Public Law

123rd Legislature

First Regular Session

Chapter 274

H.P. 1283 - L.D. 1841

An Act To Improve the Efficiency of the Maine Emergency Medical Services System

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 32 MRSA §81-A, 2nd ¶, as amended by PL 1993, c. 311, §2, is further amended to read:

It is the intent of the Legislature to designate that a central agency be responsible for the coordination and integration of all state activities concerning emergency medical services and the overall planning, evaluation, coordination, facilitation and regulation of emergency medical services systems. Further, the Legislature finds that the provision of prompt, efficient and effective emergency medical dispatch and emergency medical care, a well-coordinated trauma care system, effective communication between prehospital care providers and hospitals and the safe handling and transportation of the sick and injured are key elements of an emergency medical services system. This chapter is intended to promote the public health, safety and welfare by providing for the creation of a statewide emergency medical services system with standards for all providers of emergency medical services.

Sec. 2. 32 MRSA §82, sub-§1, as amended by PL 2005, c. 683, Pt. C, §9, is further amended to read:

1. Licenses required. An ambulance service, ambulance, nontransporting emergency medical service ~~or~~, emergency medical services person, emergency medical dispatch center or emergency medical dispatcher may not operate or practice unless duly licensed by the Emergency Medical Services' Board pursuant to this chapter, except as stated in subsection 2.

Sec. 3. 32 MRSA §82, sub-§3, as enacted by PL 2005, c. 683, Pt. C, §10, is amended to read:

3. Violation. ~~An ambulance, ambulance service, nontransporting emergency medical service or emergency medical services~~A person ~~that fails to obtain licensure under subsection 1~~who violates this section commits a Class E crime~~, unless other penalties are specified~~.

Sec. 4. 32 MRSA §83, sub-§6, as enacted by PL 1981, c. 661, §2, is amended to read:

6. Basic emergency medical services person. "Basic emergency medical ~~services'~~services person" means a person licensed to perform basic emergency medical treatment. Licensed first responders, ambulance attendants and basic emergency medical technicians are basic emergency medical ~~services'~~services persons.

Sec. 5. 32 MRSA §83, sub-§17-A is enacted to read:

17-A. Online medical control. "Online medical control" means the online physician, physician assistant or nurse practitioner, licensed by the State, authorized by a hospital to supervise and direct the actions of emergency medical services persons.

Sec. 6. 32 MRSA §83, sub-§19, as amended by PL 1999, c. 182, §7, is further amended to read:

19. Protocol or Maine Emergency Medical Services protocol. "Protocol" or "Maine Emergency Medical Services protocol" means the written statement, ~~approved~~developed by the Medical Direction and Practices Board and filed with the board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons.

Sec. 7. 32 MRSA §83, sub-§20, as amended by PL 1985, c. 730, §§8 and 16, is further amended to read:

20. Regional council. "Regional ~~councils~~council" means ~~those groups~~a business entity recognized by the board ~~which represent the various regions~~that represents a geographical area of the State, as designated by the board, with respect to matters subject to this chapter.

Sec. 8. 32 MRSA §84, sub-§1, ¶C, as amended by PL 1991, c. 588, §8, is further amended to read:

C. The board shall appoint a licensed physician as statewide emergency medical services medical director. The physician shall advise Maine Emergency Medical Services and shall carry out the duties assigned to the medical director pursuant to this chapter, or as specified by contract. A person appointed and serving as the statewide emergency medical services medical director is immune from any civil liability, as are employees of governmental entities under the Maine Tort Claims Act, for acts performed within the scope of the medical director's duties.

Sec. 9. 32 MRSA §84, sub-§1, ¶D, as amended by PL 1991, c. 588, §9, is further amended to read:

D. Rules adopted pursuant to this chapter must include, but are not limited to, the following:

(1) The composition of regional councils and the process by which they come to be recognized ~~as representing their regions~~;

(2) The manner in which regional councils must report their activities and finances~~,~~ and the manner in which those activities must be carried out under this chapter;

(3) The designation of regions within the State;

(4) The requirements for licensure for all vehicles, persons and services subject to this chapter, including training and testing of personnel; and

(5) Fees to be charged for licenses under this section.

