

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1981

S.P. 776

In Senate, May 14, 2025

**An Act to Implement the Recommendations of the Emergency
Medical Services' Board and the Blue Ribbon Commission to Study
Emergency Medical Services in the State**

Submitted by the Department of Public Safety pursuant to Joint Rule 204.
Reference to the Committee on Criminal Justice and Public Safety suggested and ordered
printed.

A handwritten signature in black ink, appearing to read "D M Grant".

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BALDACCI of Penobscot.
Cosponsored by Senator: CURRY of Waldo.

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

2 **Sec. 1. 5 MRSA §12004-A, sub-§15-A** is enacted to read:

3 **15-A.**

4 Emergency Medical Services Licensing Board \$20/Day 32 MRSA §84

5 **Sec. 2. 32 MRSA §83, sub-§13-B** is enacted to read:

6 **13-B. Licensing board.** "Licensing board" means the Emergency Medical Services
7 Licensing Board appointed by the board pursuant to section 84, subsection 1, paragraph H.

8 **Sec. 3. 32 MRSA §83, sub-§16-B**, as amended by PL 2019, c. 617, Pt. C, §1, is
9 further amended to read:

10 **16-B. Medical Direction and Practices Board.** "Medical Direction and Practices
11 Board" means the board consisting of each regional and associate regional medical director,
12 an emergency physician representing the Maine Chapter of the American College of
13 Emergency Medicine Physicians, an at-large member, a toxicologist or licensed
14 pharmacist, a person licensed under section 85 to provide basic emergency medical
15 treatment, a person licensed under section 85 to provide advanced emergency medical
16 treatment, a pediatric physician, the statewide associate emergency medical services
17 medical director and the statewide emergency medical services medical director. The
18 Medical Direction and Practices Board is responsible for creation, adoption and
19 maintenance of Maine Emergency Medical Services protocols pursuant to section 88-B.

20 **Sec. 4. 32 MRSA §84, sub-§1, ¶H** is enacted to read:

21 H. The board, by majority vote and in consultation with the Commissioner of Public
22 Safety or the commissioner's designee, shall appoint the Emergency Medical Services
23 Licensing Board. The licensing board consists of 7 members as follows:

24 (1) A member who is an emergency medical services physician representing
25 hospitals;

26 (2) A member representing advanced emergency medical services persons;

27 (3) A member representing basic emergency medical services persons;

28 (4) A member representing emergency medical dispatch services;

29 (5) A member representing emergency medical services licensed training centers;

30 (6) A member representing emergency medical services administrators; and

31 (7) The Director of Maine Emergency Medical Services or the director's designee.

32 **Sec. 5. 32 MRSA §85, sub-§1**, as amended by PL 2007, c. 274, §11, is further
33 amended to read:

34 **1. Basic and advanced skills.** With advice from and in consultation with the licensing
35 board and Medical Direction and Practices Board, the board may provide, by rule, which
36 skills, techniques and judgments constitute a basic emergency medical treatment.

37 **Sec. 6. 32 MRSA §85, sub-§3**, as amended by PL 2025, c. 7, §1, is further amended
38 to read:

1 **3. Minimum requirements for licensing.** In setting rules for the licensure of
2 emergency medical services persons, the board, in consultation with the licensing board,
3 shall ensure that a person is not licensed to care for patients unless that person's
4 qualifications are at least those specified in this subsection. Any person who meets these
5 conditions is considered to have the credentials and skill demonstrations necessary for
6 licensure to provide emergency medical treatment.

7 A. The person must have completed successfully the training specified in rules adopted
8 by the board pursuant to the Maine Administrative Procedure Act.

9 C. The person must have successfully completed a ~~state~~ board-approved cognitive test
10 for basic emergency medical treatment and a board-approved assessment of emergency
11 medical treatment skills.

