



114th MAINE LEGISLATURE

SECOND REGULAR SESSION - 1990

Legislative Document

No. 1956

H.P. 1408

House of Representatives, December 15, 1989

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 26.

Received by the Clerk of the House on December 15, 1989. Referred to the Committee on Appropriations and Financial Affairs and 1600 ordered printed pursuant to Joint Rule 14.

EDWIN H. PERT, Clerk

Presented by Representative CARROLL of Gray.

Cosponsored by Representative BURKE of Vassalboro, Representative LISNIK of Presque Isle and Senator CLARK of Cumberland.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND NINETY

Resolve, Creating a Pilot Emergency Transfer System for Neonates, Other Children and "At-risk" Pregnant Women.

Sec. 1. Pilot Emergency Transfer System. Resolved: That the Department of Human Services, Bureau of Health, Division of 2 Maternal and Child Health, shall develop a pilot Emergency Transfer System for neonates, other children and "at-risk" 4 pregnant women. The goals of the system must be to decrease the time required to deliver state-of-the-art emergency care, improve 6 access to specialized emergency care throughout the State, ease 8 staffing needs of facilities the professional requesting transfers, improve coordination between hospitals and emergency transfer services and provide effective emergency transfers that 10 are affordable to users; and be it further

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Sec. 2. System elements. Resolved: That the Emergency Transfer 14 System shall be comprised of a hospital with specialties in neonatal, prenatal and pediatric care; an emergency medical 16ground transport organization; and an emergency medical air transport organization. The hospital and transport organizations shall work cooperatively to transport trained personnel from the 18hospital to the patient, and to transport the patient and 20 accompanying personnel to the hospital. The hospital and transport organizations must be selected by the Division of 22 Maternal and Child Health through a request-for-proposal system; and be it further 24

Sec. 3. System access. Resolved: That the Emergency Transfer System must be accessible through a toll-free telephone number which must be advertised throughout the State. Calls must be answered by emergency specialists who shall activate the most appropriate response mechanism; and be it further

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Sec. 4. Evaluation and report. Resolved: That the pilot system 32 shall be conducted for 2 years from the effective date of this resolve. The Division of Maternal and Child Health shall ensure 34 that an evaluation is conducted which assesses the achievement of the system goals specified in this resolve. The division shall 36 present the outcome of the evaluation and its recommendations in a report to the Legislature by December 15, 1992; and be it 38 further

Sec. 5. Appropriation. Resolved: That the following funds are appropriated from the General Fund to carry out the purposes of this resolve.

1990-91

- 44
- 46 HUMAN SERVICES, DEPARTMENT OF
- 48 Bureau of Health

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All Other

\$184,135

2	Provides funds for program advertising and contracted services. Totals include
4	contractor purchase of specially equipped ambulance, portable communications equipment
6.	and other start-up costs.
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J.O	FISCAL NOTE
12	This resolve will require an estimated General Fund appropriation in the amount of \$110,800 to the Department of
14	Human Services in fiscal year 1991-92 in order to conduct the pilot system for a 2-year period. This resolve provides funds
16	for the first year only.
18	
20	STATEMENT OF FACT
22	The intent of this resolve is to establish a pilot rapid response, high quality emergency transportation system for
24	neonates, other children and "at-risk" pregnant women throughout the State. A hospital with expertise in these areas, in
26	cooperation with air and ground transport organizations, would receive calls via a toll-free "800" number and would deploy
28	specialists to the patient's location, anywhere in the State. Since the ambulance would arrive with specialists on board, the
30	patient would receive state-of-the-art treatment as soon as possible, and sending facilities would not need to use their
32	staff for transport.

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