TOWN OF KENSINGTON, NEW HAMPSHIRE

SELECT BOARD MEETING MINUTES

DRAFT

August 20, 2026 | 10:02 a.m. - 11:16 a.m.

Board Members Present	Sara Hamilton, Chair; Tom Balabon, Member
Town Officials/Staff	Kathleen T. Felch, Town Administrator; Chief Jeff DiBartolomeo, Kensington Fire Department
Presenter	Chief Chris Knutsen, Plaistow Fire Department / Regional ALS Program
Purpose	Presentation and Board discussion regarding the regional Advanced Life Support (ALS) paramedic program, service utilization, funding, and long-term sustainability.

1. Call to Order

Chair Sara Hamilton called the meeting to order at 10:02 a.m. *The meeting proceeded with the Board members present.*

2. Regional ALS Program Presentation

Chief Chris Knutsen presented an overview of the regional Advanced Life Support paramedic program and responded to questions from the Board and Town officials. The following is a summary of the presentation and deliberation, rather than a verbatim transcript.

Background and Transition from Exeter ALS

- Exeter Hospital had provided regional paramedic support for approximately 32 years. When the hospital announced that the program would be discontinued, 13 communities were expected to be affected.
- Regional fire chiefs and other stakeholders requested additional transition time because a replacement system could not safely be established on the original short timeline. The transition was extended while a municipal alternative was developed.
- Chief Knutsen explained that the Plaistow municipal proposal was selected after regional stakeholders considered municipal, nonprofit, and for-profit options. The municipal model was viewed as financially efficient because it could use established municipal administration, human resources, insurance, and financial systems.
- Beth Israel/Exeter Hospital ultimately provided approximately $2 million and certain program assets to assist with startup. The regional program began operations in 2025.

Current Service Model and Clinical Capabilities

- The program has expanded from 13 to 18 participating communities and provides three full-time paramedics, 24 hours per day, 365 days per year.
- One paramedic functions in a supervisory role from the Plaistow area, while two paramedics respond from the Brentwood Fire Department station. The two locations support one another and allow resources to move toward areas of higher demand.
- The stated regional response goal is to place a paramedic on scene within nine minutes, 90 percent of the time, recognizing that distance and simultaneous calls can affect response in outlying communities.

- Paramedics are dispatched primarily to higher-acuity calls categorized as Charlie, Delta, or Echo, including chest pain, breathing difficulty, seizures, major trauma, and cardiac arrest.
- The service provides advanced paramedic care, including advanced airway management, cardiac monitoring, medications, and rapid sequence intubation by appropriately trained clinicians. Chief Knutsen stated that the program performs roughly 25 to 30 rapid sequence intubations annually.
- The program also supports partner departments through regional training, often at no cost or at a reduced cost, to strengthen local EMS capabilities and coordination.

Kensington Service Utilization

- For the period July 2025 through June 2026, the regional ALS program was dispatched to Kensington 51 times. Eighteen responses were canceled, and paramedics provided on-scene intervention or assessment on 33 calls.
- Chief Jeff DiBartolomeo clarified that an ALS response does not always result in the regional paramedic accompanying the patient to the hospital. The paramedic may assess and stabilize the patient, return care to Kensington personnel when appropriate, and become available for another emergency.
- Chief Knutsen explained that, under applicable ambulance billing standards, a qualifying paramedic assessment may allow the transporting service to bill at an ALS level even when the regional paramedic does not accompany the patient. Chair Hamilton confirmed that such billing is directed to the patient's insurer.

3. Funding and Proposed Five-Year Sustainability Plan

- The first years of the program were supported substantially by hospital, grant, and philanthropic funds. Chief Knutsen reported that more than $5 million in grant and philanthropic support had been generated during the first 12 months.
- The current model includes a per-use charge. Chief Knutsen stated that the lower-level charge increased from approximately $88 to $115, while a higher ALS level was approximately $327.
- The proposed 2027 model would combine a readiness or membership contribution with a flat per-use fee. The readiness payment recognizes the fixed cost of maintaining three paramedics at all times, even when a particular community is not actively using the service.
- Under the proposal presented, each participating community would contribute $15,000 in the first year, with the contribution increasing by $15,000 in each succeeding year of the five-year plan, together with an approximately 4 percent escalator to address wages, benefits, equipment, and other cost increases.
- The per-use fee would be standardized at $250 per qualifying transport, replacing separate ALS 1 and ALS 2 rates and making local budgeting more predictable.
- The model distributes the readiness contribution equally so that high-volume communities are not charged so heavily that it becomes less expensive for them to leave and establish their own program. Communities using the service more frequently would still pay more through per-use charges.
- The plan includes contingencies if some communities do not participate. Chief Knutsen stated that the model is intended to absorb the loss of several communities without an immediate major redistribution, although the loss of a large share of participating towns could threaten program viability.
- A proposed intermunicipal agreement and sample warrant article were being prepared by counsel. The agreement is expected to describe services, financial obligations, grant assumptions, reporting, and exit provisions. A stakeholder meeting was anticipated for mid-to-late September so communities could receive information in time for budget and warrant planning.
- Chief Knutsen stated that the program would continue seeking state, grant, and philanthropic support. A pending multi-year state funding opportunity was discussed as part of the five-year sustainability strategy.

