

**CHAPTER 2-B****MAINE EMERGENCY MEDICAL SERVICES ACT OF 1982****§81. Title**

This chapter may be cited as the "Maine Emergency Medical Services Act of 1982." [PL 1981, c. 661, §2 (NEW).]

**SECTION HISTORY**

PL 1981, c. 661, §2 (NEW).

**§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 emergency medical services provided by an ambulance service are essential services. 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. [PL 2021, c. 749, §1 (AMD).]

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, coordination, facilitation and regulation of emergency medical services systems. Further, the Legislature finds that the provision of prompt, efficient and effective emergency medical dispatch and emergency medical care, a well-coordinated trauma care system, effective communication between prehospital care providers and hospitals and the safe handling and transportation, and the treatment and nontransport under appropriate medical guidance, 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 emergency medical services system with standards for all providers of emergency medical services. [PL 2021, c. 159, §1 (AMD).]

**SECTION HISTORY**

PL 1985, c. 730, §§3,16 (NEW). PL 1989, c. 857, §60 (AMD). PL 1993, c. 311, §2 (AMD). PL 2007, c. 274, §1 (AMD). PL 2021, c. 159, §1 (AMD). PL 2021, c. 749, §1 (AMD).

**§82. Requirement for license**

**1. Licenses required.** An ambulance service, ambulance, nontransporting emergency medical service, emergency medical services person, emergency medical services ambulance operator, emergency medical dispatch center or emergency medical dispatcher may not operate or practice unless duly licensed by the Emergency Medical Services' Board pursuant to this chapter, except as stated in subsection 2.

[PL 2021, c. 220, §1 (AMD).]

**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; [PL 1981, c. 661, §2 (NEW).]

B. Ambulance services, ambulances, nontransporting emergency medical services and emergency medical services persons responding into Maine from out-of-state in response to civil emergencies or natural disasters; [PL 1995, c. 161, §2 (AMD).]

C. Ambulance services, ambulances, nontransporting emergency medical services and emergency medical services persons responding into Maine from out-of-state pursuant to board approved mutual aid agreements with Maine licensed services; [PL 1995, c. 161, §3 (AMD).]

D. A licensed physician; [PL 1981, c. 661, §2 (NEW).]

E. A person serving as an industrial nurse or safety officer, a school or youth camp nurse, a life guard, a member of a ski patrol, 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; [PL 2009, c. 211, Pt. B, §26 (AMD).]

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; or [PL 1993, c. 130, §1 (AMD).]

G. A flight nurse while acting within the scope of employment with a Maine licensed air ambulance service. [PL 1993, c. 130, §2 (NEW).]

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 board.

[PL 2009, c. 211, Pt. B, §26 (AMD).]

**3. Violation.** A person who violates this section commits a Class E crime.

[PL 2007, c. 274, §3 (AMD).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1985, c. 730, §§4,16 (AMD). PL 1989, c. 857, §61 (AMD). PL 1991, c. 588, §1 (AMD). PL 1993, c. 130, §§1,2 (AMD). PL 1995, c. 161, §§1-3 (AMD). PL 2005, c. 683, §§C9,10 (AMD). PL 2007, c. 274, §§2, 3 (AMD). PL 2009, c. 211, Pt. B, §26 (AMD). PL 2021, c. 220, §1 (AMD).

#### §83. Definitions

As used in this chapter, unless the context indicates otherwise, the following terms have the following meanings. [PL 1981, c. 661, §2 (NEW).]

**1. Advanced emergency medical person.** "Advanced emergency medical person" means an emergency medical services person licensed to perform advanced emergency medical treatment.

[PL 2019, c. 370, §8 (AMD).]

**2. Advanced emergency medical treatment.** "Advanced emergency medical treatment" means those portions of emergency medical treatment:

A. Defined by the board to be advanced; and [PL 2011, c. 271, §1 (NEW).]

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person. [PL 2011, c. 271, §1 (NEW).]

[PL 2011, c. 271, §1 (AMD).]

**3. Ambulance.** "Ambulance" means any vehicle, whether an air, ground or water vehicle, that is designed, constructed or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by other authorities. For the purposes of this chapter, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States Armed Forces shall not be considered ambulances.

[PL 1983, c. 693, §1 (AMD).]

**3-A. Ambulance attendant.**

[PL 2011, c. 271, §2 (RP).]

**4. Ambulance equipment.** "Ambulance equipment" means those materials and devices which are carried in ambulances.

[PL 1981, c. 661, §2 (NEW).]

**5. Ambulance service.** "Ambulance service" means any person, persons or organization that holds itself out to be a provider of transportation of ill or injured persons or that routinely provides transportation for ill or injured persons. For the purposes of this chapter, the Maine Army National Guard, the Maine Air National Guard and the United States Armed Forces are not considered ambulance services. "Ambulance service" does not mean a person, persons or an organization that transports ill or injured persons for reasons not connected with their illness or injury. "Ambulance service" does not mean a nursing home licensed under Title 22, chapter 405, a residential care facility or assisted living program licensed under Title 22, chapter 1664, a children's home licensed under Title 22, chapter 1669, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment.

[PL 2023, c. 405, Pt. A, §114 (AMD).]

**6. Basic emergency medical services person.** "Basic emergency medical services person" means a person licensed to perform basic emergency medical treatment.

[PL 2019, c. 370, §9 (AMD).]

**7. Basic emergency medical technician.**

[PL 2019, c. 370, §10 (RP).]

**8. Basic emergency medical treatment.** "Basic emergency medical treatment" means those portions of emergency medical treatment:

A. Defined by the board to be basic; and [PL 2011, c. 271, §4 (NEW).]

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person. [PL 2011, c. 271, §4 (NEW).]

[PL 2011, c. 271, §4 (AMD).]

**8-A. Board.** "Board" means the Emergency Medical Services' Board established pursuant to section 88.

[PL 1989, c. 857, §64 (RPR).]

**9. Commissioner.** "Commissioner" means the Commissioner of Public Safety.

[PL 1991, c. 588, §2 (AMD).]

**10. Department.** "Department" means the Department of Public Safety.

[PL 1991, c. 588, §2 (AMD).]

**10-A. Director.** "Director" means the Director of Maine Emergency Medical Services.

[PL 1991, c. 588, §3 (NEW).]

