

MAINE STATE LEGISLATURE

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1 SECOND REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 2223

6
7 H.P. 1576

House of Representatives, March 19, 1986

8 Reported by Representative Rolde from the Committee on Audit and
Program Review pursuant to Maine Revised Statutes Annotated, Title 3,
9 Chapter 23.

10 Reference to the Joint Standing Committee on Audit and Program
Review suggested and printing ordered Joint Rule 18.

EDWIN H. PERT, Clerk

11
12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-SIX
16

17 AN ACT to Strengthen the Organization of
18 Emergency Medical Services.
19

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

22 Sec. 1. 5 MRSA §12004, sub-§1, ¶A, sub-¶(12-A)
23 is enacted to read:

24 (12-A) Board of Emergency \$20/Day 32 MRSA
25 Medical Services §88

26 Sec. 2. 5 MRSA §12004, sub-§10, ¶A, sub-¶(67) is
27 repealed.

28 Sec. 3. 32 MRSA §81-A is enacted to read:

29 §81-A. Statement of purpose

30 It is the purpose of this chapter to promote and
31 provide for a comprehensive and effective emergency
32 medical services system to ensure optimum patient

1 care. The Legislature finds that the provision of
2 medical assistance in an emergency is a matter of vi-
3 tal concern affecting the health, safety and welfare
4 of the public.

5 It is the intent of the Legislature to designate
6 that a central agency be responsible for the coordi-
7 nation and integration of all state activities con-
8 cerning emergency medical services and the overall
9 planning, evaluation and regulation of emergency med-
10 ical services systems. Further, the Legislature
11 finds that the provision of prompt, efficient and ef-
12 fective emergency medical care, effective communica-
13 tion between prehospital care providers and hospitals
14 and the safe handling and transportation of the sick
15 and injured are key elements of an emergency medical
16 services system. This chapter is intended to promote
17 the public health, safety and welfare by providing
18 for the creation of a statewide medical services sys-
19 tem with standards for all providers of emergency
20 medical services.

21 Sec. 4. 32 MRSA §82, as enacted by PL 1981, c.
22 661, §2, is amended to read:

23 §82. Requirement for license

24 1. Licenses required. No ambulance service, am-
25 bulance, first responder service or emergency medical
26 services' person may operate unless duly licensed by
27 the Department of Human Services Board of Emergency
28 Medical Services pursuant to this chapter, except as
29 stated in subsection 2.

30 Failure of an ambulance, ambulance service or first
31 responder service to obtain licensure shall make that
32 individual or organization subject to a fine of not
33 more than \$500 or by imprisonment for not more than 6
34 months, unless other penalties are specified.

35 2. Licenses not required. A Maine license shall
36 not be required for:

37 A. Ambulance services and ambulances licensed in
38 another state or province, provided that they do
39 not have a base of operation in Maine and do not
40 routinely pick up patients from the scene of

1 their illness or injury in Maine and do not
2 routinely carry patients between points both of
3 which are in Maine;

4 B. Ambulance services, ambulances, first
5 responder services and emergency medical ser-
6 vices' persons responding into Maine from out-
7 of-state in response to civil emergencies or nat-
8 ural disasters;

9 C. Ambulance services, ambulances, first
10 responder services and emergency medical ser-
11 vices' persons responding into Maine from out-
12 of-state pursuant to department board approved
13 mutual aid agreements with Maine licensed ser-
14 vices;

15 D. A licensed physician;

16 E. A person serving as an industrial nurse or
17 safety officer, a school or camp nurse, a life
18 guard, a ski patrolman, a nurse or technician in
19 a hospital or a physician's office, or other sim-
20 ilar occupation in which the person provides on-
21 site emergency treatment at a single facility to
22 the patrons or employees of that facility; or

23 F. A person serving as a medical technician with
24 the United States Armed Forces, the Maine Army
25 National Guard or the Maine Air National Guard.

26 When any doubt exists as to the applicability of this
27 section to any person or service, that person or ser-
28 vice shall seek an advisory opinion from the
29 department board.

