

MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWELFTH LEGISLATURE

SECOND REGULAR SESSION
January 8, 1986 to April 16, 1986

SECOND SPECIAL SESSION
May 28, 1986 to May 30, 1986

AND AT THE

THIRD SPECIAL SESSION
October 17, 1986

PUBLISHED BY THE DIRECTOR OF REVISOR OF STATUTES IN
ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

J.S. McCarthy Co., Inc.
Augusta, Maine

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
SECOND REGULAR SESSION
of the
ONE HUNDRED AND TWELFTH LEGISLATURE
1985

aids, orthopedic devices and other physical aids made necessary by ~~such~~ the injury and shall replace or renew the same when necessary from wear and tear or physical change of the employee. The employee or his counsel shall serve upon the employer or opposing counsel, within 7 days of the date of receipt by ~~such~~ the employee or counsel, complete copies of any medical reports or statements relating to any treatment or examination described in this section. The employer, carrier or their counsel shall serve upon the employee or opposing counsel, within 7 days of the receipt by the employer, carrier or counsel, complete copies of any medical reports or statements relating to any treatment or examination alleged by the employee or his counsel to be covered by this section.

Sec. 3. 39 MRSA §66-A, as amended by PL 1985, c. 372, Pt. A, §§27 and 28, is further amended by adding at the end a new paragraph to read:

If an employee is prevented from accepting an offer of suitable work because of residence in a foreign country or termination of status as a lawfully employable alien, he shall be deemed to have refused the offer.

Sec. 4. 39 MRSA §87, sub-§4, as enacted by PL 1985, c. 372, Pt. A, §29, is amended to read:

4. Employee refusal, sanctions. Refusal by the employee to comply with a requirement, determination or order of the commission, this chapter or a rule promulgated under this chapter, or with the terms of an approved plan or agreement under this subchapter, shall result in the suspension of benefits for a period no longer than the length of the refusal. If an employee is prevented from complying because of residence in a foreign country or termination of status as a lawfully employable alien, he shall be deemed to have refused to comply. These sanctions may only be ordered by a commissioner after notice and a hearing.

Effective July 16, 1986.

CHAPTER 730

H.P. 1671 - L.D. 2356

AN ACT to Strengthen the Organization of
Emergency Medical Services.

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

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

<u>(12-A)</u>	<u>Board of Emergency</u>	<u>\$20/Day</u>	<u>32 MRSA</u>
	<u>Medical Services</u>		<u>§88</u>

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

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

§81-A. Statement of purpose

It is the purpose of this chapter to promote and provide for a comprehensive and effective emergency medical services system to ensure optimum patient care. The Legislature finds that the provision of medical assistance in an emergency is a matter of vital concern affecting the health, safety and welfare of the public.

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 and regulation of emergency medical services systems. Further, the Legislature finds that the provision of prompt, efficient and effective emergency medical care, 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 medical services system with standards for all providers of emergency medical services.

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

§82. Requirement for license

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

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

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

A. Ambulance services and ambulances licensed in another state or province, provided that they do not have a base of operation in Maine and do not routinely pick up patients from the scene of their illness or injury in Maine and do not routinely carry patients between points both of which are in Maine;

B. Ambulance services, ambulances, first responder services and emergency medical services' persons responding into Maine from out-of-state in response to civil emergencies or natural disasters;

C. Ambulance services, ambulances, first responder services and emergency medical services' persons responding into Maine from out-of-state pursuant to ~~department~~ board approved mutual aid agreements with Maine licensed services;

D. A licensed physician;

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

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

When any doubt exists as to the applicability of this section to any person or service, that person or service shall seek an advisory opinion from the ~~department~~ board.

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

2. Advanced emergency medical treatment. "Advanced emergency medical treatment" means those portions of emergency medical treatment, as defined by the department board, which may be performed by persons licensed under this chapter only when they are acting under the supervision of an appropriate physician and within a system of emergency care approved by the department board.

