

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



HELEN T. GINDER, DIRECTOR
HAVEN WHITESIDE, ASST. DIRECTOR
DAVID ELLIOTT
MARTHA FREEMAN
CHRISTOS GIANOPOULOS
WILLIAM T. GLIDDEN, JR.

STATE OF MAINE
OFFICE OF LEGISLATIVE ASSISTANTS
ROOM 101
STATE HOUSE, STATION 13
AUGUSTA, MAINE 04333
TEL.: (207) 289-2486

CHRISTINE HOLDEN
SARAH HOOKE
JULIE JONES
EDWARD POTTER
LARS RYDELL
WILLIAM SAUFLEY
JOHN SELSER

ONE HUNDRED AND ELEVENTH LEGISLATURE
SECOND REGULAR SESSION

JOINT STANDING COMMITTEE
BILL SUMMARIES
JUNE 1984

This document is a compilation of the bill summaries prepared by this office for the Joint Standing Committees of the Maine Legislature, covering the Second Regular Session of the 111th Legislature. The summaries are arranged alphabetically, and indexed separately by committee.

STATE OF MAINE
ONE HUNDRED AND ELEVENTH LEGISLATURE
SECOND REGULAR SESSION

JOINT STANDING COMMITTEE ON
HEALTH AND INSTITUTIONAL SERVICES
BILL SUMMARY



MAY, 1984

Prepared by:

Christine Holden, Legislative Assistant
Office of Legislative Assistants
State House, Station 13 Augusta, Maine 04333
(207) 289-2486

1955

AN ACT TO AMEND CERTAIN RULES
OF THE EMERGENCY MEDICAL
SERVICES

G. W. Diamond OTP-A
HSE-ENACT
SEN-ENACT
GOV-SIGNED
PL 83, c. 674

SUMMARY: The intent of the bill was to prohibit regulations which required that an ambulance service licensed at the advanced life support (ALS) level provide care to 75% of persons needing that level of care.

Those supporting the bill were predominantly volunteer ambulance services, who felt the 75% requirement would be too difficult to meet; if only 1 person on a squad was trained at ALS level, they would have to be available 75% of the time. In addition, they felt that the requirement was unrealistic, since there were insufficient courses available for volunteers to be trained at that level. They considered their arguments against the regulations had not been attended to during the public hearings on its adoption, and that the Advisory Board's support for the regulation had been narrow; therefore, they submitted the bill.

Opponents of the bill argued that people calling on ALS-licensed service should have a reasonable expectation of receiving ALS-level care.

The Bureau of Emergency Medical Services, DHS, spoke "in support of" the bill, noting that the proposed regulation had been more stringent than the one adopted. The Bureau suggested substitute language for the bill which would require the Department and the Regional Councils to gather information on the performance of Maine services, preparatory to promulgating a regulation on ALS.

After considerable discussion, the Committee Amendment (S-290) deleted the bill's prohibition, and instead added to the paragraph on regulations a statement that any regulation specifying a percentage level of ALS care could only be promulgated after a study of current services; in any case, it could not take effect until after January 1, 1986.

During floor debate, other licensing issues came up about intermediate level requirements, and about continuing licensure of ambulance services transferred to a new owner. A House Amendment addressing both issues (H-491) was not adopted, after there was agreement on the transferred services question.

A Senate Amendment (S-313) provided for the possibility of intermediate-level licensure in intravenous therapy, or defibrillation therapy, or both, until January 1, 1985. This satisfied the concerns of smaller services. (Two other amendments, H-510 and S-308, were identical to S-313, and were not offered.)