30 Sec. 5. 32 MRSA §83, sub-§§2 and 8, as enacted
31 by PL 1981, c. 661, §2, are amended to read:

32 2. Advanced emergency medical treatment. "Ad-
33 vanced emergency medical treatment" means those por-
34 tions of emergency medical treatment, as defined by
35 the department board, which may be performed by per-
36 sons licensed under this chapter only when they are
37 acting under the supervision of an appropriate physi-
38 cian and within a system of emergency care approved
39 by the department board.

1 8. Basic emergency medical treatment. "Basic
2 emergency medical treatment" means those portions of
3 emergency medical treatment, as defined by the
4 ~~department board~~, which may be exercised by licensed
5 emergency medical services' personnel acting under
6 their own authority.

7 Sec. 6. 32 MRSA §83, sub-§8-A is enacted to
8 read:

9 8-A. Board. "Board" means the Emergency Medical
10 Services Board established pursuant to section 84.

11 Sec. 7. 32 MRSA §83, sub-§11, as enacted by PL
12 1981, c. 661, §2, is repealed.

13 Sec. 8. 32 MRSA §83, sub-§§13, 15 and 18 to 21,
14 as enacted by PL 1981, c. 661, §2, are amended to
15 read:

16 13. Emergency medical treatment. "Emergency
17 medical treatment" means those skills, techniques and
18 judgments, as defined by the ~~department board~~, which
19 are directed to maintaining, improving or preventing
20 the deterioration of the medical condition of the pa-
21 tient and which are appropriate to be delivered by
22 trained persons at the scene of a patient's illness
23 or injury outside the hospital and during transporta-
24 tion to the hospital.

25 15. License. "License" means a full, temporary,
26 provisional or conditional license issued by the
27 ~~department board~~ under this chapter.

28 18. Office of Emergency Medical Services. "Of-
29 fice of Emergency Medical Services" means ~~whatever~~
30 the administrative unit of the department is assigned
31 as the board assigns responsibility for carrying out
32 the purposes of this chapter.

33 19. Protocol. "Protocol" means the written
34 statement, representing a consensus of the physicians
35 of an emergency medical services' region and filed
36 with the ~~department board~~, specifying the conditions
37 under which some form of emergency medical care is to
38 be given by emergency medical services' persons.

1 20. Regional councils. "Regional councils"
2 means those groups recognized by the department board
3 which represent the various regions of the State, as
4 designated by the department board, with respect to
5 matters subject to this chapter.

6 21. Regions. "Regions" means those geographical
7 areas of the State designated by the department board
8 to be represented by a regional council.

9 Sec. 9. 32 MRSA §84, as amended by PL 1983, c.
10 674, is further amended to read:

11 §84. Board: Powers and duties; goals; work plans

12 1. Powers and duties. The department board has
13 the following powers and duties.

14 A. The department board shall conduct an emer-
15 gency medical services' program to fulfill the
16 purposes, requirements and goals of this chapter.
17 The department board shall adopt such forms, reg-
18 ulations, procedures, testing requirements and
19 records as may be appropriate to carry out the
20 purposes, requirements and goals of this chapter.

21 B. Notwithstanding any other provision of law,
22 any rule-making hearing held under this chapter
23 and required by the Maine Administrative Proce-
24 dure Act, Title 5, chapter 375, shall be con-
25 ducted by the Director of the Office of Emergency
26 Medical Services or other board staff as dele-
27 gated through rules or a person in a major
28 policy-influencing position, as defined in Title
29 5, section 711, who has responsibility over the
30 subject matter of the proposed rule.

31 C. The department, through the commissioner
32 board shall appoint a licensed physician as
33 statewide emergency medical services' medical di-
34 rector. The physician shall advise the Office of
35 Emergency Medical Services and the board and
36 shall carry out the duties assigned to the medi-
37 cal director by this chapter and, by regulations
38 rules promulgated thereunder pursuant to this
39 chapter, or as specified by contract.

1 D. Regulations Rules promulgated pursuant to
2 this chapter shall include, but not be limited
3 to, the following:

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

7 (2) The manner in which regional councils
8 shall report their activities and finances,
9 and the manner in which those activities
10 shall be carried out under this chapter;

11 (3) The designation of regions within the
12 State;

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

17 (5) Fees to be charged for licenses under
18 this section, except that no fee may be
19 charged for the licensing of emergency medi-
20 cal services' persons under this chapter.