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

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

8-A. Board. "Board" means the Emergency Medical Services Board established pursuant to section 84. The board shall be an administrative unit within the Department of Human Services. It shall be a separate, distinct administrative unit, which shall not be integrated in any way as a part or function of any other administrative unit of the department. It shall be equal in organizational level and status with major organizational units within the department or its successors.

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

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

13. Emergency medical treatment. "Emergency medical treatment" means those skills, techniques and judgments, as defined by the department board, which are directed to maintaining, improving or preventing the deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

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

18. Office of Emergency Medical Services. "Office of Emergency Medical Services" means whatever

the administrative unit of the department is assigned within the Department of Human Services as the board assigns responsibility for carrying out the purposes of this chapter.

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

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

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

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

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

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

A. The department board shall conduct an emergency medical services' program to fulfill the purposes, requirements and goals of this chapter. The department board shall adopt such forms, regulations, procedures, testing requirements and records as may be appropriate to carry out the purposes, requirements and goals of this chapter.

B. Notwithstanding any other provision of law, any rule-making hearing held under this chapter and required by the Maine Administrative Procedure Act, Title 5, chapter 375, shall be conducted by the board, the Director of the Office of Emergency Medical Services or other staff as delegated through rules or a person in a major policy-influencing position, as defined in Title 5, section 711, who has responsibility over the subject matter of the proposed rule.

C. The department, through the commissioner board shall appoint a licensed physician as statewide emergency medical services' medical director. The physician shall advise the Office of

Emergency Medical Services and the board and shall carry out the duties assigned to the medical director by this chapter and, by regulations rules promulgated thereunder pursuant to this chapter, or as specified by contract.

D. Regulations Rules promulgated pursuant to this chapter shall include, but not be 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 shall report their activities and finances, and the manner in which those activities shall 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, and including training and testing of personnel; and
- (5) Fees to be charged for licenses under this section, except that no fee may be charged for the licensing of emergency medical services' persons under this chapter.

In adopting any regulation rule under subparagraph (4) which requires services which deliver advanced care to meet a specified percentage level of performance, the regulation shall not take effect until after January 1, 1986 and unless the level is specified after study, in cooperation with regional councils and local service units.

In addition, notwithstanding current regulations rules, until January 1, 1985, requirements for licensure at the intermediate level shall allow an applicant to be licensed for intravenous therapy or defibrillation therapy, or both.

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

A. The department board shall monitor the provision of emergency medical services within the State. The department board shall establish, by regulation rule, its goals in monitoring the pro-

vision of services and in insuring that these services are appropriately delivered. These goals shall be in the nature of objectives and shall 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 with under the advise direction of the board shall prepare a list of those among the goals which most need to be pursued in the succeeding year. This list shall be made available to the regional councils so that they may propose projects to further particular goals within their own regions.

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

3. Work plans. Each year, the department board shall issue an emergency medical services' report indicating:

A. The extent to which the emergency medical system was used throughout the State, and the incidence of various medical conditions which called it into service;

B. The extent and nature of the continuing programs of training and support for emergency medical services carried out by the regional councils, the board and the Office of Emergency Medical Services;

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

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

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

Sec. 10. 32 MRSA §84-A is enacted to read:

§84-A. Commissioner; powers and duties

1. Powers and duties. The commissioner has the following powers and duties:

A. To review the function and operation of the board and regional councils to assure that these organizations are in compliance with their statutory and public service responsibilities;

B. To act as a liaison between the board and other administrative units within the department, with the Governor and the Legislature;

C. To carry out the requirements as set forth in this chapter or as delegated by the board through rules; and

D. To provide the staff and administrative support necessary for the board to carry out its function.

Sec. 11. 32 MRSA §85, as enacted by PL 1981, c. 661, §2, is amended to read:

§85. Emergency medical persons

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 ~~department~~ board may provide, by ~~regulation~~ rule, which skills, techniques and judgments constitute a basic emergency medical treatment.