12 The licensing board shall obtain criminal history record information containing a record of
13 public criminal history record information as defined in Title 16, section 703, subsection 9
14 for an applicant seeking licensure under this subsection. Information obtained pursuant to
15 this subsection is confidential and may be used only to determine suitability for issuance
16 of a license to provide emergency medical services. The results of criminal history record
17 checks received by the licensing board are for official use only and may not be disseminated
18 outside the licensing board. The applicant for licensure shall pay the expense of obtaining
19 the information required by this subsection.

20 **Sec. 7. 32 MRSA §85, sub-§4,** as amended by PL 2025, c. 7, §2, is further amended
21 to read:

22 **4. Minimum requirements for relicensing.** The board, in consultation with the
23 licensing board, shall set by rule the license and relicensing requirements and the
24 relicensing interval for emergency medical services persons. A person who is duly licensed
25 in Maine as an emergency medical services person must be issued a renewal license if the
26 following requirements are met:

27 A. The person must have satisfactorily completed relicensure training as defined in the
28 rules; and

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

34 If the person is not duly licensed at the time of application, the person must demonstrate
35 skill and knowledge as defined in the rules.

36 To maintain a valid license, an emergency medical services person must meet the criteria
37 set out in this section. If those criteria are not met, a person does not hold a valid license
38 and must reapply for licensure.

39 **Sec. 8. 32 MRSA §85-A, sub-§4,** as amended by PL 2011, c. 271, §12, is further
40 amended to read:

41 **4. Licensing actions.** A license issued pursuant to this section is subject to the
42 provisions of ~~sections~~ section 90-A and ~~91-A~~. Before the licensing board or its
43 ~~subcommittee~~ or staff takes any final action to suspend or revoke an emergency medical

1 dispatch center license or to refuse to reissue an emergency medical dispatch center license,
2 the licensing board shall contact the bureau for input on the effect of such an action on the
3 E-9-1-1 system and, notwithstanding section 91-B, may, to the extent necessary for this
4 purpose, disclose to the bureau information that is designated as confidential under section
5 91-B.

6 **Sec. 9. 32 MRSA §85-B, sub-§1**, as enacted by PL 2021, c. 220, §3, is amended to
7 read:

8 **1. Mandatory qualifications.** The board, in consultation with the licensing board,
9 shall adopt rules governing qualifications for and standards to be observed by emergency
10 medical services ambulance operators, including:

11 A. Establishing licensing requirements for emergency medical services ambulance
12 operators;

13 B. Establishing minimal education and continuing education requirements for
14 emergency medical services ambulance operators;

15 C. Providing for Maine Emergency Medical Services approval of training programs
16 for emergency medical services ambulance operators that are conducted in accordance
17 with standards approved by the board; and

18 D. Establishing requirements for holding a valid state driver's license pursuant to Title
19 29-A, chapter 11, subchapter 1.

20 **Sec. 10. 32 MRSA §85-B, sub-§2**, as enacted by PL 2021, c. 220, §3, is amended
21 to read:

22 **2. Background and driver's license information check.** The licensing board shall
23 obtain criminal history record information containing a record of public criminal history
24 record information as defined in Title 16, section 703, subsection 8 for an applicant for
25 licensure under this section. The licensing board shall also obtain driver's license
26 information for an applicant for licensure under this section. Information obtained pursuant
27 to this subsection is confidential and may be used only to determine suitability for issuance
28 of a license to operate an emergency medical services ambulance. The results of criminal
29 history record information checks received by the licensing board are for official use only
30 and may not be disseminated outside the board. The applicant for licensure shall pay the
31 expense of obtaining the information required by this subsection.

32 **Sec. 11. 32 MRSA §85-B, sub-§4**, as enacted by PL 2021, c. 220, §3, is amended
33 to read:

34 **4. Licensing actions.** A license issued under this section is subject to the provisions
35 of ~~sections~~ section 90-A and ~~91-A~~.