21 In adopting any regulation rule under subpara-
22 graph (4) which requires services which deliver
23 advanced care to meet a specified percentage lev-
24 el of performance, the regulation shall not take
25 effect until after January 1, 1986 and unless the
26 level is specified after study, in cooperation
27 with regional councils and local service units.

28 In addition, notwithstanding current regulations
29 rules, until January 1, 1985, requirements for
30 licensure at the intermediate level shall allow
31 an applicant to be licensed for intravenous ther-
32 apy or defibrillation therapy, or both.

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

35 A. The department board shall monitor the provi-
36 sion of emergency medical services within the
37 State. The department board shall establish, by
38 regulation rule, its goals in monitoring the pro-

1 vision of services and in insuring that these
2 services are appropriately delivered. These
3 goals shall be in the nature of objectives and
4 shall not constitute absolute requirements. In
5 establishing these goals, the board shall seek
6 the input of individuals, agencies, services and
7 organizations interested in the emergency medical
8 services program.

9 B. In each year, and in conjunction with the
10 preparation of the emergency medical services'
11 report, the director with under the advice
12 direction of the board shall prepare a list of
13 those among the goals which most need to be pur-
14 sued in the succeeding year. This list shall be
15 made available to the regional councils so that
16 they may propose projects to further particular
17 goals within their own regions.

18 C. In pursuing these goals, the department board
19 may make grants to the regional councils for
20 projects they have proposed, and which the
21 department board has determined are consistent
22 with the requirements and goals of this chapter;
23 contract for services; cooperate with other de-
24 partments or agencies; accept and disburse
25 granted funds; or act in other lawful ways as may
26 best serve the public good.

27 3. Work plans. Each year, the department board
28 shall issue an emergency medical services' report in-
29 dicating:

30 A. The extent to which the emergency medical
31 system was used throughout the State, and the in-
32 cidence of various medical conditions which
33 called it into service;

34 B. The extent and nature of the continuing pro-
35 grams of training and support for emergency medi-
36 cal services carried out by the regional coun-
37 cils, the board and the Office of Emergency Medi-
38 cal Services;

39 C. The extent to which the goals laid down in
40 this chapter were pursued, and with what success;

1 D. The plan, for the coming year, to pursue the
2 various goals; and

3 E. The income and expenditures of the board, of
4 the Office of Emergency Medical Services and of
5 the regional councils.

6 Sec. 10. 32 MRSA §85, as enacted by PL 1981, c.
7 661, §2, is amended to read:

8 §85. Emergency medical persons

9 1. Basic and advanced skills. With advice from
10 and in consultation with each regional council and
11 its medical control committee and with the statewide
12 emergency medical services' medical director, the
13 ~~department~~ board may provide, by ~~regulation~~ rule,
14 which skills, techniques and judgments constitute a
15 basic emergency medical treatment.

16 2. Advanced emergency medical treatment. With
17 the advice and consultation noted in subsection 1,
18 the ~~department~~ board may provide, by ~~regulation~~ rule,
19 which advanced skills, techniques and judgments may
20 be supervised by a physician by means of standing or-
21 ders, by voice radio and by other means. Nothing in
22 this section may preclude protocols in a particular
23 region from imposing controls more strict than those
24 permitted by the ~~department's regulations~~ board's
25 rules on the use of a skill, technique or judgment.
26 In every case, advanced emergency medical treatment
27 shall be given in accordance with protocols.

28 The ~~department~~ board may establish by ~~regulation~~ rule
29 appropriate licensure levels for advanced emergency
30 medical technicians and fix the qualifications for
31 persons to hold those licenses.

32 For those individuals licensed at the advanced level,
33 the board shall establish through rules the criteria
34 for licensure to include the requirements for renew-
35 al. Renewal at the advanced level shall not be con-
36 tingent upon renewal of a basic emergency medical
37 services license, but may be as a result of demon-
38 strated competence at the basic level and advanced
39 levels. The demonstrated competence at the basic
40 level for advanced license renewal may be any combi-

1 nation of requirements, as established by the board,
2 for a 3-year period to include continuing education
3 requirements, passage of a written or practical test,
4 or both, or the successful passage of a refresher
5 course. A person licensed at the advanced level
6 shall be considered as being licensed at the basic
7 level.