~~In adopting any rule under subparagraph (4) that requires services that deliver advanced care to meet a specified percentage level of performance, the regulation may not take effect unless the level is specified after study, in cooperation with regional councils and local service units.~~

Sec. 10. 32 MRSA §84, sub-§2, as amended by PL 1991, c. 588, §11, is further amended to read:

2. Goals. The board shall establish and pursue its goals as follows.

A. The board shall monitor the provision of emergency medical services within the State. The board shall establish, by rule, its goals in monitoring the provision of services and in ~~insuring~~ensuring that these services are appropriately delivered. These goals must be in the nature of objectives and do not constitute absolute requirements. In establishing these goals, the board shall seek the input of individuals, agencies, services and organizations interested in emergency medical services. ~~The board shall also take into consideration the goals established by the regional councils pursuant to section 89.~~

B. In each year, and in conjunction with the preparation of the emergency medical services report, the director under the direction of the board shall prepare a list of those among the goals that most need to be pursued in the succeeding year. ~~This list must be made available to the regional councils so that the regional councils may propose projects to further particular goals within their own regions.~~

C. In pursuing these goals, the board may ~~make grants to the regional councils for projects the regional councils have proposed, and that the board has determined are consistent with the requirements and goals of this chapter;~~ contract for services with regional councils; cooperate with other departments or agencies; accept and disburse granted funds; or act in other lawful ways as may best serve the public good.

Sec. 11. 32 MRSA §85, sub-§1, as amended by PL 1985, c. 730, §§11 and 16, is further amended to read:

1. Basic and advanced skills. With advice from and in consultation with ~~each regional council and its medical control committee and with the statewide emergency medical services' medical director~~the Medical Direction and Practices Board, the board may provide, by rule, which skills, techniques and judgments constitute a basic emergency medical treatment.

Sec. 12. 32 MRSA §85, sub-§3, ¶B, as amended by PL 1995, c. 161, §6, is repealed.

Sec. 13. 32 MRSA §85, sub-§3, ¶C, as enacted by PL 1981, c. 661, §2, is amended to read:

C. The person must have successfully completed a state written ~~and practical~~ test for basic emergency medical treatment and a board-approved practical evaluation of emergency medical treatment skills.

Sec. 14. 32 MRSA §85, sub-§4, ¶B, as enacted by PL 1991, c. 742, §3, is amended to read:

B. The person must have satisfactorily demonstrated competence in the skills required for the license level. Skill competence may be satisfied by a combination of run report reviews and continuing education training programs conducted in accordance with the rules or by satisfactorily completing the state written ~~and practical tests~~test and a board-approved practical evaluation of emergency medical treatment skills.

Sec. 15. 32 MRSA §86, sub-§2-A, as amended by PL 1999, c. 182, §11, is further amended to read:

2-A. Treatment. When an ambulance service or nontransporting emergency medical service is present at an accident or other situation in which a person or persons require emergency medical treatment, the medical treatment of the patients must be carried out in accordance with any rules adopted under this chapter, any protocols as defined in section 83, subsection 19 and any ~~verbal~~ orders given ~~under the system of delegation established by the regional medical director~~by online medical control; except that:

A. When a patient is already under the supervision of a personal physician or a physician's assistant or nurse practitioner supervised by that physician and the physician, physician's assistant or nurse practitioner assumes the care of the patient, then for as long as the physician, physician's assistant or nurse practitioner remains with the patient, the patient must be cared for as the physician, physician's assistant or nurse practitioner directs. The emergency medical services persons shall assist to the extent that their licenses and protocol allow; and

B. A patient is not required to accept treatment to which the patient does not consent.

Sec. 16. 32 MRSA §87-A, sub-§1, as enacted by PL 1993, c. 311, §4, is amended to read:

1. Trauma care system development. Maine Emergency Medical Services shall develop a statewide trauma care system plan with the advice of the State Trauma Prevention and Control Advisory Committee ~~and the regional emergency medical services councils~~.