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

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

For those individuals licensed at the advanced level, the board shall establish through rules the criteria for licensure to include the requirements for renewal. Renewal at the advanced level shall not be contingent upon renewal of a basic emergency medical technician license, but may be as a result of demonstrated competence at the basic level and advanced levels. The demonstrated competence at the basic level for advanced license renewal may be any combination of requirements, as established by the board, to include continuing education requirements, passage of a written or practical test, or both, or the successful passage of a refresher course. A person licensed at the advanced level shall be considered as being licensed at the basic level.

3. Minimum requirements for licensing. In setting regulations rules for the licensure of emergency medical services' persons, the department board shall insure that no person is licensed to care for patients unless his qualifications are at least those specified in this subsection. Any person who meets these conditions shall be considered to have the credentials and skill demonstrations necessary for the licensed ambulance attendant level of licensure to provide basic emergency medical treatment.

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

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

C. The person must have successfully completed a state written and practical test for basic emergency medical treatment.

D. The person must be sponsored by a Maine licensed ambulance service or first responder service.

The department board may set by regulation rule intervals at which these qualifications must be renewed and appropriate courses and testing for that renewal.

For those individuals who are licensed or who relicense as a basic emergency medical technician after September 1, 1986, and who are not licensed at the advanced level, the basic emergency medical technician license shall be for a 3-year period. Licensure shall include, but not be limited to, annual verification, as determined by the board through rules. In addition, that licensure shall require the successful passage of examinations no more often than once every 3 years. To maintain a valid license, a basic emergency medical technician shall meet the criteria as set out in this subsection. If such criteria are not met, a person shall not hold a valid license and shall reapply for licensure.

Sec. 12. 32 MRSA §88, as amended by PL 1983, c. 812, §§190 and 191, is further amended to read:

§88. Emergency Medical Services' Board

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

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

A. The board shall have one member representing each regional council, and 7 persons in addition. Of the additional persons, one shall be a physician, one an attorney, one a representative of the public, one a representative of for-profit ambulance services, one a professional nurse, one a representative of first responder services and one a representative of not-for-profit ambulance services. The members shall serve for 3-year terms, and shall be appointed by the Governor. Members being appointed in 1986 shall serve 3-year terms. Of those terms expiring in 1987, members shall be appointed for a term to extend 3 years from the date of expiration. Of those terms expiring in 1988, members shall be appointed for a 3-year period from the date of expiration. Of those terms expiring in 1989, 4 members shall be appointed for 3-year terms and 4 members shall be appointed for 4-year terms, all from the date of expiration. All appointments

thereafter shall be for 3-year terms. Members shall be appointed by the Governor. The state medical director shall be an ex officio nonvoting member of the board.

B. The board shall elect its own chairman to serve for a 2-year term. It may adopt internal rules, that shall require, among other things, that the term of a member who does not attend regularly be ended. In such a case, another person shall be appointed by the Governor. When a position becomes vacant, a person shall be appointed by the Governor to fill the remainder of the term. Any board member may be removed by the Governor for cause. The Office of Emergency Medical Services shall provide such staff as is practicable to the board requires and shall maintain the board's records and files. The board may have a common seal. The board may establish subcommittees as it deems appropriate.

C. The board shall meet at least quarterly, and shall also meet at the call of its chairman or of the department at the request of 7 of its members. When the board meets, its members shall be compensated according to the provisions of Title 5, chapter 379.

D. A majority of the members appointed and currently serving shall constitute 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 shall be required for board action with the exception of a 2/3 vote being required for the suspension or revocation of a license.

2. Functions. The board shall perform the following functions.

A. The board shall advise the department on the conduct direct the operations of the emergency medical services' program. The board shall adopt rules in accordance with the Maine Administrative Procedure Act, Title 5, chapter 375, to carry out this chapter.