8 3. Minimum requirements for licensing. In setting
9 regulations rules for the licensure of emergency
10 medical services' persons, the department board shall
11 insure that no person is licensed to care for pa-
12 tients unless his qualifications are at least those
13 specified in this subsection. Any person who meets
14 these conditions shall be considered to have the cre-
15 dentials and skill demonstrations necessary for the
16 licensed ambulance attendant level of licensure to
17 provide basic emergency medical treatment.

18 A. The person must have completed successfully
19 the United States Department of Transportation
20 course for first responders or completed success-
21 fully the American Red Cross Advanced First Aid
22 and Emergency Care Course, with supplemental
23 training in extrication, oxygen administration
24 and airway care, patient evaluation and taking of
25 vital signs.

26 B. The person must have successfully completed
27 the American Heart Association basic rescuer
28 course in cardiopulmonary resuscitation or its
29 American Red Cross equivalent.

30 C. The person must have successfully completed a
31 state written and practical test for basic emer-
32 gency medical treatment.

33 D. The person must be sponsored by a Maine li-
34 censed ambulance service or first responder ser-
35 vice.

36 The department board may set by regulation rule in-
37 tervals at which these qualifications must be renewed
38 and appropriate courses and testing for that renewal.

39 Licenses granted at the basic emergency medical ser-
40 vices technician level shall be for a 3-year period.

1 Sec. 11. 32 MRSA §88, as amended by PL 1983, c.
2 812, §§190 and 191, is further amended to read:

3 §88. Emergency Medical Services' Board

4 The Emergency Medical Services' Advisory Board,
5 as established by Title 5, section 12004, subsection
6 10, shall advise the department with respect to the
7 ~~conflict of~~ be responsible for the emergency medical
8 services' program.

9 1. Composition; rules; meetings. The board's
10 composition, conduct and compensation shall be as
11 follows.

12 A. The board shall have one member representing
13 each regional council, and 7 persons in addition.
14 Of the additional persons, one shall be a physi-
15 cian, one an attorney, one a representative of
16 the public, one a representative of for-profit
17 ambulance services, one a professional nurse, one
18 a representative of first responder services and
19 one a representative of not-for-profit ambulance
20 services. The members shall serve for 3-year
21 terms, and shall be appointed by the Governor.
22 Members being appointed in 1986 shall serve
23 3-year terms. Of those terms expiring in 1987,
24 members shall be appointed for a term to extend 3
25 years from the date of expiration. Of those
26 terms expiring in 1988, members shall be ap-
27 pointed for a 3-year period from the date of ex-
28 piration. Of those terms expiring in 1989, 4 mem-
29 bers shall be appointed for 3-year terms and 4
30 members shall be appointed for 4-year terms, all
31 from the date of expiration. All appointments
32 thereafter shall be for 3-year terms. Members
33 shall be appointed by the Governor. The state
34 medical director shall be an ex officio member of
35 the board.

36 B. The board shall elect its own chairman to
37 serve for a 2-year term. It may adopt internal
38 rules, that shall require, among other things,
39 that the term of a member who does not attend
40 regularly be ended. In such a case, another per-
41 son shall be appointed by the Governor. When a
42 position becomes vacant, a person shall be ap-

1 pointed by the Governor to fill the remainder of
2 the term. Any board member may be removed by the
3 Governor for cause. The Office of Emergency Medi-
4 cal Services shall provide such staff as is pra-
5 cticable to the board requires and shall maintain
6 the board's records and files. The board may
7 have a common seal. The board may establish sub-
8 committees as it deems appropriate.

9 C. The board shall meet at least quarterly, and
10 shall also meet at the call of its chairman or of
11 the department at the request of 7 of its
12 members. When the board meets, its members shall
13 be compensated according to the provisions of Ti-
14 tle 5, chapter 379.

15 D. A majority of the members of the board shall
16 constitute a quorum for all purposes, and no de-
17 isions of the board shall be made without a quo-
18 rum present. A majority vote of the entire board
19 shall constitute an official vote of the board
20 with the exception of a 2/3 vote being required
21 for the suspension or revocation of a license
22 subject to Title 5, section 10004. A 2/3 vote
23 shall also be required for refusal to issue or
24 renew a license. An individual may appeal the
25 board decision to the Commissioner of the Depart-
26 ment of Human Services during which time the
27 board's action shall stand until the commissioner
28 issues his determination.