Sec. 17. 32 MRSA §87-A, sub-§2, ¶H, as enacted by PL 1993, c. 311, §4, is repealed and the following enacted in its place:

H. A representative of the regional councils;

Sec. 18. 32 MRSA §88, sub-§1, ¶A, as amended by PL 2001, c. 713, §1, is further amended to read:

A. The board has one member representing each ~~regional council,~~region and 11 persons in addition. Of the additional persons, one is an emergency physician, one ~~an attorney, two~~a representative of emergency medical dispatch providers, 2 representatives of the public, one a representative of for-profit ambulance services, one an emergency professional nurse, one a representative of nontransporting emergency medical services, one a representative of hospitals, one a representative of a statewide association of fire chiefs, one a ~~fire~~municipal emergency medical services provider and one a representative of not-for-profit ambulance services. The members that represent for-profit ambulance services, nontransporting emergency medical services and not-for-profit ambulance services must be licensed emergency medical services persons. One of the nonpublic members must be a volunteer emergency medical services provider. Appointments are for 3-year terms. Members are appointed by the Governor. The state medical director is an ex officio nonvoting member of the board.

Sec. 19. 32 MRSA §88, sub-§1, ¶D, as amended by PL 1991, c. 588, §16, is further amended to read:

D. A majority of the members appointed and currently serving constitutes a quorum for all purposes and no decision of the board may be made without a quorum present. A majority vote of those present and voting is required for board action, except that for purposes of either granting a waiver of any of its rules or deciding to pursue the suspension or revocation of a license, the board may take action only if the proposed waiver, suspension or revocation receives a favorable vote from at least 2/3 of the members present and voting and from no less than a majority of the appointed and currently serving members. ~~When the board is required to take emergency action and convening a meeting of the board in a timely manner is not possible, the board may take any action authorized by telephonic conference or by any other means authorized by rule.~~The board may use video conferencing and other technologies to conduct its business but is not exempt from Title 1, chapter 13, subchapter 1. Members of the board, its subcommittees or its staff may participate in a meeting of the board, subcommittees or staff via video conferencing, conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this subsection constitutes presence in person at such meeting.

Sec. 20. 32 MRSA §88, sub-§2, ¶E, as amended by PL 1989, c. 857, §70, is further amended to read:

E. The board shall keep records and minutes of its activities and meetings. These records and minutes must be made easily accessible to the public and be provided expeditiously upon request. The board shall distribute to all licensed emergency medical services persons a publication listing training ~~and testing~~ opportunities, meeting schedules of the board ~~and regional councils~~, proposed rule changes and other information judged by the board to have merit in improving emergency medical patient care in the State. The board shall create, print and distribute this publication in the most cost-efficient manner possible. Any paid advertising utilized to accomplish this purpose may not be solicited by board members or staff and must be included in such a way that endorsement of a product or service by the board can not reasonably be inferred. The board may prepare, publish and disseminate educational and other materials to improve emergency medical patient care.

Sec. 21. 32 MRSA §89, as amended by PL 1999, c. 182, §15, is further amended to read:

§ 89. Regions and regional councils

1. Regions to be established; regional councils. The board shall delineate regions within the State to carry out the purposes of this chapter. The board shall set out conditions under which an organization in each region may be recognized by the board as the regional council for that region. A regional council shall, at a minimum, provide adequate representation for ambulance and rescue services, emergency room physicians and nurses, ~~each hospital~~hospitals and the general public. A regional council must be structured to adequately represent each major geographical part of its region. Only one regional council may be recognized in any region.

