:** How many EMTs do we have available? Is that a requirement for them also?

**Amy Drinkwater**

We have no advanced level in town.

**Question Thirty-five:** So even if an EMT is on board, you have to have a paramedic?

**Amy Drinkwater**

On certain calls. The protocol states whether one is required or not. Some protocols require that you have an ALS on board or at least call for one and hope one is available.

**Question Thirty-six:** It does not mean that care is not being provided in the meantime.

**Question Thirty-seven:** When I was volunteering, we would start rolling and the paramedics would meet us there.

**Amy Drinkwater**

We can and have done that depending on whether we can get a paramedic from another town.

**Question Thirty-eight:** Are there ambulance subsidies available for municipal ambulance services that aren't available for a nonprofit? Isn't there a commission that is working on an \$80 million infusion into emergency services and would this put us in line to get some of that funding in the future?

**Amy Drinkwater**

The Blue-Ribbon Committee is working on legislation and fundraising to help the crisis in EMS, but they are not there yet.

**Question Thirty-nine:** Would a municipal service be more in line if that were to happen?

**Erb**

If an organization is providing EMS services to a town, I'm confident that the structure would not matter. I'm quite certain that they would not differentiate between a nonprofit versus the town. The bigger question is whether the state is going to come up with substantial money to assist with emergency medical services and the jury is out on that. People are skeptical.

**Bates**

If they were to do such a thing, it might be more like the subsidy you see with the schools. St. George may not be a significant beneficiary compared to some of the more needy towns.

**Erb**

**Question Forty:** On the regionalization point, I would say if anyone reads the paper, some other towns that are already sharing ambulance services are really struggling. Camden, Rockport and Lincolnville have a regionalized system and it's not working very well. We are very lucky here.

**Question Forty-one:** I'm not suggesting regionalization. I'm projecting forward. It is the same question, are you positioned better when you are aligned with the town, rather than on your own as a nonprofit because as a nonprofit you're carrying other responsibilities. That's the whole question being an employee of the town. Please, I'm not advocating regionalization. We do a great job of working with towns within the structures of the towns that exist. As we move forward, those are the questions that are coming up in Rockland, in Camden, etc.

**Erb**

It's interesting to see every town struggling with the same problem and no one seems to have the panacea. Regionalization has not solved the problem. We are all grasping at this point.

**Bates**

The evening is young. There must be more questions. Maybe we should wrap this up. As Rick and Amy explained, this is a difficult decision we are facing and there is quite a bit of work between now and the town meeting, including the budget discussions that will begin in the new year. Please, if you have ideas or questions, come forward and let us know so we can achieve a more informed decision about how this all goes. You know the players. Tim, speaking on behalf of the Association, Amy as the Ambulance Director, Rick as the Town Manager. If all else fail, get in touch with Randy on the Select Board.

**Randy Elwell**

I would like to say, "Spread the word". Talk with your neighbors, your friends, your family in town. I've been on the fire department for forty years and Tim has been here since the dinosaurs. It's a very difficult situation for us. I'm very proud to be a volunteer. There isn't anyone in this room that hasn't spent hours on a call volunteering their time and training so spread the word. This is very difficult for us, and we want to see the quality of care continue that we've been able to gain over the years. Talk it over. If you have any questions or concerns, please email me or stop and see Rick. Tim is usually around. Amy is here two or three days a week. Kevin is here and can answer questions. This affects the whole town not just members of the ambulance service.

**Bates**

Thank you. Well, thank you everyone for coming out tonight.

**Question Forty-two (Loreen Myer):**

Is the information from Amy's PowerPoint available on the town's website to direct somebody where to get more information?

**Bates**

Yes, we will put that up tomorrow.

**Question Forty-three:** There are hundreds of people that aren't here tonight. Everyone reads the Chronicle and the Free Press. Let's get this discussion in there, the numbers, the increased costs and the fact that they are required to have a permit. All of that is new information for a lot of people and a lot of people read the news.

**Erb**

In about a month, we will have much better information and better numbers and that's that is the time to get it out. I agree.

**Question Forty-four (Loreen Myer):**

We wanted to have this meeting and get it out there before we start processing numbers.

**Question Forty-five:** I hope that whoever goes out talks about the hours that the volunteers have put in up to this point. I think it's really important to reinforce and honor them.

**Question Forty-six:** I was going to say the same thing. When the pager goes off, whether they're on call or they're not on call, people in this town will go. There are plenty of people here from the Fire Department and the

Ambulance service who are not working or assigned to work, and they still go out there and volunteer and do their thing. I think that's a good point to stress when you're asking for more money. We have great volunteers.

**Bates**

Are we all done? Thank you very much everyone. Spread the word

The Select Board Ambulance Public Hearing was adjourned at 7:52p.m.

Respectfully Submitted,

Tammy Taylor

Recording Secretary

Town of St. George