29 2. Functions. The board shall perform the fol-
30 lowing functions.

31 A. The board shall advise the department on the
32 conduct direct the operations of the emergency
33 medical services' program to include the adoption
34 of all rules.

35 B. The board shall hold public hearings on any
36 proposed changes in the regulations rules allowed
37 for in this chapter. Hearings held pursuant to
38 this section are not subject to the Maine Admin-
39 istrative Procedure Act, Title 5, chapter 375.
40 In order to encourage participation in these
41 hearings by volunteers, the board shall hold 2
42 hearings in each region. Each hearing shall be

1 held in the evening. At least 2 members of the
2 board shall attend each hearing.

3 C. The board shall review applications for new
4 licenses for ambulance and first responder
5 services grant licenses pursuant to this chapter
6 and the rules promulgated under this chapter. It
7 shall make recommendations to the department con-
8 cerning the new license applications. It may do
9 so for renewed applications.

10 D. The board shall establish in rules the condi-
11 tions under which an emergency medical services
12 course, refresher course or continuing education
13 course must be sponsored or offered. The board
14 shall work toward developing consistent educa-
15 tional programming in terms of course content,
16 course requirements and quality of instruction.

17 E. The board shall keep records and minutes of
18 its activities and meetings. These records and
19 minutes shall be made easily accessible to the
20 public and shall be provided expeditiously upon
21 request.

22 F. The board shall appoint and employ, subject
23 to the Personnel Law, an executive director, who
24 shall not be a member of the board, to supervise
25 and carry out the implementation of this chapter.
26 The director shall hire, subject to the Personnel
27 Law, staff as required to ensure the proper en-
28 forcement, implementation and administration of
29 this chapter. The executive director shall be
30 responsible for the daily operations of the Of-
31 fice of Emergency Medical Services.

32 G. The board shall submit to the Commissioner of
33 Human Services its budgetary requirements in the
34 same manner as is provided in Title 5, section
35 1665, and the commissioner shall, in turn, trans-
36 mit these requirements to the Bureau of the Bud-
37 get without any revision, alteration or change.
38 The Department of Human Services shall serve as
39 the fiscal agent for the board and Office of
40 Emergency Medical Services.

1 H. The board may enter into contract, subject to
2 provisions of state law, and delegate this au-
3 thority to the executive director. The board
4 may also delegate, through rules, to the Office
5 of Emergency Medical Services any provision nec-
6 essary to carry out this chapter, including the
7 hearings process. The office staff shall have
8 access to all information necessary to carry out
9 its responsibilities.

10 Sec. 12. 32 MRSA §§89 and 90, as enacted by PL
11 1981, c. 661, §2, are amended to read:

12 §89. Regions and regional councils

13 1. Regions to be established; regional councils.
14 The ~~commissioner~~ board shall delineate regions within
15 the State for the purposes of this chapter. The
16 ~~commissioner~~ board shall set out conditions under
17 which an organization in each region may be recog-
18 nized by the ~~department~~ board as the regional council
19 for that region. A regional council shall, at least,
20 provide adequate representation for ambulance and
21 rescue services, emergency room physicians and
22 nurses, each hospital and the general public. A re-
23 gional council shall be structured to adequately
24 represent each major geographical part of its region.
25 Only one regional council shall be recognized in any
26 region.

27 2. Duties of regional councils. The regional
28 councils shall function as the primary planning and
29 operational units of the statewide emergency medical
30 services' system. Each regional council shall carry
31 out an annual program, approved by the ~~department~~
32 board, to further the goals specified in section 84,
33 subsection 2. Specific responsibilities of the coun-
34 cils include, but are not limited to, the following:

35 A. The establishment of a regional medical con-
36 control committee;

37 B. The appointment of a regional medical direc-
38 tor, who shall be a licensed physician;

39 C. Advising the department board on the licens-
40 ing of new ambulance, first responder and air am-
41 bulance services within each region;

1 D. Assisting the department board and executive
2 director in carrying on a program of testing
3 emergency medical services' persons within each
4 region, subject to availability of financial re-
5 sources for the testing;

6 E. Developing a certification and decertifica-
7 tion process for advanced emergency medical ser-
8 vices' persons within each region; and

9 F. Nominating 2 or more candidates from each
10 council for a position on the Emergency Medical
11 Services' Advisory Board, from whom the Governor
12 may select a member.

