

**LD 5**  
**OTP-A**  
**FOR HCIFS REVIEW**  
**Changes from bill highlighted in yellow**

Committee: HCIFS  
LA: CMR  
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New Title?: n  
Add Emergency?: Y  
Date: February 19, 2021

**COMMITTEE AMENDMENT ". TO LD 5, An Act Concerning the Reporting of Health Care Information or Records to the Emergency Medical Services' Board**

Amend the bill by inserting before the enacting clause the following:

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

**Whereas**, this legislation was previously considered in the 129<sup>th</sup> Legislature but not enacted by the Legislature due to the COVID-19 pandemic; and

**Whereas**, this legislation has been reintroduced for consideration by the 130<sup>th</sup> Legislature; and

**Whereas**, in order to be fully implemented, this legislation requires the adoption of rules by the Maine Emergency Medical Services' Board; and

**Whereas**, it is important for the board to be able to begin the rulemaking process as soon as possible; 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,

Amend the bill by striking out section 4 and inserting in its place the following:

**Sec. 4. 32 MRSA §96** is enacted to read:

**§96. Monitoring and improving the provision of emergency medical services and health outcomes**

For the purpose of monitoring and improving the provision of emergency medical services and health outcomes within the State, the board may request and collect health care information or records, including information or records that identify or permit identification of any patient, concerning individuals who have received emergency medical treatment within the State, except for any information or records identifying a patient, in any format, that include HIV or AIDS status or test results, **that relate to abortion, miscarriage, domestic violence or sexual assault** or that relate to referral, treatment or services for a behavioral or mental health disorder or substance use disorder.

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**1. Reporting by hospitals and physicians.** Hospitals and physicians shall report health care information or records concerning individuals who have received emergency medical treatment as follows and in accordance with this section and rules adopted by the board.

A. A hospital shall report to the board health care information or records requested by the board, including information or records that identify or permit identification of any patient, concerning an individual under or formerly under that hospital's care who received emergency medical treatment.

B. A physician shall report to the board health care information or records requested by the board, including information or records that identify or permit identification of any patient, concerning an individual under or formerly under that physician's care who received emergency medical treatment.

**2. Access to health care information or records through a state-designated statewide health information exchange or direct reporting.** A hospital or physician may satisfy the board's request for health care information or records under subsection 1 as follows.

A. A hospital or physician that participates in a state-designated statewide health information exchange as described in Title 22, section 1711-C may satisfy the board's request for health care information or records by authorizing the board to retrieve that hospital's or physician's data from the health information exchange.

B. A hospital or physician that participates in a state-designated statewide health information exchange as described in Title 22, section 1711-C that does not authorize the board to retrieve that hospital's or physician's data from the health information exchange shall provide the health care information or records to the board directly in the manner specified by rule.

**3. Health care information and records requested.** When requesting health care information or records pursuant to this section and any rules adopted by the board, the board shall request only the minimum amount of information or number of records necessary to fulfill the purposes of this section.

**4. No liability for hospital or physician reporting in good faith.** A hospital or physician that reports in good faith in accordance with this section is not liable for any civil damages for making the report.

**5. Rulemaking.** The board shall adopt rules regarding the collection and reporting of health care information and records pursuant to this section, including, but not limited to, the frequency of reporting by hospitals and physicians. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Amend the bill at the end before the summary the following:

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

**SUMMARY**

This amendment clarifies that the Maine Emergency Medical Services' Board may not collect health care information or records identifying a patient that relate to abortion, miscarriage, domestic violence or sexual assault. The bill does not permit the collection of information identifying a patient that includes HIV or AIDS status or test results or that relates to referral, treatment or services for a behavioral or mental health disorder or substance use disorder.

This amendment also adds an emergency preamble and emergency clause to the bill.