36 **Sec. 12. 32 MRSA §88, sub-§2, ¶C**, as amended by PL 1991, c. 588, §16, is further
37 amended to read:

38 C. The board shall delegate authority to the licensing board to grant licenses pursuant
39 to this chapter.

40 **Sec. 13. 32 MRSA §88, sub-§2, ¶I**, as enacted by PL 1991, c. 588, §16, is amended
41 to read:

1 I. The board, in consultation with the licensing board, may establish and collect
2 licensure fees, application fees, examination fees, course and conference fees, tuition
3 and other charges as determined necessary by the board for the efficient administration
4 of this chapter. All funds received pursuant to this paragraph must be deposited into a
5 nonlapsing fund established for the purpose. Maine Emergency Medical Services shall
6 administer the fund with the advice and consent of the commissioner. Funds must be
7 deposited with the Treasurer of State to the credit of the fund and may be invested as
8 provided by law. Interest on these investments must be credited to the fund.

9 **Sec. 14. 32 MRSA §88, sub-§3**, as amended by PL 2019, c. 370, §17, is repealed.

10 **Sec. 15. 32 MRSA §88, sub-§4**, as enacted by PL 2001, c. 229, §4, is repealed.

11 **Sec. 16. 32 MRSA §88, sub-§5**, as enacted by PL 2015, c. 6, §2, is repealed.

12 **Sec. 17. 32 MRSA §90-A**, as amended by PL 2023, c. 111, §1, is further amended
13 to read:

14 **§90-A. Licensing actions**

15 **1. Disciplinary proceedings and sanctions.** The licensing board or, ~~as delegated,~~ its
16 ~~subcommittee or staff~~, shall investigate a complaint on its own motion or upon receipt of a
17 written complaint filed with the licensing board regarding noncompliance with or violation
18 of this chapter or of any rules adopted by the board. ~~Investigation may include an informal~~
19 ~~conference before the board, its subcommittee or staff to determine whether grounds exist~~
20 ~~for suspension, revocation or denial of a license or for taking other disciplinary action~~
21 ~~pursuant to this chapter.~~ The licensing board, ~~its subcommittee or its staff~~ may subpoena
22 witnesses, records and documents, including records and documents maintained by a health
23 care facility or other service organization or person related to the delivery of emergency
24 medical services, in any investigation or hearing it conducts.

25 **2. Notice.** The licensing board shall notify the licensee of the content of a complaint
26 filed against the licensee as soon as possible, but in no event later than 60 days after the
27 licensing board or ~~its~~ staff receives the initial pertinent information. The licensee has the
28 right to respond within 30 days in all cases except those involving an emergency denial,
29 suspension or revocation, as described in the Maine Administrative Procedure Act, Title 5,
30 chapter 375, subchapter 5. If the licensee's response to the complaint satisfies the licensing
31 board or ~~its~~ staff that the complaint does not merit further investigation or action, the matter
32 may be dismissed, with notice of the dismissal to the complainant, if any.

33 **3. Informal conference.** ~~If, in the opinion of the board, its subcommittee or staff, the~~
34 ~~factual basis of the complaint is or may be true and the complaint is of sufficient gravity to~~
35 ~~warrant further action, the board or staff may request an informal conference with the~~
36 ~~licensee. The board shall provide the licensee with adequate notice of the conference and~~
37 ~~of the issues to be discussed. The conference must be conducted in executive session of~~
38 ~~the board, subcommittee or staff, pursuant to Title 1, section 405, unless otherwise~~
39 ~~requested by the licensee. Statements made at the conference may not be introduced at a~~
40 ~~subsequent formal administrative or judicial hearing unless all parties consent. The~~
41 ~~licensee may, without prejudice, refuse to participate in an informal conference if the~~
42 ~~licensee prefers to request an adjudicatory hearing. If the licensee participates in the~~
43 ~~informal conference, the licensee waives the right to object to a participant at the hearing~~
44 ~~who participated at the informal conference.~~

1 **4. Further action.** If the licensing board, its subcommittee or its staff finds that the
2 factual basis of the complaint is true and is of sufficient gravity to warrant further action,
3 it may take any of the following actions.

