Regional EMS: Proposed Three-Year Transition Framework

To	Regional Ambulance Advisory Board
Date	November 9, 2026
From	Gardiner EMS Working Group, for discussion
Purpose	Provide a clear starting framework for partner negotiation of the FY28–FY30 regional EMS agreement. This is a recommendation for consideration, not a final contract or municipal appropriation.

Executive summary

Our eight participating municipalities already operate, in practical terms, as a regional EMS system. Over 2023–2025 the Ambulance enterprise service handled 10,255 incidents, 65.5% of them outside Gardiner, and 7,289 recorded hospital transports. The FY28 base operating request is $2,782,055 before proposed staffing expansion or a new capital appropriation. The Gardiner Working Group recommends using the next three-year agreement to preserve this service while deliberately modernizing how the region shares readiness, new labor cost, capital and future governance.

The Working Group is proposing a negotiated framework around three immediate commitments: a three-year FY28–FY30 compact; a revised municipal assessment that recognizes membership, readiness/population, and usage; and deliberate regional funding of new labor and capital. Gardiner will continue to honor the existing phased 80/20 agreement for the current workforce, but proposes that newly approved EMS labor enter the Ambulance Fund at 80% immediately. Capital would remain a 100% Ambulance Fund responsibility. The 15/55/30 assessment is offered as a starting model for discussion, review, and agreement.

Why act now

The service's economics are increasingly defined by the ready availability of labor, readiness. The FY28 base request is $2,782,055, up 9.4% from FY27, with wages and benefits total $2,335,337. This baseline increase is driven by labor costs. Patient/third-party billing is held steady at $1.8 million in the planning model, as cuts to Medicare are expected to restrict growth and usage. Meanwhile, the system supports approximately 25,742 residents and a steady regional workload of roughly 3,400 incidents per year. The current annual-contract structure is reaching the limits of what is sensible for an operation built on permanent unionized employees, ambulances, medical equipment and multi-year capital obligations across multiple jurisdictions.

Operationally, the service also has meaningful readiness pressure. Department data identify 2,532 calls dispatched within 30 minutes of another call during 2023–2025. These figures need further incident-level validation before they are treated as confirmed simultaneous unit commitments, but they establish why staffing should be evaluated as a regional readiness issue rather than only as a Gardiner personnel decision, and why asset deployment and facility usage needs to be reviewed and considered across partner communities.

The Next Phase

1. Enter a three-year FY28–FY30 regional compact

The Gardiner Working Group recommends replacing one-year contracting with a three-year agreement. The compact should lock in the assessment methodology, the treatment of uncollectibles, the capital contribution structure, regular operating/financial reporting, and the process for material staffing changes. It should include legally reviewed entry, withdrawal and stranded-cost provisions. The purpose is mutual predictability: Gardiner

should be able to make staffing and capital commitments with greater certainty, and partner municipalities should know the rules that can change their annual assessment before those changes occur.

2. Adopt a more regional cost-sharing methodology

The current formula divides the base municipal requirement 50% by population and 50% by three-year usage. Staff modeled an alternative that recognizes three dimensions of the service: 15% equal membership, 55% population/readiness and 30% three-year usage. The Working Group recommends negotiating the principle of a membership/readiness component. The 15/55/30 model is the initial reference point, but the precise ratios should be tested and examined. The rationale is that every member requires the system to exist before a call occurs, while 85% of the proposed model would still vary according to community size and actual usage. Gardiner no longer sells Ambulance rides, the partners collectively utilize a regional service, and costs should therefore shift regionally.

3. Put future cost growth on a regional footing

For the current workforce, the Working Group recommends leaving the previously approved labor transition intact: 74% Ambulance / 26% Fire in FY28, 77/23 in FY29 and 80/20 in FY30. For any newly authorized EMS positions, the Working Group recommends applying 80% Ambulance / 20% Fire immediately. The current staffing model estimates four new positions at $450,000 in wages and benefits, of which 80% would enter the ambulance fund. The group also recommends that capital assets for EMS be treated as a 100% regional Ambulance Fund responsibility, funded through a documented annual capital line.

What the financial choices mean

Reference point	Amount / implication
FY28 base operating request	$2,782,055 before added positions or the new capital contribution.
Patient/third-party billing assumption	$1,800,000.
FY28 baseline municipal support with $165K uncollectibles	$1,147,055, approximately $44.56 per resident regionwide.
Four-position staffing model	$450,000 total; $360,000 to Ambulance at 80/20.
FY28 capital contribution under discussion	$175,000.
Full FY28 planning scenario	$3,317,055 gross; $1,682,055 modeled municipal support, approximately $65.34 per resident regionwide.
Capital outlook	With modeled capital costs and planned contributions, the capital reserve becomes negative in FY32.