2. Duties of regional councils. ~~The regional councils shall function as the primary planning and operational units of the statewide emergency medical services system.~~ Each regional council shall carry out an annual program, approved by the board, to further the goals specified in section 84, subsection 2. Specific responsibilities of the councils include, but are not limited to, the following:

A. Establishing a regional medical control committee;

B. Appointing, subject to approval by the board, a regional medical director, who must be a licensed physician qualified by training and experience and ~~shall serve~~who serves as an agent of Maine Emergency Medical Services. The regional medical director may delegate in writing to other licensed physicians~~, who shall similarly serve as agents of Maine Emergency Medical Services,~~ the responsibilities of this position;

~~C. Advising the board on the licensing of new ambulance, nontransporting emergency medical and air ambulance services within each region;~~

~~D. Assisting Maine Emergency Medical Services in carrying on a program of testing emergency medical services persons within each region, subject to availability of financial resources for the testing;~~

~~E. Assisting the board in developing and implementing a statewide certification and decertification process for emergency medical services persons;~~

F. Nominating 2 or more candidates from each ~~council~~region for a position on the Emergency Medical Services' Board, from whom the Governor may select a member; and

G. Establishing regional goals to carry out the provisions of this chapter.

Sec. 22. 32 MRSA §90-A, sub-§5, ¶B, as amended by PL 1993, c. 600, Pt. A, §36, is repealed.

Sec. 23. 32 MRSA §90-A, sub-§5, ¶B-1 is enacted to read:

B-1. The use of any drug, narcotic or substance that is illegal under state or federal law, or to the extent that the licensee's ability to provide emergency medical services or emergency medical dispatch services would be impaired;

Sec. 24. 32 MRSA §90-A, sub-§5, ¶B-2 is enacted to read:

B-2. A declaration of or claim pertaining to the licensee of legal incompetence that has not been legally terminated;

Sec. 25. 32 MRSA §90-A, sub-§5, ¶B-3 is enacted to read:

B-3. Any condition or impairment within the preceding 3 years, including, but not limited to, substance abuse, alcohol abuse or a mental, emotional or nervous disorder or condition, that in any way affects, or if untreated could impair, the licensee's ability to provide emergency medical services or emergency medical dispatch services;

Sec. 26. 32 MRSA §90-A, sub-§5, ¶C, as amended by PL 1991, c. 588, §19, is repealed.

Sec. 27. 32 MRSA §90-A, sub-§5, ¶G, as amended by PL 2003, c. 559, §2, is further amended to read:

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement, conviction of a crime that relates directly to the practice for which the licensee is licensed, conviction of a crime for which incarceration for one year or more may be imposed or conviction of a crime defined in Title 17-A, chapter 11, 12 or 45;

Sec. 28. 32 MRSA §92-B is enacted to read:

§ 92-B. Disclosure of confidential information to the board

Notwithstanding any other provision of law, information that relates to a person licensed or certified by the board who is alleged to have engaged in any unlawful activity or professional misconduct or in conduct in violation of laws or rules relating to the board must be disclosed to the board and may be used by the board only in accordance with this chapter.

1. Purpose for which disclosure is made. Any confidential information provided to the board may be used only for investigative and other actions within the scope of the authority of the board and for determining whether the person licensed or certified by the board has engaged in unlawful activity, professional misconduct or an activity in violation of the laws or rules relating to the board.

2. Designation of person to receive confidential information. The director shall designate a person to receive confidential information for investigative purposes.

3. Limitations on disclosure. Disclosure is limited to information that is directly related to the matter at issue. The identity of reporters and other persons may not be disclosed except as necessary and relevant. Access to the information is limited to board investigators, parties to the matter at issue, parties' representatives, counsel of record, hearing officers and board members who are directly involved in the adjudicatory process. The information may be used only for the purpose for which the release was intended.

4. Confidentiality at conclusion of investigation. Notwithstanding section 92, information received pursuant to this section remains confidential at the conclusion of an investigation.

Sec. 29. 32 MRSA §95 is enacted to read:

§ 95. Authorize to participate

Notwithstanding section 92, Maine Emergency Medical Services is authorized to participate in and share information with the National Emergency Medical Services Information System.

Effective September 20, 2007