B. The board shall hold public hearings on any proposed changes in the regulations rules allowed for in this chapter. Hearings held pursuant to this section are not subject to the Maine Administrative Procedure Act, Title 5, chapter 375. In order to encourage participation in these hearings by volunteers, the board shall hold 2

such hearings as it deems necessary in each region. Each hearing shall be held in the evening or at times convenient to the public. At least 2 members of the board shall attend each hearing.

C. The board shall review applications for new licenses for ambulance and first responder services grant licenses pursuant to this chapter and the rules promulgated under this chapter. It shall make recommendations to the department concerning the new license applications. It may do so for renewed applications.

D. The board shall establish in rules the conditions under which an emergency medical services course, refresher course or continuing education course must be sponsored or offered. The board shall work toward developing consistent educational programming in terms of course content, course requirements and quality of instruction.

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

F. The Director of Emergency Medical Services shall be qualified by training or by experience and shall be appointed by the Board of Emergency Medical Services with approval of the commissioner. The director shall serve for an indefinite term, subject to removal for cause by the board with approval of the commissioner. Compensation shall be fixed by the Governor. The director shall hire, subject to the Personnel Law, staff as required to ensure the proper enforcement, implementation and administration of this chapter. The executive director shall be responsible for the daily operations of the Office of Emergency Medical Services.

G. The board shall submit to the Commissioner of Human Services its budgetary requirements in the same manner as is provided in Title 5, section 1665, and the commissioner shall, in turn, transmit these requirements to the Bureau of the Budget without any revision, alteration or change. The Department of Human Services shall serve as the fiscal agent for the board and Office of Emergency Medical Services.

H. The board may enter into contract, subject to provisions of state law, and delegate this au-

thority to the executive director. The board may also delegate, through rules, to the Office of Emergency Medical Services or the commissioner, any provision necessary to carry out this chapter, including the process of hearings. The office and department staff shall have access to all information necessary to carry out their responsibilities. Funds appropriated or allocated to the board to be contracted with the regional councils shall be disbursed, according to guidelines established by the board. Funds shall be expended in accordance with standard state contract or grant procedures and guidelines where appropriate.

Sec. 13. 32 MRSA §§89 and 90, as enacted by PL 1981, c. 661, §2, are amended to read:

§89. Regions and regional councils

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

B. The appointment of a regional medical director, who shall be a licensed physician;

C. Advising the ~~department~~ board on the licensing of new ambulance, first responder and air ambulance services within each region;

D. Assisting the department board and executive director in carrying on a program of testing emergency medical services' persons within each region, subject to availability of financial resources for the testing;

E. Developing a certification and decertification process for advanced emergency medical services' persons within each region; and

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

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

§90. Appeals

Any person or organization aggrieved by the decision of the board in refusing to issue, renew, revoke or suspend a license may appeal the board's decision to the commissioner for review and determination. The board's decision shall stand until such time as the commissioner issues a decision to uphold, modify or overrule the board's decision.

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

Whenever the department or board decides to revoke or suspend a license, it shall do so by filing a complaint with the Administrative Court pursuant to the Maine Administrative Procedure Act, Title 5, chapter 375. The department or board may seek an emergency suspension, to be in effect for no more than 30 days, from the Administrative Court pursuant to Title 4, section 1153.

Sec. 14. 32 MRSA §§91 to 94 are enacted to read:

§91. Disciplinary actions

1. Disciplinary proceedings and sanctions. The board shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding noncompliance with or violation of this chapter or of any rules adopted by the board. Investigation may include a hearing before

the board or the board's staff to determine whether grounds exist for suspension, revocation or denial of a license or as otherwise deemed necessary by the board to the fulfillment of its responsibilities under this chapter. Hearings shall be conducted in conformity with the Maine Administrative Procedure Act, Title 5, chapter 375, subchapter IV, to the extent applicable. The board or department may subpoena witnesses, records and documents, including records and documents maintained by a health care facility or other service organization or person related to the delivery of emergency medical services, in any hearing it conducts.