**11. Emergency Medical Services' Advisory Board.**

[PL 1985, c. 730, §§7,16 (RP).]

**12. Emergency medical services' person.** "Emergency medical services' person" means any person who routinely provides emergency medical treatment to the sick or injured.

[PL 1981, c. 661, §2 (NEW).]

**12-A. Emergency medical services ambulance operator.** "Emergency medical services ambulance operator" means a person associated with a licensed ground ambulance service who operates an ambulance in emergency mode or transports patients and is not licensed under section 85. [PL 2021, c. 220, §2 (NEW).]

**13. Emergency medical treatment.** "Emergency medical treatment" means those skills, techniques and judgments, as defined by the 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. [PL 1985, c. 730, §§8, 16 (AMD).]

**13-A. Emergency medical responder.** [PL 2019, c. 370, §11 (RP).]

**14. Nontransporting emergency medical service.** "Nontransporting emergency medical service" means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer or provide services to the general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of this chapter, a physician making house calls as a part of ordinary medical practice is not considered to be a nontransporting emergency medical service. A nontransporting emergency medical service must have an agreement with a licensed ambulance service, to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a nontransporting emergency medical service. [PL 1995, c. 161, §4 (AMD).]

**14-A. Health care practitioner.** "Health care practitioner" has the meaning set forth in Title 24, section 2502, subsection 1-A. [PL 1987, c. 638, §1 (NEW).]

**14-B. Flight nurse.** "Flight nurse" means any registered professional nurse, currently licensed in the State, who has completed a prehospital care curriculum authorized by the Emergency Medical Services' Board. [PL 1993, c. 130, §3 (NEW).]

**15. License.** "License" means a full, temporary, provisional or conditional license issued by the board under this chapter. [PL 1985, c. 730, §§8, 16 (AMD).]

**16. Licensed ambulance attendant.** [PL 1989, c. 857, §65 (RP).]

**16-A. Maine Emergency Medical Services.** "Maine Emergency Medical Services" means the board, the emergency medical services director and staff within the Department of Public Safety responsible for carrying out the purposes of this chapter. [PL 1991, c. 588, §4 (AMD).]

**16-B. Medical Direction and Practices Board.** "Medical Direction and Practices Board" means the board consisting of each regional medical director, an emergency physician representing the Maine Chapter of the American College of Emergency Medicine Physicians, an at-large member, a toxicologist or licensed pharmacist, a person licensed under section 85 to provide basic emergency medical treatment, a person licensed under section 85 to provide advanced emergency medical treatment, a pediatric physician, the statewide associate emergency medical services medical director and the statewide emergency medical services medical director. The Medical Direction and Practices

Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services protocols pursuant to section 88-B.

[PL 2019, c. 617, Pt. C, §1 (AMD).]

**17. Medical control physician.** "Medical control physician" means a physician who supervises emergency medical services persons.

[PL 1989, c. 857, §67 (AMD).]

**17-A. Online medical control.** "Online medical control" means the online physician, physician assistant or nurse practitioner, licensed by the State, authorized by a hospital to supervise and direct the actions of emergency medical services persons.

[PL 2007, c. 274, §5 (NEW).]

**17-B. Municipal officers.** "Municipal officers" means:

A. The members of the select board or councillors of a town; or [PL 2021, c. 275, §53 (AMD).]

B. The mayor and aldermen or councillors of a city. [PL 2015, c. 6, §1 (NEW).]

[PL 2021, c. 275, §53 (AMD).]

**18. Office of Emergency Medical Services.**

[PL 1991, c. 588, §5 (RP).]

**18-A. Physician.** "Physician" has the meaning set forth in Title 24, section 2502, subsection 3.

[PL 1987, c. 638, §1 (NEW).]

**19. Protocol or Maine Emergency Medical Services protocol.** "Protocol" or "Maine Emergency Medical Services protocol" means the written statement, developed by the Medical Direction and Practices Board and filed with the board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons.

[PL 2007, c. 274, §6 (AMD).]

**20. Regional council.** "Regional council" means a business entity recognized by the board that represents a geographical area of the State, as designated by the board, with respect to matters subject to this chapter.

[PL 2007, c. 274, §7 (AMD).]

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

[PL 1985, c. 730, §§8, 16 (AMD).]

**21-A. Registered nurse.** "Registered nurse" has the same meaning set forth under section 2102, subsection 5.

[PL 1993, c. 130, §4 (NEW).]

**21-B. Statewide associate emergency medical services medical director.** "Statewide associate emergency medical services medical director" means a licensed physician appointed by the board pursuant to section 84, subsection 1, paragraph C.

[PL 2019, c. 370, §13 (NEW).]

**22. Statewide emergency medical services' medical director.** "Statewide emergency medical services' medical director" means a licensed physician appointed by the board.

[PL 1987, c. 273, §3 (AMD).]

**23. Trauma.** "Trauma" means a single or multisystem life-threatening or limb-threatening injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

[PL 1993, c. 311, §3 (NEW).]

**24. Trauma care system.** "Trauma care system" means a subsystem within the emergency medical services system, consisting of an organized arrangement of personnel, equipment and facilities, designed to manage the treatment of the trauma patient.

[PL 1993, c. 311, §3 (NEW).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1983, c. 693, §§1,2 (AMD). PL 1985, c. 730, §§5-8,16 (AMD). PL 1987, c. 273, §§1-3 (AMD). PL 1987, c. 638, §1 (AMD). PL 1989, c. 857, §§62-68 (AMD). PL 1991, c. 588, §§2-5 (AMD). PL 1993, c. 130, §§3,4 (AMD). PL 1993, c. 311, §3 (AMD). PL 1995, c. 161, §4 (AMD). PL 1997, c. 644, §1 (AMD). PL 1999, c. 182, §§4-7 (AMD). PL 2007, c. 274, §§4-7 (AMD). PL 2011, c. 271, §§1-5 (AMD). PL 2015, c. 6, §1 (AMD). PL 2015, c. 82, §§1-3 (AMD). PL 2019, c. 370, §§8-13 (AMD). PL 2019, c. 617, Pt. C, §1 (AMD). PL 2021, c. 220, §2 (AMD). PL 2021, c. 275, §53 (AMD). PL 2023, c. 405, Pt. A, §114 (AMD).