4 A. The licensing board, its subcommittee or its staff may negotiate a consent
5 agreement with the licensee that fixes the period and terms of probation necessary to
6 protect the public health and safety and to rehabilitate or educate the licensee. A
7 consent agreement may be used to terminate a complaint investigation, if entered into
8 by the licensing board or its staff, the licensee and the Department of the Attorney
9 General.

10 B. If a licensee voluntarily surrenders a license, the licensing board, its subcommittee
11 or its staff may negotiate stipulations necessary to ensure protection of the public health
12 and safety and the rehabilitation or education of the licensee. These stipulations may
13 be set forth only in a consent agreement signed by the licensing board or its staff, the
14 licensee and the Department of the Attorney General.

15 C. If the licensing board, its subcommittee or its staff concludes that modification,
16 nonrenewal or suspension pursuant to ~~section 88, subsection 3~~ subsection 7 of a license
17 or imposition of a civil penalty pursuant to ~~section 88, subsection 3~~ subsection 7 is in
18 order, the licensing board shall so notify the licensee and inform the licensee of the
19 licensee's right to request an adjudicatory hearing. If the licensee requests an
20 adjudicatory hearing in a timely manner, the adjudicatory hearing must be held by the
21 licensing board in accordance with Title 5, chapter 375, subchapter 4. If the licensee
22 wishes to appeal the final decision of the licensing board, the licensee shall file a
23 petition for review with the Superior Court within 30 days of receipt of the licensing
24 board's decision. Review under this paragraph must be conducted pursuant to Title 5,
25 chapter 375, subchapter 7.

26 D. Except in the specific circumstances ~~where for which~~ Title 5, section 10004 may
27 be invoked, if the licensing board or its staff concludes that suspension beyond the
28 authority conferred by section 88 and subsection 7 of the license is in order, the
29 licensing board or its staff shall request the Attorney General to file a complaint in the
30 District Court in accordance with Title 4, chapter 5 and the Maine Administrative
31 Procedure Act to commence either full or emergency proceedings.

32 **5. Grounds for licensing action.** A decision to take action against any applicant or
33 licensee pursuant to this chapter or any rules adopted pursuant to this chapter, including,
34 but not limited to, a decision to impose a civil penalty or to refuse to issue or renew a license
35 or to modify, suspend or revoke a license of a person, service or vehicle, may be predicated
36 on the following grounds:

37 A. Fraud or deceit in obtaining a license under this chapter or in connection with
38 service rendered within the scope of the license issued;

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

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

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

5 D. Aiding or abetting the practice of emergency care by a person not duly licensed
6 under this chapter who purports to be so;

7 E. Incompetent professional practice as evidenced by:

8 (1) Demonstrated inability to respond appropriately to a client, patient or the
9 general public; or

10 (2) Inability to apply principles, skills or knowledge necessary to successfully
11 carry out the practice for which the licensee is licensed;

12 F. Violation of any reasonable standard of professional behavior, conduct or practice
13 that has been established in the practice for which the licensee is licensed;

14 G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves
15 dishonesty or false statement, conviction of a crime that relates directly to the practice
16 for which the licensee is licensed, conviction of a crime for which incarceration for one
17 year or more may be imposed or conviction of a crime defined in Title 17-A, chapter
18 11, 12 or 45;

19 H. Any violation of this chapter or any rule adopted by the board or the licensing
20 board; or

21 I. For other purposes as specified by rules or law.

22 **6. Notice of action.** In any proceeding under this section with regard to an ambulance
23 service owned and operated by a municipality or a private ambulance service with which a
24 municipality contracts for services, if the licensing board or its staff takes further licensing
25 action under subsection 4, the licensing board shall notify in writing the town manager or
26 city manager and the municipal officers of the municipality that owns and operates or
27 contracts with the ambulance service within 5 business days of taking the action.