2. Notice. The board shall notify the licensee of the content of a complaint filed against the licensee as soon as possible, but in no event later than within 60 days of receipt of this information. The licensee shall respond within 30 days. If the licensee's response to the complaint satisfies the board that the complaint does not merit further investigation or action, the matter may be dismissed, with notice of the dismissal to the complainant, if any.

3. Informal conference. If, in the opinion of the board, the factual basis of the complaint is or may be true and it is of sufficient gravity to warrant further action, the board or its staff may request an informal conference with the licensee. The board shall provide the licensee with adequate notice of the conference and of the issues to be discussed. The conference shall be conducted in executive session of the board, unless otherwise requested by the licensee. Statements made at the conference may not be introduced at a subsequent formal hearing unless all parties consent.

4. Further action by the board. If the board finds that the factual basis of the complaint is true and is of sufficient gravity to warrant further action, it may take any of the following actions it deems appropriate.

A. With the consent of the licensee, the board may enter into a consent agreement which fixes the period and terms of probation best adapted to protect the public health and safety and to rehabilitate or educate the licensee. A consent agreement may be used to terminate a complaint investigation, if entered into by the board, the licensee and the Office of the Attorney General.

B. In consideration for acceptance of a voluntary surrender of the license, the board may negotiate stipulations, including terms and conditions for reinstatement, which ensure protection of the public health and safety and which serve to rehabilitate or educate the licensee. These stipulations shall be set forth only in a consent agreement signed by the board, the licensee and the Office of the Attorney General.

C. If the board concludes that modification or nonrenewal or nonissuance of the license might be in order, the board may hold an adjudicatory hearing in accordance with the Maine Administrative Procedure Act, Title 5, chapter 375, subchapter IV.

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

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

A. The practice of fraud or deceit in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued;

B. Habitual intemperance in the use of alcohol or the habitual use of narcotic, hypnotic or other substances the use of which has resulted or may result in the licensee performing his duties in a manner which endangers the health or safety of his patients;

C. A professional diagnosis of a mental or physical condition which has resulted or may result in the licensee performing his duties in a manner which endangers the health or safety of his patients;

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

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

(1) Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient or the general public; or

(2) Engaged in conduct which evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which he is licensed;

F. Unprofessional conduct. A licensee shall be deemed to have engaged in unprofessional conduct if he violates any standard of professional behavior which has been established in the practice for which the licensee is licensed;

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime which involves dishonesty or false statement which relates directly to the practice for which the licensee is licensed or conviction of any crime for which incarceration for one year or more may be imposed;

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

I. For other purposes as specified through rules or law.

§92. Confidentiality of information

Any reports, information or records provided to the board or department pursuant to this chapter shall be confidential insofar as the reports, information or records identify or permit identification of any patient, provided that the board may disclose any confidential information:

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

2. Consent agreements or settlement. In a consent agreement or other written settlement, when the information constitutes or pertains to the basis of board action.

A copy of any report, information or record received by the board under this section shall be provided to the licensee.

§93. Immunity

Any person, health care facility or other emergency services organization acting in good faith shall be immune from civil liability to the licensee or applicant for licensure for the following actions:

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

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

§94. Sunset

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

Sec. 15. Transition clause. Any funds appropriated or allocated to the Department of Human Services, Bureau of Health, for emergency medical services and any outstanding liabilities for emergency medical services shall be considered as funds and liabilities of the Board of Emergency Medical Services. Any corresponding powers and duties granted to the Department of Human Services for the purpose of carrying out this Act prior to the effective date of this Act shall be transferred to the Board of Emergency Medical Services. This shall include, but not be limited to, those powers as established by rule. It is the intent of the Legislature that this transference of responsibility be accomplished within existing resources. The employees shall be transferred in their present classifications and shall retain all the same rights, compensation and benefits for the purposes of this transfer.

Sec. 16. Effective date. This Act shall take effect on September 1, 1986.