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

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

A. The board shall conduct an emergency medical services program to fulfill the purposes, requirements and goals of this chapter. The board shall adopt the forms, rules, procedures, testing requirements, policies and records appropriate to carry out the purposes, requirements and goals of this chapter. [PL 1991, c. 588, §6 (AMD).]

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, must be conducted by the board, the director or other staff as delegated by rule or a person in a major policy-influencing position, as defined in Title 5, section 931, who has responsibility over the subject matter of the proposed rule. [PL 1991, c. 588, §7 (AMD).]

C. The board shall appoint a licensed physician as statewide emergency medical services medical director and may appoint a licensed physician as statewide associate emergency medical services medical director. These physicians shall advise Maine Emergency Medical Services and shall carry out the duties assigned to the medical director pursuant to this chapter, or as specified by contract. A person appointed and serving as the statewide emergency medical services medical director or statewide associate emergency medical services medical director is immune from any civil liability, as are employees of governmental entities under the Maine Tort Claims Act, for acts performed within the scope of the medical director's duties. [PL 2019, c. 370, §14 (AMD).]

D. Rules adopted pursuant to this chapter must include, but are not limited to, the following:

- (1) The composition of regional councils and the process by which they come to be recognized;
- (2) The manner in which regional councils must report their activities and finances and the manner in which those activities must be carried out under this chapter;
- (4) The requirements for licensure for all vehicles, persons and services subject to this chapter, including training and testing of personnel; and
- (5) Fees to be charged for licenses under this section. [PL 2011, c. 271, §7 (AMD).]

E. With the approval of the commissioner, the board shall appoint a Director of Maine Emergency Medical Services. [PL 1991, c. 588, §10 (NEW).]

F. The board shall appoint or, as specified in section 89, subsection 2, paragraph B, approve the members of the Medical Direction and Practices Board. [PL 2015, c. 82, §4 (NEW).]

G. In accordance with applicable provisions of this chapter, the board may by rule establish appropriate licensure levels and qualifications for emergency medical services persons, emergency medical dispatchers, emergency medical services educators, emergency medical dispatch centers,

emergency medical services training centers, ambulance services and nontransporting emergency medical services. [PL 2023, c. 166, §1 (NEW).]  
[PL 2023, c. 166, §1 (AMD).]

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

A. The board shall monitor the provision of emergency medical services within the State. The board shall establish, by rule, its goals in monitoring the provision of services and in ensuring that these services are appropriately delivered. These goals must be in the nature of objectives and do 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. [PL 2007, c. 274, §10 (AMD).]

B. In each year, and in conjunction with the preparation of the emergency medical services report, the director under the direction of the board shall prepare a list of those among the goals that most need to be pursued in the succeeding year. [PL 2007, c. 274, §10 (AMD).]

C. In pursuing these goals, the board may contract for services with regional councils; cooperate with other departments or agencies; accept and disburse granted funds; or act in other lawful ways as may best serve the public good. [PL 2007, c. 274, §10 (AMD).]  
[PL 2007, c. 274, §10 (AMD).]

**3. Work plans.** Each year, the 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; [PL 1981, c. 661, §2 (NEW).]

B. The extent and nature of the continuing programs of training and support for emergency medical services carried out by the regional councils and Maine Emergency Medical Services; [PL 1991, c. 588, §12 (AMD).]

C. The extent to which the goals laid down in this chapter were pursued, and with what success; [PL 1981, c. 661, §2 (NEW).]

D. The plan, for the coming year, to pursue the various goals; and [PL 1981, c. 661, §2 (NEW).]

E. The income and expenditures of the board and of the regional councils. [PL 1991, c. 588, §12 (AMD).]

[PL 1991, c. 588, §12 (AMD).]

**4. Establishment of community paramedicine services.** The board may establish community paramedicine services. As used in this subsection, "community paramedicine" means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician.

The board shall establish by rule the requirements and application and approval process of community paramedicine services established pursuant to this subsection. At a minimum, an emergency medical services provider, including, but not limited to, an ambulance service or nontransporting emergency medical service, that conducts community paramedicine services shall work with an identified primary care medical director, have an emergency medical services medical director and collect and submit data and written reports to the board, in accordance with requirements established by the board. The board shall also adopt rules requiring authorized community paramedicine services to:

A. Comply with the Maine Background Check Center Act requirements as described in Title 22, chapter 1691; [PL 2023, c. 195, §4 (NEW).]

- B. Conduct initial and ongoing training of all staff regarding their obligations as mandatory reporters; [PL 2023, c. 195, §4 (NEW).]
- C. Meet licensing standards consistent with those required by Title 22, section 2145, subsection 3 and 4; and [PL 2023, c. 195, §4 (NEW).]
- D. Coordinate with home health agencies. [PL 2023, c. 195, §4 (NEW).]

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2023, c. 195, §4 (RPR).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1983, c. 674 (AMD). PL 1985, c. 730, §§9,16 (AMD). PL 1987, c. 273, §4 (AMD). PL 1987, c. 402, §A166 (AMD). PL 1991, c. 588, §§6-12 (AMD). PL 2007, c. 274, §§8-10 (AMD). PL 2011, c. 271, §§6, 7 (AMD). PL 2011, c. 562, §1 (AMD). PL 2015, c. 82, §4 (AMD). PL 2015, c. 92, §1 (AMD). PL 2017, c. 276, §1 (AMD). PL 2019, c. 370, §14 (AMD). PL 2023, c. 166, §1 (AMD). PL 2023, c. 195, §4 (AMD).

#### §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; [PL 1985, c. 730, §§10, 16 (NEW).]

B. To act as a liaison between the board and other administrative units within the department, with the Governor and the Legislature; [PL 1985, c. 730, §§10, 16 (NEW).]

C. To carry out the requirements as set forth in this chapter or as delegated by the board through rules; and [PL 1985, c. 730, §§10, 16 (NEW).]

D. To provide the staff and administrative support necessary for the board to carry out its function. [PL 1985, c. 730, §§10, 16 (NEW).]

[PL 1985, c. 730, §§10, 16 (NEW).]

#### SECTION HISTORY

PL 1985, c. 730, §§10,16 (NEW).

#### §85. Emergency medical services persons

**1. Basic and advanced skills.** With advice from and in consultation with the Medical Direction and Practices Board, the board may provide, by rule, which skills, techniques and judgments constitute a basic emergency medical treatment.