28 **7. Authority.** In addition to authority otherwise conferred, the licensing board or, as
29 delegated, its staff may, for each violation of applicable laws, rules or conditions of
30 licensure or registration, in accordance with the procedures established in this section and
31 any rules adopted by the board, take one or more of the following actions:

32 A. Issue warnings, censures or reprimands to a licensee, deny or refuse to renew a
33 license and suspend or revoke a license. Each warning, censure, reprimand and
34 revocation issued must be based upon violations of different applicable laws, rules or
35 conditions of licensure or must be based upon separate instances of actionable conduct
36 or activity;

37 B. Suspend a license or registration for up to 90 days for each violation of applicable
38 laws, rules and conditions of licensure or registration or for each instance of actionable
39 conduct or activity. Suspensions may be set to run concurrently or consecutively.
40 Execution of all or any portion of a term of suspension may be stayed pending
41 successful completion of conditions of probation, although the suspension remains part
42 of the licensee's record;

1 C. Impose civil penalties of up to \$1,500 for each violation of applicable laws, rules
2 and conditions of licensure or for each instance of actionable conduct or activity;

3 D. Impose conditions of probation upon an applicant or licensee. Probation may run
4 for that time period as the licensing board or its staff determines appropriate. Probation
5 may include conditions such as: additional continuing education; medical, psychiatric
6 or mental health consultations or evaluations; mandatory professional or occupational
7 supervision of the applicant or licensee; and other conditions as the licensing board or
8 its staff determines appropriate. Costs incurred in the performance of terms of
9 probation are borne by the applicant or licensee. Failure to comply with the conditions
10 of probation is a ground for disciplinary action against a licensee;

11 E. Execute a consent agreement that resolves a complaint or investigation without
12 further proceedings. Consent agreements may be entered into only with the consent of
13 the applicant or licensee, the licensing board or its staff and the Department of the
14 Attorney General. Any remedy, penalty or fine or cost recovery that is otherwise
15 available by law, even if only in the jurisdiction of the District Court, may be achieved
16 by consent agreement, including long-term suspension and permanent revocation of a
17 professional license. A consent agreement is not subject to review or appeal and may
18 be modified only by a writing executed by all parties to the original consent agreement.
19 A consent agreement is enforceable by an action in Superior Court; or

20 F. Assess a licensee the costs of investigation and adjudicatory hearings relating to
21 that licensee.

22 **8. Authority to issue letters of guidance.** In addition to authority otherwise
23 conferred, the licensing board or, as delegated, its staff may issue a letter of guidance or
24 concern to an applicant or licensee.

25 A letter of guidance or concern may be used to educate, reinforce knowledge regarding
26 legal or professional obligations and express concern over action or inaction by the licensee
27 or applicant that does not rise to the level of misconduct sufficient to merit disciplinary
28 action. The issuance of a letter of guidance or concern is not a formal proceeding and does
29 not constitute an adverse disciplinary action of any form. Notwithstanding any other
30 provision of law, a letter of guidance or concern is not confidential. The licensing board
31 or, as delegated, its staff may place a letter of guidance or concern, together with any
32 underlying complaint, report and investigation materials, in a licensee's or applicant's file
33 for a specified amount of time, not to exceed 10 years. Any letters, complaints and
34 materials placed on file may be accessed and considered by the licensing board or its staff
35 in any subsequent action commenced against the applicant or licensee within the specified
36 time frame.

37 **9. Authority to request mental and physical examinations.** For the purposes of this
38 subsection, by application for and acceptance of a license to practice, an emergency
39 medical services person is considered to have given consent to a mental or physical
40 examination when directed by the licensing board. The licensing board may direct an
41 emergency medical services person to submit to an examination whenever the licensing
42 board determines the emergency medical services person may be suffering from a mental
43 illness that may be interfering with the competent practice of emergency medical services
44 or from the use of intoxicants or drugs to an extent that they are preventing the emergency
45 medical services person from practicing competently and with safety to patients. An

1 emergency medical services person examined pursuant to an order of the licensing board
2 may not prevent the testimony of the examining individual or prevent the acceptance into
3 evidence of the report of an examining individual in a proceeding under subsection 1.
4 Failure to comply with an order of the licensing board to submit to a mental or physical
5 examination results in the immediate suspension of the license of the emergency medical
6 services person until the emergency medical services person submits to the examination.