4. Board and Town Comments

Chair Sara Hamilton

- Asked whether the communities added after startup had previously been served by Exeter or lacked another reliable paramedic arrangement. Chief Knutsen explained that added communities joined for varying reasons, including geography and the loss of other contracted ambulance coverage.
- Asked how the proposed per-call change would affect Kensington's EMS budget and emphasized the need for a clear, understandable public explanation.
- Suggested using de-identified local examples to explain how paramedic intervention affected patient outcomes, while protecting patient privacy.
- Observed that voters may ask why tax funding is needed when insurance is also billed. She requested a concise explanation of the difference between readiness costs and patient-specific ambulance billing.
- Emphasized that public education should explain the service received, the local need, and the consequences of not maintaining reliable ALS coverage.

Member Tom Balabon

- Asked questions regarding the history of Exeter Hospital's program, the hospital merger, startup support, utilization, and the proposed fee increases.
- Stated that, in his personal view, the Board should not treat emergency medical coverage as a choice between dollars and lives. He expressed concern that service gaps would amount to gambling that an emergency would not occur while paramedics were unavailable.
- Requested scenario information showing the effect if fewer than the current 18 communities participate, including a practical worst-case explanation for voters.
- Noted that residents may question why larger and smaller communities pay the same readiness amount. He supported clearly explaining that call volume remains reflected in the separate per-use charge and that keeping larger users in the regional system helps hold costs down for all participants.
- Commented that Kensington could not independently provide equivalent round-the-clock paramedic coverage for the proposed regional cost and recognized the substantial expense of clinical equipment and medical supplies.
- Supported transparency, a public information session, and consideration of Chief Knutsen's participation at a future public meeting or Town Meeting presentation.

Town Administrator Kathleen T. Felch

- Asked whether the projected fifth-year contribution would approximate the program's ongoing annual operating requirement. Chief Knutsen responded that the budget would be rebalanced before any subsequent authorization and that only the amount needed to sustain operations would be requested.
- Reported that Kensington and the Fire Department had estimated the full municipal cost of one paramedic, including wages and employment-related costs, at approximately $141,000, exclusive of equipment. She noted that one employee would not provide continuous coverage.
- Raised the possibility of reviewing Kensington's ambulance collection practices. The Town currently accepts insurance payments and writes off many unpaid patient balances; she noted that approximately $55,000 had been written off in the preceding year. Any collection-policy change would require careful public notice and consideration.
- Supported a standalone warrant article, a public information night, understandable local examples, and calculation of the proposal's estimated tax impact for residents.
- Commented that Kensington is operating in a difficult tax environment and that clear, factual communication will be essential.

Chief Jeff DiBartolomeo

- Stated his support for the regional program and expressed the view that discontinuing or materially reducing ALS availability would create unacceptable public-safety risk.

- Explained that Kensington is a call/volunteer department with limited recruitment and cannot guarantee that its three paramedic-certified members will be available when emergencies occur. The Town also lacks the full equipment package required to operate independently at the paramedic level.
- Noted that Kensington responded to 91 EMS calls in 2025 and 66 in 2024, and that future ALS costs would affect the EMS revolving fund and budget planning.
- Presented multiple service options for consideration, including maintaining the present arrangement as a “do nothing” option, while cautioning that the existing funding model is not sustainable over time.
- Emphasized that state-required equipment standards are mandatory and that equipment, monitor replacement, ambulance replacement, supplies, staffing, and facility limitations must all be considered in any independent-service option.

Chief Chris Knutsen

- Offered to return for additional Board discussion, a public information session, or another appropriate community meeting.
- Suggested presenting the estimated household tax impact, not only the total appropriation, so residents can evaluate the cost in practical terms.
- Agreed to provide an updated calculator showing different participation scenarios and to distribute the draft warrant article and intermunicipal agreement after legal review.
- Explained that communities not joining as members might still receive service at a significantly higher per-use rate, subject to the final agreement, so that participating communities do not unfairly subsidize nonmembers.
- Emphasized that the program’s purpose is regional collaboration and reliable access to advanced emergency care at a cost below what individual towns could reasonably provide on their own.

5. Follow-Up Items

Responsible Party	Follow-Up
Regional ALS Program	Provide the updated participation/cost calculator to Chief DiBartolomeo and participating communities.
Regional ALS Program / Counsel	Complete and distribute the sample warrant article and draft intermunicipal agreement when available.
Regional Stakeholders	Schedule a stakeholder meeting, targeted for mid-to-late September 2026, to review the funding model, agreement, and budget implications.
Town Administrator / Fire Department	Develop an estimated Kensington tax impact and a simple explanation of readiness costs, per-use fees, and ambulance insurance billing.
Select Board / Fire Department	Consider scheduling a public information session and using de-identified service examples or voluntary patient testimony, where appropriate.
Town Administration	Review ambulance billing and collection practices, including the treatment of unpaid balances and insurer payments made directly to patients.

6. Actions Taken

No motions were made and no formal votes were taken. The Board received the presentation and continued discussion of the regional ALS program and its proposed funding structure.

7. Adjournment

The meeting adjourned at 11:16 a.m.

Respectfully submitted,

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Kathleen T. Felch, Town Administrator