[PL 2007, c. 274, §11 (AMD).]

**2. Advanced emergency medical treatment.** With the advice and consultation noted in subsection 1, the board may provide, by 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. In every case, advanced emergency medical treatment must be given in accordance with protocols adopted by the Medical Direction and Practices Board.

[PL 2023, c. 166, §2 (AMD).]

**3. Minimum requirements for licensing.** In setting rules for the licensure of emergency medical services persons, the board shall ensure that a person is not licensed to care for patients unless that person's qualifications are at least those specified in this subsection. Any person who meets these conditions is considered to have the credentials and skill demonstrations necessary for licensure to provide emergency medical treatment.

- A. The person must have completed successfully the training specified in rules adopted by the board pursuant to the Maine Administrative Procedure Act. [PL 1995, c. 161, §5 (AMD).]
- B. [PL 2007, c. 274, §12 (RP).]
- C. The person must have successfully completed a state cognitive test for basic emergency medical treatment and a board-approved practical evaluation of emergency medical treatment skills. [PL 2011, c. 271, §8 (AMD).]
- D. [PL 2001, c. 474, §1 (RP).]

The board shall obtain criminal history record information containing a record of public criminal history record information as defined in Title 16, section 703, subsection 9 for an applicant seeking licensure under this subsection. Information obtained pursuant to this subsection is confidential and may be used only to determine suitability for issuance of a license to provide emergency medical services. The results of criminal history record checks received by the board are for official use only and may not be disseminated outside the board. The applicant for licensure shall pay the expense of obtaining the information required by this subsection.

[PL 2013, c. 267, Pt. B, §25 (AMD).]

**4. Minimum requirements for relicensing.** The board shall set by rule the license and relicensing requirements and the relicensing interval for emergency medical services persons. A person who is duly licensed in Maine as an emergency medical services person must be issued a renewal license if the following requirements are met:

- A. The person must have satisfactorily completed relicensure training as defined in the rules; and [PL 1991, c. 742, §3 (NEW).]
- B. The person must have satisfactorily demonstrated competence in the skills required for the license level. Skill competence may be satisfied by a combination of run report reviews and continuing education training programs conducted in accordance with the rules or by satisfactorily completing the state cognitive test and a board-approved practical evaluation of emergency medical treatment skills. [PL 2011, c. 271, §9 (AMD).]

If the person is not duly licensed at the time of application, the person must demonstrate skill and knowledge as defined in the rules.

To maintain a valid license, an emergency medical services person must meet the criteria set out in this section. If those criteria are not met, a person does not hold a valid license and must reapply for licensure.

[PL 2011, c. 271, §9 (AMD).]

**5. Ambulance attendants grandfathered.**

[PL 2011, c. 271, §10 (RP).]

**6. Ambulance operator course.** By January 1, 2007, a person whose job description includes operating an ambulance in an emergency mode or transporting a patient must possess within 6 months of being employed, certification of successful completion of a basic ambulance vehicle operator course, or a course that has been approved by the board as an equivalent, in order to operate an ambulance in an emergency mode or to transport a patient. This requirement applies to all paid and volunteer ambulance operators and transporters. This requirement is in addition to vehicle operator requirements of Title 29-A or other law. A person whose job description includes operating an ambulance in an emergency mode or transporting a patient who successfully completes a basic ambulance vehicle operator course or a course that has been approved by the board as an equivalent may apply to the board for reimbursement for the cost of the course.

[PL 2005, c. 664, Pt. O, §1 (AMD).]

**7. Delegation.** This chapter may not be construed to prohibit a person licensed as an emergency medical services person from rendering medical services in a hospital or other health care facility setting if those services are:

- A. Rendered in the person's capacity as an employee of the hospital or health care facility; [PL 2021, c. 587, §1 (AMD).]
- B. Authorized by the hospital or health care facility; and [PL 2021, c. 587, §1 (AMD).]
- C. Delegated in accordance with section 2594-A, section 2594-E, subsection 4, section 3270-A or section 3270-E, subsection 4. [PL 2023, c. 132, §1 (AMD).]

Unless otherwise provided by law, an emergency medical services person licensed under this chapter may not simultaneously act as a licensee under this chapter and an assistant performing medical services delegated by a physician in accordance with section 2594-A or section 3270-A or by a physician assistant in accordance with section 2594-E, subsection 4 or section 3270-E, subsection 4. [PL 2023, c. 132, §1 (AMD).]

**8. Naloxone hydrochloride or another opioid overdose-reversing medication.** An emergency medical services person licensed under this chapter shall administer and dispense naloxone hydrochloride or another opioid overdose-reversing medication in compliance with protocols and training developed in accordance with this chapter. An opioid overdose-reversing medication referenced in this subsection must be approved by the federal Food and Drug Administration. [PL 2023, c. 646, Pt. A, §40 (RPR).]

**9. Dogs.** Notwithstanding section 4860, an emergency medical services person licensed under this chapter may provide emergency medical treatment to a law enforcement dog, as defined in Title 14, section 164-B, paragraph B, or to a search and rescue dog, as defined in Title 14, section 164-B, paragraph D, in accordance with protocols adopted by the Medical Direction and Practices Board. [PL 2023, c. 587, §1 (NEW).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1985, c. 730, §§11,16 (AMD). PL 1989, c. 857, §69 (AMD). PL 1991, c. 588, §13 (AMD). PL 1991, c. 613 (AMD). PL 1991, c. 742, §§1-3 (AMD). PL 1993, c. 152, §§1,2 (AMD). PL 1995, c. 161, §§5,6 (AMD). PL 1997, c. 26, §1 (AMD). PL 1997, c. 26, §2 (AFF). PL 1999, c. 182, §8 (AMD). PL 1999, c. 764, §1 (AMD). PL 2001, c. 45, §1 (AMD). PL 2001, c. 229, §3 (AMD). PL 2001, c. 474, §1 (AMD). PL 2001, c. 697, §C1 (AMD). PL 2003, c. 559, §1 (AMD). PL 2005, c. 664, §O1 (AMD). PL 2005, c. 681, §§1,2 (AMD). PL 2007, c. 274, §§11-14 (AMD). PL 2011, c. 271, §§8-10 (AMD). PL 2013, c. 267, Pt. B, §25 (AMD). PL 2019, c. 370, §15 (AMD). PL 2019, c. 609, §1 (AMD). PL 2021, c. 161, §4 (AMD). PL 2021, c. 587, §1 (AMD). PL 2023, c. 92, §1 (AMD). PL 2023, c. 92, §2 (AFF). PL 2023, c. 132, §1 (AMD). PL 2023, c. 161, §5 (AMD). PL 2023, c. 166, §2 (AMD). PL 2023, c. 587, §1 (AMD). PL 2023, c. 646, Pt. A, §40 (AMD). RR 2023, c. 2, Pt. A, §47 (COR).