7 **10. Appeals of nondisciplinary actions and refusals to issue.** Any person or
8 organization aggrieved by the decision of the staff of the licensing board in taking any
9 nondisciplinary action pursuant to this chapter or rules adopted pursuant to this chapter or
10 in the interpretation of this chapter or rules adopted pursuant to this chapter or in refusing
11 to issue a license may appeal the decision to the licensing board for a final decision. The
12 staff's decision stands until the licensing board issues a decision to uphold, modify or
13 overrule the staff's decision. In the case of nonrenewal, the person or organization must be
14 afforded an opportunity for hearing in accordance with this chapter and the Maine
15 Administrative Procedure Act. A final decision of the licensing board constitutes final
16 agency action appealable pursuant to Title 5, chapter 375, subchapter 7.

17 **Sec. 18. 32 MRSA §90-C**, as enacted by PL 2015, c. 82, §7, is amended to read:

18 **§90-C. Duty of all licensees and applicants for licensure to report certain information**

19 **1. Report in writing.** A licensee or an applicant for licensure under this chapter shall
20 notify the licensing board in writing within 10 days of a:

21 A. Change of name or address;

22 B. Criminal conviction;

23 C. Revocation, suspension or other disciplinary action taken in this or any other
24 jurisdiction against any occupational or professional license held by the applicant or
25 licensee; or

26 D. Material change in the conditions or qualifications set forth in the original
27 application for licensure submitted to the licensing board.

28 **Sec. 19. 32 MRSA §91-A**, as amended by PL 2003, c. 559, §3, is repealed.

29 **Sec. 20. 32 MRSA §91-B, sub-§1**, as amended by PL 2021, c. 15, §§2 and 3, is
30 further amended to read:

31 **1. Confidentiality.** Except as otherwise provided in this chapter, all proceedings and
32 records of proceedings concerning the quality assurance activities of an emergency medical
33 services quality assurance committee approved by the board and all reports, information
34 and records provided to the committee are confidential and may not be disclosed or
35 obtained by discovery from the committee, the board or its staff or the licensing board or
36 its staff. Quality assurance information may be disclosed to a licensee as part of any board-
37 approved educational or corrective process. All complaints and investigative records of
38 the licensing board or any committee or subcommittee of the board are confidential during
39 the pendency of an investigation and may not be disclosed by the ~~committee, the~~ licensing
40 board or its staff. Information or records that identify or permit identification of any patient
41 that appears in any reports, information or records provided to the licensing board or
42 department for the purposes of investigation are confidential and may not be disclosed by
43 the ~~committee, the~~ licensing board or its staff.

1 A. A personal residence address, personal telephone number or personal e-mail
2 address submitted to the licensing board as part of any application under this chapter
3 is confidential and may not be disclosed except as permitted under this section or as
4 otherwise required by law unless the applicant who submitted the information indicated
5 pursuant to section 90-B that the applicant is willing to have the applicant's personal
6 residence address, personal telephone number or personal e-mail address treated as a
7 public record. Personal health information submitted to the licensing board as part of
8 any application under this chapter is confidential and may not be disclosed except as
9 otherwise permitted under this section or otherwise required by law.

10 The licensing board and its ~~committees~~ and staff may disclose personal health
11 information about and the personal residence address and personal telephone number
12 of a licensee or an applicant for a license under this chapter to a government licensing
13 or disciplinary authority or to a health care provider located within or outside this State
14 that requests the information for the purposes of granting, limiting or denying a license
15 or employment to the applicant or licensee.

16 B. Any materials or information submitted to the licensing board in support of an
17 application that are designated as confidential by any other provision of law remain
18 confidential in the possession of the licensing board. Information in ~~any~~ a report or
19 record provided to the board or licensing board pursuant to this chapter that permits
20 identification of a person receiving emergency medical treatment is confidential.