The full FY28 model is intentionally a scenario, not a proposed final budget. It illustrates the cost of purchasing a stronger service that includes four additional positions and systematic capital funding. By contrast, the $2.782 million base shows the cost of continuing the current operating model before those additions. This distinction should remain central to partner discussions.

Town-assessment illustration: same regional requirement, different distribution

Community	50/50 full scenario	15/55/30 full scenario	Shift
Chelsea	$99,997	$111,944	+$11,947
Farmingdale	$191,815	$192,431	+$616
Gardiner	$494,640	$436,042	−$58,598
Litchfield	$209,172	$216,499	+$7,327
Pittston	$153,841	$167,919	+$14,078
Randolph	$115,892	$127,492	+$11,600
Richmond	$224,582	$224,828	+$246
West Gardiner	$192,116	$204,901	+$12,785
Regional total	$1,682,055	$1,682,055	$0

This table is not a proposed bill. It demonstrates the consequence of adding an equal membership component while reducing the share driven by usage. The total regional requirement does not change. The policy question is whether a regional service should be financed partly as common standing capacity and partly according to community size and service use, and how such a change strengthens future financing and governance of a potential Regional Fire and/or Rescue agency.

Capital and long-term sustainability

The capital model begins with $1.2 million of Ambulance Fund balance, but scheduled replacements and 4% inflation draw that balance down even with annual capital contributions. FY28 modeled capital cost is $383,720 against a $175,000 contribution; the projected ending balance is $601,280. Under the current schedule the balance reaches negative $52,376 in FY32. The Working Group therefore recommends adopting a shared replacement schedule and funding an annual capital line through the same regional assessment structure.

The three-year term should be a transition to shared regional governance

The most important long-term opportunity is to move from a provider and client relationship toward a regional partnership. Today, Gardiner remains the employer, asset owner and enterprise administrator, while partner communities collectively generate most calls and contribute most partner assessment dollars. If municipalities are asked to make stronger multi-year financial commitments, the logical counterpart is a structured examination of stronger shared governance.

The Working Group recommends that the compact include a three-year governance work plan. Year 1 should standardize finances, operating metrics and reporting. Year 2 should evaluate governance models, possible additional members, deployment locations, asset ownership, administrative structure and demand-reduction programs such as community paramedicine or alternative response to appropriate non-transport calls. By Year 3, the municipalities should decide whether the successor structure remains an enhanced Gardiner-hosted compact or becomes an interlocal or other formally regional EMS organization.

Proposed November 9 outcomes

- Agreement in principle that the parties will work toward a three-year FY28–FY30 EMS compact rather than another one-year contract.
- Agreement to preserve the existing 80/20 transition for current labor, while utilizing 80/20 immediately for newly approved EMS labor.
- Agreement that capital should be funded through a documented recurring Ambulance Fund contribution tied to the replacement schedule.
- Agreement to negotiate a membership/readiness/usage assessment, using 15/55/30 as the initial model and requiring a clear rationale for the final percentages.
- Agreement that the three-year compact will include a formal work plan to evaluate regional governance and bring a successor model back to all participating municipal governing bodies before the next contract cycle.

Suggested Agreement Schedule

Milestone	Recommended timing
Regional Ambulance Advisory Board discussion	November 9, 2026
Partner feedback on framework and formula principles	By early December 2026
Draft FY28–FY30 term sheet and assessment scenarios	December 2026–January 2027
Municipal legal / finance review	January–February 2027
Final draft presented to partner governing bodies	By March 2027
Local approvals / budget integration	Spring 2027
New compact effective	July 1, 2027 (FY28)

Bottom line

It is also important to acknowledge the financial commitment Gardiner has made during the previously negotiated transition to the 80% Ambulance / 20% Fire labor allocation. The phase-in began from a 65/35 allocation, moved to 68/32 in FY26 and 71/29 in FY27, and is scheduled to reach 74/26 in FY28, 77/23 in FY29 and 80/20 in FY30. During that transition, Gardiner taxpayers have continued to carry through the local Fire budget a portion of shared Fire/EMS labor that ultimately moves to the regional Ambulance Fund, in a spirit of partnership and appreciation for the communities it is working with the ensure the success of this endeavor.

Based on Gardiner's review of the payroll allocation over the phase-in period, the cost to Gardiner residents for this transition period to FY30 will come to roughly $700,000, which is a substantial contribution in relation to the City budget. Gardiner believes the next three-year compact provides the right opportunity for the City and partner communities to establish a durable framework in which the responsibilities, benefits and governance of the regional service are shared equally by all eight municipalities (and others who may join in the future).

The regional service is already functioning as a shared system. The next step is to make the financial and governance architecture match that reality. The Working Group recommends preserving the existing partnerships and previously agreed labor transition, placing new costs on a clearly regional footing, establishing a sustainable capital mechanism, and using a three-year agreement to build the information and governance structure needed for the next generation of regional EMS.