#### §85-A. Emergency medical dispatch personnel

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Bureau" means the Emergency Services Communication Bureau within the Public Utilities Commission. [PL 2005, c. 303, §3 (NEW).]
- A-1. "Emergency medical dispatch center" means any entity that holds itself out to be a provider of emergency medical dispatch services. [PL 2007, c. 42, §1 (NEW).]
- B. "Emergency Medical Dispatch Priority Reference System" means a system approved by the bureau and the board that includes:

- (1) A protocol for emergency medical dispatcher response to 9-1-1 calls;
- (2) A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
- (3) A training curriculum and testing process consistent with the protocol. [PL 2019, c. 339, §11 (AMD).]

C. "Emergency medical dispatch services" means any of the following services provided in the context of a 9-1-1 call:

- (1) Reception, evaluation or processing of calls;
- (2) Provision of dispatch life support;
- (3) Management of requests for emergency medical assistance; and
- (4) Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request, dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed. [PL 2019, c. 339, §12 (AMD).]

D. "Emergency medical dispatcher" means a person licensed by the board who provides emergency medical dispatch services as a member of an emergency medical dispatch center licensed by the board. [PL 2007, c. 42, §1 (AMD).]

E. "Provider of emergency medical dispatch services" means an emergency medical dispatcher or emergency medical dispatch center licensed by the board. [PL 2007, c. 42, §1 (AMD).]

F. "Public safety answering point" has the same meaning as in Title 25, section 2921. [PL 2005, c. 303, §3 (NEW).]

G. "9-1-1 call" has the same meaning as in Title 25, section 2921, subsection 17. [PL 2019, c. 339, §13 (NEW).]

[PL 2019, c. 339, §§11-13 (AMD).]

**2. Mandatory qualifications.** The board, in consultation with the bureau, shall adopt rules governing qualifications for and standards to be observed by providers of emergency medical dispatch services. The rules must, at a minimum:

A. Establish licensing requirements for emergency medical dispatchers and emergency medical dispatch centers; [PL 2007, c. 42, §1 (AMD).]

B. Establish minimum education and continuing education requirements for emergency medical dispatchers; [PL 2007, c. 42, §1 (AMD).]

C. Establish a process for approving an Emergency Medical Dispatch Priority Reference System that all emergency medical dispatchers are required to follow; [PL 2005, c. 303, §3 (NEW).]

D. Require an emergency medical dispatch center to inform the board when the center employs or terminates employment of an emergency medical dispatcher; [PL 2007, c. 42, §1 (AMD).]

E. Establish or provide for Maine Emergency Medical Services approval of emergency medical dispatcher training programs, which must be conducted in accordance with standards approved by the board; [PL 2007, c. 42, §1 (AMD).]

F. Establish qualifications for instructors of emergency medical dispatcher training programs; [PL 2007, c. 42, §1 (AMD).]

G. Require regular reporting to the board by an emergency medical dispatch center with respect to the use of the Emergency Medical Dispatch Priority Reference System; and [PL 2007, c. 42, §1 (AMD).]

H. Require that each emergency medical dispatch center appoint a director of emergency medical dispatch services to review and ensure compliance with the requirements of this section. [PL 2007, c. 42, §1 (AMD).]

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2007, c. 42, §1 (AMD).]

**2-A. Requirement to provide emergency medical dispatch services.** A public safety answering point or other licensed emergency medical dispatch center must provide emergency medical dispatch services on all medical 9-1-1 calls directly or by transferring the call to another licensed emergency medical dispatch center.

[PL 2019, c. 339, §14 (AMD).]

**3. Prohibitions.** The following provisions apply to emergency medical dispatch services.

A. A person may not provide emergency medical dispatch services unless the person is licensed by the board as an emergency medical dispatcher in accordance with this section. [PL 2007, c. 42, §1 (AMD).]

B. An entity may not operate as a public safety answering point unless licensed as an emergency medical dispatch center in accordance with this section. [PL 2007, c. 42, §1 (AMD).]

C. A person may not offer a training course that is represented as a board-approved emergency medical dispatcher training course unless the person is approved by the board to provide such training in accordance with this section. [PL 2007, c. 42, §1 (AMD).]

D. An emergency medical dispatch center may not provide emergency medical dispatch services except in accordance with an Emergency Medical Dispatch Priority Reference System approved in accordance with this section. [PL 2007, c. 42, §1 (AMD).]

E. An entity may not hold itself out to be a provider of emergency medical dispatch services unless it is licensed as an emergency medical dispatch center. [PL 2007, c. 42, §1 (NEW).]

[PL 2007, c. 42, §1 (AMD).]

**4. Licensing actions.** A license issued pursuant to this section is subject to the provisions of sections 90-A and 91-A. Before the board or its subcommittee or staff takes any final action to suspend or revoke an emergency medical dispatch center license or to refuse to reissue an emergency medical dispatch center license, the board shall contact the bureau for input on the effect of such an action on the E-9-1-1 system and, notwithstanding section 91-B, may, to the extent necessary for this purpose, disclose to the bureau information that is designated as confidential under section 91-B.

[PL 2011, c. 271, §12 (AMD).]

**5. Effect on tort claims.** Nothing in this section increases any liability that may arise or be limited under Title 14, chapter 741.

[PL 2005, c. 303, §3 (NEW).]

#### SECTION HISTORY

PL 2005, c. 303, §3 (NEW). PL 2007, c. 42, §1 (AMD). PL 2011, c. 271, §§11, 12 (AMD). PL 2019, c. 339, §§11-14 (AMD).