21 C. Information provided to the board or licensing board under section 87-B is
22 confidential if the information identifies or permits the identification of a trauma
23 patient or a member of that patient's family.

24 D. Examination questions used by the licensing board to fulfill the cognitive testing
25 requirements of this chapter are confidential.

26 E. Health care information or records provided to the board or licensing board under
27 section 88, subsection 2, paragraph K are confidential if the information or records
28 identify or permit the identification of a patient or a member of that patient's family.

29 F. Health care information or records provided to the board or licensing board under
30 section 96 are confidential if the information or records identify or permit the
31 identification of a patient who received emergency medical treatment or a member of
32 that patient's family.

33 **Sec. 21. 32 MRSA §91-B, sub-§2, ¶A**, as enacted by PL 2011, c. 271, §19, is
34 amended to read:

35 A. Confidential information may be released in an adjudicatory hearing ~~or informal~~
36 ~~conference~~ before the board or licensing board or in any subsequent formal proceeding
37 to which the confidential information is relevant.

38 **Sec. 22. 32 MRSA §91-B, sub-§2, ¶B**, as enacted by PL 2011, c. 271, §19, is
39 amended to read:

40 B. Confidential information may be released in a consent agreement or other written
41 settlement when the confidential information constitutes or pertains to the basis of
42 licensing board action.

1 **Sec. 23. 32 MRSA §91-B, sub-§2, ¶D**, as enacted by PL 2011, c. 271, §19, is
2 amended to read:

3 D. During the pendency of an investigation, a complaint or investigative record may
4 be disclosed:

5 (1) To Maine Emergency Medical Services employees designated by the director;

6 (2) To designated complaint officers of the licensing board;

7 (3) By a Maine Emergency Medical Services employee or complaint officer
8 designated by the licensing board to the extent considered necessary to facilitate
9 the investigation;

10 (4) To other state or federal agencies when the files contain evidence of possible
11 violations of laws enforced by those agencies;

12 (5) By the director, to the extent the director determines such disclosure necessary
13 to avoid imminent and serious harm. The authority of the director to make such a
14 disclosure may not be delegated;

15 (6) When it is determined, in accordance with rules adopted by the ~~department~~
16 board in consultation with the licensing board, that confidentiality is no longer
17 warranted due to general public knowledge of the circumstances surrounding the
18 complaint or investigation and when the investigation would not be prejudiced by
19 the disclosure; or

20 (7) To the person investigated on request of that person. The director may refuse
21 to disclose part or all of any investigative information, including the fact of an
22 investigation, when the director determines that disclosure would prejudice the
23 investigation. The authority of the director to make such a determination may not
24 be delegated.

25 **Sec. 24. 32 MRSA §92-B**, as amended by PL 2015, c. 82, §§9 and 10, is further
26 amended to read:

27 **§92-B. Disclosure of confidential information to the licensing board**

28 Notwithstanding any ~~other~~ provision of law to the contrary, information that relates to
29 an applicant for licensure or to a person licensed or certified by the licensing board who is
30 alleged to have engaged in any unlawful activity or professional misconduct or in conduct
31 in violation of laws or rules relating to the board or licensing board must be disclosed to
32 the licensing board and may be used by the licensing board only in accordance with this
33 chapter.

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

40 **2. Designation of person to receive confidential information.** The director shall
41 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 licensing board investigators, parties to the matter at issue, parties' representatives, counsel of record, hearing officers and licensing 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. Except as provided in section 91-B, information received pursuant to this section remains confidential at the conclusion of an investigation.

SUMMARY

This bill directs the Emergency Medical Services' Board, by majority vote and in consultation with the Commissioner of Public Safety or the commissioner's designee, to appoint the Emergency Medical Services Licensing Board to carry out the licensing of emergency medical services persons and emergency medical services training centers and carry out the investigation of and adjudication of complaints.