13 §90. Appeals

14 Any person or organization, which is aggrieved by
15 the decision of the department board in refusing to
16 issue or review renew a license, may claim a hearing
17 pursuant to the Maine Administrative Procedure Act,
18 Title 5, chapter 375.

19 Whenever the department board decides to revoke
20 or suspend a license, it shall do so by filing a com-
21 plaint with the Administrative Court pursuant to the
22 Maine Administrative Procedure Act, Title 5, chapter
23 375. The department board may seek an emergency sus-
24 pension, to be in effect for no more than 30 days,
25 from the Administrative Court pursuant to Title 4,
26 section 1153.

27 Sec. 13. 32 MRSa §§91 to 94 are enacted to read:

28 §91. Disciplinary actions

29 1. Disciplinary proceedings and sanctions. The
30 board shall investigate a complaint, on its own
31 motion or upon receipt of a written complaint filed
32 with the board, regarding noncompliance with or vio-
33 lation of this chapter or of any rules adopted by the
34 board. Investigation may include a hearing before
35 the board or the board's staff to determine whether
36 grounds exist for suspension, revocation or denial of
37 a license or as otherwise deemed necessary by the
38 board to the fulfillment of its responsibilities un-
39 der this chapter. Hearings shall be conducted in

1 conformity with the Maine Administrative Procedure
2 Act, Title 5, chapter 375, subchapter IV, to the ex-
3 tent applicable. The board or department may subpoe-
4 na witnesses, records and documents, including
5 records and documents maintained by a health care fa-
6 ility or other service organization or person relat-
7 ed to the delivery of emergency medical services, in
8 any hearing it conducts.

9 2. Notice. The board shall notify the licensee
10 of the content of a complaint filed against the li-
11 icensee as soon as possible, but in no event later
12 than within 60 days of receipt of this information.
13 The licensee shall respond within 30 days. If the
14 licensee's response to the complaint satisfies the
15 board that the complaint does not merit further in-
16 vestigation or action, the matter may be dismissed,
17 with notice of the dismissal to the complainant, if
18 any.

19 3. Informal conference. If, in the opinion of
20 the board, the factual basis of the complaint is or
21 may be true and it is of sufficient gravity to war-
22 rant further action, the board or its staff may re-
23 quest an informal conference with the licensee. The
24 board shall provide the licensee with adequate notice
25 of the conference and of the issues to be discussed.
26 The conference shall be conducted in executive ses-
27 sion of the board, unless otherwise requested by the
28 licensee. Statements made at the conference may not
29 be introduced at a subsequent formal hearing unless
30 all parties consent.

31 4. Further action by the board. If the board
32 finds that the factual basis of the complaint is true
33 and is of sufficient gravity to warrant further ac-
34 tion, it may take any of the following actions it
35 deems appropriate.

36 A. With the consent of the licensee, the board
37 may enter into a consent agreement which fixes
38 the period and terms of probation best adapted to
39 protect the public health and safety and to reha-
40 ilitate or educate the licensee. A consent
41 agreement may be used to terminate a complaint
42 investigation, if entered into by the board, the
43 licensee and the Office of the Attorney General.

1 B. In consideration for acceptance of a volun-
2 tary surrender of the license, the board may ne-
3 gotiate stipulations, including terms and condi-
4 tions for reinstatement, which ensure protection
5 of the public health and safety and which serve
6 to rehabilitate or educate the licensee. These
7 stipulations shall be set forth only in a consent
8 agreement signed by the board, the licensee and
9 the Office of the Attorney General.

10 C. If the board concludes that modification or
11 nonrenewal or nonissuance of the license might be
12 in order, the board shall hold an adjudicatory
13 hearing in accordance with the Maine Administra-
14 tive Procedure Act, Title 5, chapter 375, sub-
15 chapter IV.

16 D. If the board concludes that suspension or
17 revocation of the license is in order, the board
18 shall hold a hearing or file a complaint in the
19 Administrative Court in accordance with Title 4,
20 chapter 25.