#### §85-B. Emergency medical services ambulance operators

**1. Mandatory qualifications.** The board shall adopt rules governing qualifications for and standards to be observed by emergency medical services ambulance operators, including:

A. Establishing licensing requirements for emergency medical services ambulance operators; [PL 2021, c. 220, §3 (NEW).]

B. Establishing minimal education and continuing education requirements for emergency medical services ambulance operators; [PL 2021, c. 220, §3 (NEW).]

C. Providing for Maine Emergency Medical Services approval of training programs for emergency medical services ambulance operators that are conducted in accordance with standards approved by the board; and [PL 2021, c. 220, §3 (NEW).]

D. Establishing requirements for holding a valid state driver's license pursuant to Title 29-A, chapter 11, subchapter 1. [PL 2021, c. 220, §3 (NEW).]  
[PL 2021, c. 220, §3 (NEW).]

**2. Background check.** The board shall obtain criminal history record information containing a record of public criminal history record information as defined in Title 16, section 703, subsection 8 for an applicant for licensure under this section. Information obtained pursuant to this subsection is confidential and may be used only to determine suitability for issuance of a license to operate an emergency medical services ambulance. The results of criminal history record information checks received by the board are for official use only and may not be disseminated outside the board. The applicant for licensure shall pay the expense of obtaining the information required by this subsection. [PL 2021, c. 220, §3 (NEW).]

**3. Persons requiring a license to operate an emergency medical services ambulance.** A person not licensed under section 85 who is associated with a ground ambulance service shall obtain a license under this section to operate an emergency medical services ambulance. This section does not apply to a person not associated with a ground ambulance service who operates an emergency medical services ambulance. [PL 2021, c. 220, §3 (NEW).]

**4. Licensing actions.** A license issued under this section is subject to the provisions of sections 90-A and 91-A. [PL 2021, c. 220, §3 (NEW).]

**5. Effect on tort claims.** This section does not increase any liability that may arise or be limited under Title 14, chapter 741. [PL 2021, c. 220, §3 (NEW).]

**6. Rules.** The board shall adopt rules to carry out the purposes of this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2021, c. 220, §3 (NEW).]

## SECTION HISTORY

PL 2021, c. 220, §3 (NEW).

## §86. Ambulance services and nontransporting medical services

### (CONTAINS TEXT WITH VARYING EFFECTIVE DATES)

**1. Ambulance services and nontransporting medical services to be licensed.** Every ambulance service and nontransporting emergency medical service must be licensed, operate in accordance with the rules adopted and protocols developed for services under this chapter and carry the equipment called for in those rules.

**A. (TEXT EFFECTIVE UNTIL 12/31/26) (TEXT REPEALED 12/31/26)** The board shall adopt rules and protocols to evaluate the need for any new ambulance service in this State before granting a license under this subsection, including rules that provide an appeal process for any decision made by the board. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

This paragraph is repealed December 31, 2026. [PL 2021, c. 241, §4 (NEW).]

[PL 2021, c. 241, §4 (AMD).]

**2. Care of patient.** Whenever an ambulance transports a patient from the scene of an emergency, the patient must be cared for by a physician, by a flight nurse or by a person licensed under this chapter to provide emergency medical care. Whenever an ambulance transports a patient from a hospital or other health care facility to another place, the patient must be cared for by:

A. The physician in charge of the patient's case, by a person licensed under this chapter or by a professional nurse; or [PL 1981, c. 661, §2 (NEW).]

B. A licensed practical nurse, or other person appropriately trained to care for the patient, acting under orders from the patient's physician. [PL 1981, c. 661, §2 (NEW).]

The person specified in this subsection as caring for the patient shall accompany the patient in the portion of the ambulance where the patient rides.

[PL 1999, c. 182, §10 (AMD).]

**2-A. Treatment.** When an ambulance service or nontransporting emergency medical service is present at an accident or other situation in which a person or persons require emergency medical treatment, the medical treatment of the patients must be carried out in accordance with any rules adopted under this chapter, any protocols as defined in section 83, subsection 19 and any orders given by online medical control; except that:

A. When a patient is already under the supervision of a personal physician or physician assistant or a nurse practitioner supervised by the physician and the physician, physician assistant or nurse practitioner assumes the care of the patient, then for as long as the physician, physician assistant or nurse practitioner remains with the patient, the patient must be cared for as the physician, physician assistant or nurse practitioner directs. The emergency medical services persons shall assist to the extent that their licenses and protocol allow; and [PL 2019, c. 627, Pt. B, §9 (AMD).]

B. A patient is not required to accept treatment to which the patient does not consent. [PL 1999, c. 182, §11 (AMD).]

[PL 2019, c. 627, Pt. B, §9 (AMD).]

**3. Air transportation.** Any patient transported by air must be flown on a service licensed under Federal Aviation Regulations, Part 135 or Part 121. In such an instance, the flight is deemed to be an air ambulance and the patient must be cared for as provided in subsection 2.

[PL 1991, c. 588, §14 (AMD).]

**4. Naloxone hydrochloride or another opioid overdose-reversing medication.** An ambulance service or a nontransporting emergency medical service licensed under this chapter may dispense naloxone hydrochloride or another opioid overdose-reversing medication in accordance with Title 22, section 2353, subsection 2-A and the rules adopted and protocols developed for ambulance services and nontransporting emergency medical services under this chapter. An opioid overdose-reversing medication referenced in this subsection must be approved by the federal Food and Drug Administration.

[PL 2023, c. 161, §6 (AMD).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1985, c. 530, §3 (AMD). PL 1991, c. 588, §14 (AMD). PL 1993, c. 152, §3 (AMD). PL 1995, c. 161, §§7,8 (AMD). PL 1999, c. 182, §§9-11 (AMD). PL 2007, c. 274, §15 (AMD). PL 2015, c. 82, §5 (AMD). PL 2019, c. 627, Pt. B, §9 (AMD). PL 2021, c. 161, §5 (AMD). PL 2021, c. 241, §4 (AMD). PL 2023, c. 161, §6 (AMD).

#### §87. Ambulances

Each ambulance must be licensed pursuant to this chapter. It must also meet the design criteria and must be equipped as specified in rules adopted under this chapter. [PL 2015, c. 82, §6 (AMD).]

## SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1991, c. 588, §15 (AMD). PL 2015, c. 82, §6 (AMD).

**§87-A. Trauma care system**

**1. Trauma care system development.** Maine Emergency Medical Services shall develop a statewide trauma care system plan with the advice of the State Trauma Prevention and Control Advisory Committee.

[PL 2007, c. 274, §16 (AMD).]

**2. State Trauma Prevention and Control Advisory Committee.** The State Trauma Prevention and Control Advisory Committee, as established in Title 5, section 12004-I, subsection 74-I, is appointed by the board to advise the board on all matters related to trauma care system development. The committee's members must be broadly representative of trauma prevention and care providers as a whole, must be as geographically diverse as possible and must include, without limitation:

- A. A representative of the board; [PL 1993, c. 311, §4 (NEW).]
- B. Four surgeons representing trauma-related subspecialties; [PL 1993, c. 311, §4 (NEW).]
- C. Two emergency physicians; [PL 1993, c. 311, §4 (NEW).]
- D. The director; [PL 1993, c. 311, §4 (NEW).]
- E. An emergency nurse; [PL 1993, c. 311, §4 (NEW).]
- F. A critical care nurse; [PL 1993, c. 311, §4 (NEW).]
- G. A trauma rehabilitation specialist; [PL 1993, c. 311, §4 (NEW).]
- H. A representative of the regional councils; [PL 2007, c. 274, §17 (RPR).]
- I. A representative of air ambulance services; [PL 1993, c. 311, §4 (NEW).]
- J. Two representatives of prehospital care providers; [PL 1993, c. 311, §4 (NEW).]
- K. Three hospital administrators, one from a small hospital, one from a medium hospital and one from a large hospital; [PL 1993, c. 311, §4 (NEW).]
- L. A representative of the Maine Hospital Association; and [PL 1993, c. 311, §4 (NEW).]
- M. A representative of trauma care system users. [PL 1993, c. 311, §4 (NEW).]

[PL 2015, c. 30, §3 (AMD).]

## SECTION HISTORY

PL 1993, c. 311, §4 (NEW). PL 2007, c. 274, §§16, 17 (AMD). PL 2015, c. 30, §3 (AMD).

**§87-B. Trauma-incidence registry**

The board shall collect trauma data as follows. [PL 1993, c. 738, Pt. C, §8 (NEW).]

**1. Registry.** The board shall maintain a statewide trauma-incidence registry that meets the requirements of the federal Trauma Care Systems Planning and Development Act of 1990, Public Law 101-590, Section 1, 104 Stat. 2915. The board shall adopt rules to define trauma.

[PL 1993, c. 738, Pt. C, §8 (NEW).]

**2. Reporting by physicians and hospitals.** Physicians and hospitals may report trauma information to the board as follows.

- A. A hospital may report to the board information regarding persons diagnosed as suffering from trauma. Trauma reports should be made no later than 30 days from the date of diagnosis or the date of discharge from the hospital, whichever is later. [PL 1993, c. 738, Pt. C, §8 (NEW).]

B. A physician, upon request of the board, may report to the board any further information requested by the board concerning any person now or formerly under that physician's care who was diagnosed as having suffered from trauma. [PL 1993, c. 738, Pt. C, §8 (NEW).]

C. A physician or hospital that reports in good faith in accordance with this section is not liable for any civil damages for making the report. [PL 1993, c. 738, Pt. C, §8 (NEW).]  
[PL 1993, c. 738, Pt. C, §8 (NEW).]

### 3. Confidentiality.

[PL 2011, c. 271, §13 (RP).]

## SECTION HISTORY

PL 1993, c. 738, §C8 (NEW). PL 2011, c. 271, §13 (AMD).

## §88. Emergency Medical Services' Board

The Emergency Medical Services' Board, as established by Title 5, section 12004-A, subsection 15, is responsible for the emergency medical services program. [PL 1991, c. 588, §16 (AMD).]

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

A. The board has one member representing each region and 12 persons in addition. Of the additional persons, one is an emergency physician, one a representative of emergency medical dispatch providers, one a representative of the public, one a representative of for-profit ambulance services, one an emergency professional nurse, one a representative of nontransporting emergency medical services, one a representative of hospitals, one a fire chief, one a representative of a statewide association of fire chiefs, one a municipal emergency medical services provider, one a representative of not-for-profit ambulance services and one a representative in the field of pediatrics. The members that represent for-profit ambulance services, nontransporting emergency medical services and not-for-profit ambulance services must be licensed emergency medical services persons. One of the nonpublic members must be a volunteer emergency medical services provider. Appointments are for 3-year terms. Members are appointed by the Governor. The statewide emergency medical services medical director and statewide associate emergency medical services medical director are ex officio nonvoting members of the board. [PL 2019, c. 370, §16 (AMD).]

B. The board shall elect its own chair to serve for a 2-year term. The board may adopt internal rules that may include, but are not limited to, termination of board membership as a consequence of irregular attendance. If a board member does not serve a full term of appointment, the Governor shall appoint a successor to fill the vacancy for the remainder of the term. Any board member may be removed by the Governor for cause. The board may have a common seal. The board may establish subcommittees as it determines appropriate. [PL 1991, c. 588, §16 (AMD).]

C. The board shall meet at least quarterly, and at the call of its chair or at the request of 7 members. When the board meets, members are entitled to compensation according to the provisions of Title 5, chapter 379. [PL 1991, c. 588, §16 (AMD).]

D. A majority of the members appointed and currently serving constitutes 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 is required for board action, except that for purposes of either granting a waiver of any of its rules or deciding to pursue the suspension or revocation of a license, the board may take action only if the proposed waiver, suspension or revocation receives a favorable vote from at least 2/3 of the members present and voting and from no less than a majority of the appointed and currently serving members. The board may use video conferencing and other technologies to conduct its business but is not exempt from Title 1, chapter 13, subchapter 1.

Members of the board, its subcommittees or its staff may participate in a meeting of the board, subcommittees or staff via video conferencing, conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this subsection constitutes presence in person at such meeting.

[PL 2007, c. 274, §19 (AMD).]

[PL 2019, c. 370, §16 (AMD).]

