

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTIETH LEGISLATURE

SECOND REGULAR SESSION
January 2, 2002 to April 25, 2002

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 25, 2002

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

J.S. McCarthy Company
Augusta, Maine
2002

adopted major substantive rule of the Department of Public Safety, that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A is authorized.

Emergency clause. In view of the emergency cited in the preamble, this resolve takes effect when approved.

Effective March 27, 2002.

CHAPTER 87

H.P. 1536 - L.D. 2039

Resolve, Directing the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board to Review and Update Protocols for Training Basic Emergency Medical Technicians to Administer Epinephrine

Emergency preamble. Whereas, Acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the administration of epinephrine by emergency medical personnel is a complicated medical procedure that requires proper training and protocols that must be developed by the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board; and

Whereas, the ability of basic emergency medical technicians to carry and administer epinephrine to patients who are suffering anaphylaxis may save lives; and

Whereas, the development of protocols and training for basic emergency medical technicians should begin immediately to address the inability of basic emergency medical technicians to carry and administer epinephrine; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Review and update of protocols and guidelines by Medical Direction and Practices Board for administration of epinephrine. Resolved: That the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board, referred to in

this resolve as the "board," shall review and update the protocols and training of basic emergency medical technicians to carry and administer epinephrine. In developing its protocols, the board shall review other states' medical practices regarding emergency medical personnel carrying and administering epinephrine. The board shall treat the issue of developing protocols for the administration of epinephrine to school-age children as a priority in this process; and be it further

Sec. 2. Report and legislation. Resolved: That the board shall report its decision and subsequent action regarding protocols and training for the carrying and administering of epinephrine by basic emergency medical technicians to the joint standing committee of the Legislature having jurisdiction over criminal justice matters by January 1, 2003. The committee may report out implementing legislation to the First Regular Session of the 121st Legislature, if necessary.

Emergency clause. In view of the emergency cited in the preamble, this resolve takes effect when approved.

Effective March 28, 2002.

CHAPTER 88

H.P. 1414 - L.D. 1858

Resolve, to Improve the Health of Maine Citizens Through Hepatitis C Prevention and Detection

Sec. 1. Hepatitis C prevention and detection. Resolved: That, contingent upon the receipt of federal funding or donations from private sources for these purposes, the Department of Human Services, Bureau of Health shall take the following steps to improve the health of Maine citizens through hepatitis C prevention and detection:

1. Initiate a media campaign designed to increase statewide awareness of hepatitis C and its prevention and detection;
2. Ensure access to laboratory testing for suspected cases of hepatitis C;
3. Increase opportunities to educate medical and social service providers on the prevention and detection of hepatitis C;
4. Collect epidemiological data relevant to hepatitis C; and
5. Coordinate and evaluate the success of these initiatives; and be it further