21 5. Grounds for discipline. The board may sus-
22 pend or revoke a license pursuant to Title 5, section
23 10004. The following shall be grounds for an action
24 to refuse to issue, modify, suspend, revoke or refuse
25 to renew the license of a person, service or vehicle
26 licensed under this chapter:

27 A. The practice of fraud or deceit in obtaining
28 a license under this chapter or in connection
29 with service rendered within the scope of the li-
30 cence issued;

31 B. Habitual intemperance in the use of alcohol
32 or the habitual use of narcotic, hypnotic or oth-
33 er substances the use of which has resulted or
34 may result in the licensee performing his duties
35 in a manner which endangers the health or safety
36 of his patients;

37 C. A professional diagnosis of a mental or phys-
38 ical condition which has resulted or may result
39 in the licensee performing his duties in a manner
40 which endangers the health or safety of his pa-
41 tients;

1 D. Aiding or abetting the practice of emergency
2 care by a person not duly licensed under this
3 chapter and who represents himself to be so;

4 E. Incompetence in the practice for which he is
5 licensed. A licensee shall be deemed incompetent
6 in the practice if the licensee has:

7 (1) Engaged in conduct which evidences a
8 lack of ability or fitness to discharge the
9 duty owed by the licensee to a client, pa-
10 tient or the general public; or

11 (2) Engaged in conduct which evidences a
12 lack of knowledge or inability to apply
13 principles or skills to carry out the prac-
14 tice for which he is licensed;

15 F. Unprofessional conduct. A licensee shall be
16 deemed to have engaged in unprofessional conduct
17 if he violates any standard of professional be-
18 havior which has been established in the practice
19 for which the licensee is licensed;

20 G. Subject to the limitations of Title 5, chap-
21 ter 341, conviction of a crime which involves
22 dishonesty or false statement which relates di-
23 rectly to the practice for which the licensee is
24 licensed or conviction of any crime for which in-
25 carceration for one year or more may be imposed;

26 H. Any violation of this chapter or any rule
27 adopted by the board; or

28 I. For other purposes as specified through
29 rules.

30 §92. Confidentiality of information

31 Any reports, information or records provided to
32 the board or department pursuant to this chapter
33 shall be confidential insofar as the reports, infor-
34 mation or records identify or permit identification
35 of any patient, provided that the board may disclose
36 any confidential information:

1 1. Hearings or proceedings. In an adjudicatory
2 hearing or informal conference before the board or in
3 any subsequent formal proceeding to which information
4 is relevant; and

5 2. Consent agreements or settlement. In a con-
6 sent agreement or other written settlement, when the
7 information constitutes or pertains to the basis of
8 board action.

9 A copy of any report, information or record re-
10 ceived by the board under this section shall be pro-
11 vided to the licensee.

12 §93. Immunity

13 Any person, health care facility or other emer-
14 gency services organization acting in good faith
15 shall be immune from civil liability to the licensee
16 or applicant for licensure for the following actions:

17 1. Making information available to the board or
18 department. Making any report or other information
19 available to the board under this chapter; and

20 2. Assisting the board. Assisting the board or
21 department in carrying out any of their duties.

22 §94. Sunset

23 The operations and conduct of the Emergency Medi-
24 cal Services Board shall be reviewed in accordance
25 with the Maine Sunset Act, Title 3, chapter 23, no
26 later than June 30, 1989.

27 Sec. 14. Transition. Any funds appropriated or
28 allocated to the Department of Human Services and any
29 outstanding liabilities and any corresponding powers
30 and duties granted to the Department of Human Ser-
31 vices for the purpose of carrying out this chapter
32 prior to the effective date of this Act shall be
33 transferred to the Board of Emergency Medical Ser-
34 vices. This shall include, but not be limited to,
35 those powers as established by rule. It is the in-
36 intent of the Legislature that this transference of re-
37 responsibility be accomplished within existing re-
38 sources. The employees shall be transferred in their

1 present classification and shall retain all the same
2 rights, compensation and benefits for the purposes of
3 this transfer.

