

MAINE STATE LEGISLATURE

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114th MAINE LEGISLATURE

FIRST REGULAR SESSION - 1989

Legislative Document

No. 460

H.P. 341

House of Representatives, February 27, 1989

Reference to the Committee on Business Legislation suggested and ordered printed.

Ed Pert

EDWIN H. PERT, Clerk

Presented by Representative BURKE of Vassalboro.
Cosponsored by Representative CARROLL of Gray.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-NINE

**An Act to Ensure the Confidentiality of Emergency Medical Services
Quality Assurance and Peer Review Activities.**



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

3 32 MRSA §92-A is enacted to read:

5 §92-A. Records of quality assurance activities

7 1. Immunity from suit. Any physician, physician's
9 assistant, nurse or emergency medical services person licensed by
11 the State who participates in the activities of any quality
13 assurance committee approved by the Emergency Medical Services
Board is immune from civil liability for undertaking or failing
to undertake any act within the scope of the function of the
committee.

15 2. Confidentiality. All proceedings and records of
17 proceedings concerning the quality assurance activities of any
19 quality assurance committee approved by the board are
confidential and shall be exempt from discovery.

21 3. Assistance of information; immunity. Any person, health
23 care facility or other emergency services organization which
25 assists in the activities of a quality assurance committee
27 approved by the board who provides information to a quality
assurance committee approved by the board shall be protected by
the provisions of section 93 as though that assistance of
information was provided to the board itself.

29
31 **STATEMENT OF FACT**

33 Peer review and quality assurance processes have been
35 encouraged by the Legislature under the Maine Revised Statutes,
37 Title 32, sections 3293 and 3296 and Title 24, section 2511 as
39 they apply to physicians. These changes to Title 32, chapter
41 2-B, will provide the same encouragement for quality assurance
43 activities involving prehospital emergency medical care
45 personnel. This quality assurance is vital in providing a system
of emergency patient care. This encouragement would be provided
by making the records of quality assurance proceedings
undiscoverable and by affording immunity to those who, in good
faith, participate in the activities of quality assurance
committees. The only quality assurance activities which would be
afforded this protection would be those approved by the
Emergency Medical Services Board.