4 Sec. 15. Effective date. This Act shall take
5 effect on September 1, 1986.

6 STATEMENT OF FACT

7 Sections 1 and 2 reflect the change in status of
8 the Emergency Medical Services Board from its present
9 advisory position to a regulatory board by relocating
10 the board with boards having the same powers and du-
11 ties.

12 Section 3 inserts in the law a statement of in-
13 tent regarding emergency medical services to reflect
14 its importance to the health, safety and welfare of
15 the State.

16 Section 4 transfers the authority for licensure
17 from the Department of Human Services to the Board of
18 Emergency Medical Services and makes the board re-
19 sponsible for issuing advisory opinions.

20 Section 5 transfers the authority to define ad-
21 vanced medical treatment and basic emergency medical
22 treatment from the department to the board.

23 Sections 6 and 7 eliminate that part which de-
24 fines the Emergency Medical Services Advisory Board
25 and reestablishes it as the Emergency Medical Ser-
26 vices Board to reflect its change in authority.

27 Section 8 transfers the authority for defining
28 the skills, techniques and judgments in emergency
29 medical treatment, licensing authority and the desig-
30 nation of an administrative unit, and the designation
31 of regional councils and geographic areas from the
32 department to the board.

33 Section 9, the Maine Revised Statutes, Title 32,
34 section 84, subsection 1, transfers the powers of the
35 department to the board; transfers from the depart-
36 ment to the board the responsibility for conducting

1 an emergency medical services program, adopting rules
2 and testing requirements, the holding of hearings and
3 the contracting with the state medical director;
4 transfers the responsibility for the establishment of
5 goals from the department to the board; requires that
6 the board solicit input from individuals and organi-
7 zations interested in or involved in emergency medi-
8 cal services; and establishes the board's authority
9 to establish goals and to issue an emergency medical
10 services' report.

11 Section 10 specifies that renewal of an advanced
12 license shall not be contingent upon renewal of a ba-
13 sic emergency medical services license, but may be as
14 a result of demonstrated competence at the basic lev-
15 el and advanced levels as established by the board;
16 transfers the licensure authority from the Department
17 of Human Services to the board and establishes that a
18 basic emergency medical services technician license
19 shall be for a 3-year period.

20 Section 11 provides that actions of the board
21 shall require a majority vote with the exception of a
22 2/3 vote being required for the suspension, revoca-
23 tion, refusal to issue or renewal of a license. In
24 addition, an individual shall have the right to ap-
25 peal the board's decision to the Department of Human
26 Services. The bill specifies the responsibilities of
27 the board to include: The board's authority to grant
28 licenses, the board's authority to establish educa-
29 tional training, the board's responsibility to keep
30 records and minutes, the board's authority to hire
31 staff subject to the Personnel Law, the transmittal
32 of budget requests and the board's authority to con-
33 tract and delegate responsibility to the staff. This
34 section also specifies that the Department of Human
35 Services will provide the administrative budget sup-
36 port to the board and Office of Emergency Medical
37 Services.

38 Section 12, the Maine Revised Statutes, Title 32,
39 section 89, transfers the authority for the delinea-
40 tion of regions from the department to the board.
41 Title 32, section 90, transfers the initial appeals
42 of aggrieved parties from the department to the board
43 and authorizes the board to file a complaint with the
44 Administrative Court pursuant to the Maine Adminis-
45 trative Procedure Act.

1 Sections 13 and 14 adopt language similar to that
2 governing the operations of other regulatory boards.
3 This specifies the procedures for the investigation
4 of a complaint, expands the board's authority to enter
5 into consent agreements with a licensee as a disciplinary
6 measure and negotiates stipulations for the
7 voluntary surrender of a license and the terms and
8 conditions for reinstatement. The intent is to provide
9 the board with some intermediate disciplinary
10 procedures. These sections also set forth the
11 grounds for an action to refuse to issue, modify,
12 suspend, revoke or renew a license. Section 13 ensures
13 the confidentiality of information, provides
14 immunity for any person, health care facility or other
15 emergency services organization acting in good
16 faith and requires the review of the Emergency Medical
17 Services Board under the Maine Sunset Act, Title
18 3, chapter 23.

19 Section 14 establishes that the effective date of
20 this bill is September 1, 1986 to provide for the
21 necessary preparation for the transition of responsibility.
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