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

A. The board shall direct the operations of the emergency medical services program. [PL 1991, c. 588, §16 (AMD).]

B. With the advice of the commissioner, the board shall adopt rules in accordance with the Maine Administrative Procedure Act to carry out this chapter. In order to encourage participation at rule-making hearings by emergency medical services volunteers, the board shall hold hearings in each region as determined necessary. Each hearing must be held in the evening or at times convenient to the public and may use available technology. At least 2 members of the board shall attend each hearing. [PL 1999, c. 182, §12 (AMD).]

C. The board shall grant licenses pursuant to this chapter. [PL 1991, c. 588, §16 (AMD).]

D. The board shall specify in rules the criteria that must be met as a precondition to offering an emergency medical services course, refresher course or continuing education course. The board shall work toward developing consistent educational programming in terms of course content, course requirements and quality of instruction. The board shall adopt rules, which are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A, regarding the requirements for certification and licensing of persons engaged in emergency medical services education and training. [PL 2011, c. 271, §14 (AMD).]

E. The board shall keep records and minutes of its activities and meetings. These records and minutes must be made easily accessible to the public and be provided expeditiously upon request. The board may prepare, publish and disseminate educational and other materials to improve emergency medical patient care. [PL 2009, c. 571, Pt. Y, §1 (AMD).]

F. [PL 1991, c. 588, §16 (RP).]

F-1. The director must be qualified by training or by experience and is appointed by the board with approval of the commissioner. The director serves for an indefinite term, subject to removal for cause. [PL 1999, c. 182, §13 (AMD).]

G. The board shall submit to the commissioner its budgetary requirements in the same manner as is provided in Title 5, section 1665. The department shall serve as the fiscal agent for Maine Emergency Medical Services. [PL 1991, c. 588, §16 (AMD).]

H. With the approval of the commissioner, the board may enter into contracts, subject to provisions of state law, and delegate this authority to the director. The board may also delegate to staff, through rules or emergency action, any provision necessary to carry out this chapter, including the process of hearings. Funds appropriated or allocated to the board to be contracted with the regional councils may be disbursed on a sole-source contract basis, according to guidelines established by the board. Funds must be expended in accordance with standard state contract or grant procedures and guidelines where appropriate. [PL 2019, c. 617, Pt. C, §2 (AMD).]

I. The board may establish and collect licensure fees, application fees, examination fees, course and conference fees, tuition and other charges as determined necessary by the board for the efficient administration of this chapter. All funds received pursuant to this paragraph must be deposited into a nonlapsing fund established for the purpose. Maine Emergency Medical Services shall administer the fund with the advice and consent of the commissioner. Funds must be deposited with the

Treasurer of State to the credit of the fund and may be invested as provided by law. Interest on these investments must be credited to the fund. [PL 1991, c. 588, §16 (NEW).]

J. The board shall establish and maintain a statewide quality assurance and improvement committee and shall adopt rules, which are routine technical rules pursuant to Title 5, chapter 375, subchapter II-A, regarding the requirements and authority of the statewide quality assurance and improvement committee. [PL 1999, c. 182, §14 (NEW).]

K. The board may collect or receive health care information or records, including information or records that identify or permit identification of any patient, for the purpose of monitoring and improving the provision of emergency medical services and health outcomes within the State. [PL 2021, c. 15, §1 (NEW).]

**REVISOR'S NOTE:** (Paragraph K as enacted by PL 2021, c. 241, §5 is REALLOCATED TO TITLE 32, SECTION 88, SUBSECTION 2, PARAGRAPH L)

L. **(REALLOCATED FROM T. 32, §88, sub-§2, ¶K)** The board shall establish by rule a program for collecting and reporting cost and performance metrics related to emergency medical treatment services, including ambulance services. The cost and performance metrics for ambulance services adopted in rule must include, at a minimum, data on the volume of services provided per capita and per square mile of geographic area, the type of entity, the payer mix, the impact on length of stay in a health care facility due to lack of available ambulance transport, demographics on personnel and level of licensure, the number of vacancies and the number of volunteer hours dedicated to emergency medical services. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A. [PL 2023, c. 468, §3 (AMD).]  
[PL 2023, c. 468, §3 (AMD).]

**3. Authority.** In addition to authority otherwise conferred, the board or, as delegated, its subcommittee or staff may, for each violation of applicable laws, rules or conditions of licensure or registration, in accordance with the procedures established in section 90-A and any rules adopted by the board, take one or more of the following actions:

A. Issue warnings, censures or reprimands to a licensee, deny or refuse to renew a license and suspend or revoke a license. Each warning, censure, reprimand and revocation issued must be based upon violations of different applicable laws, rules or conditions of licensure or must be based upon separate instances of actionable conduct or activity; [PL 2019, c. 370, §17 (AMD).]

B. Suspend a license or registration for up to 90 days for each violation of applicable laws, rules and conditions of licensure or registration or for each instance of actionable conduct or activity. Suspensions may be set to run concurrently or consecutively and may not exceed one year in total. Execution of all or any portion of a term of suspension may be stayed pending successful completion of conditions of probation, although the suspension remains part of the licensee's record; [PL 2001, c. 229, §4 (NEW).]

C. Impose civil penalties of up to \$1,500 for each violation of applicable laws, rules and conditions of licensure or for each instance of actionable conduct or activity; [PL 2001, c. 229, §4 (NEW).]

D. Impose conditions of probation upon an applicant or licensee. Probation may run for that time period as the board, its subcommittee or staff determines appropriate. Probation may include conditions such as: additional continuing education; medical, psychiatric or mental health consultations or evaluations; mandatory professional or occupational supervision of the applicant or licensee; and other conditions as the board, its subcommittee or staff determines appropriate. Costs incurred in the performance of terms of probation are borne by the applicant or licensee. Failure to comply with the conditions of probation is a ground for disciplinary action against a licensee; [PL 2011, c. 271, §15 (AMD).]

E. Execute a consent agreement that resolves a complaint or investigation without further proceedings. Consent agreements may be entered into only with the consent of the applicant or licensee, the board, its subcommittee or staff and the Department of the Attorney General. Any remedy, penalty or fine or cost recovery that is otherwise available by law, even if only in the jurisdiction of the District Court, may be achieved by consent agreement, including long-term suspension and permanent revocation of a professional license. A consent agreement is not subject to review or appeal and may be modified only by a writing executed by all parties to the original consent agreement. A consent agreement is enforceable by an action in Superior Court; or [PL 2011, c. 271, §16 (AMD).]

F. Assess a licensee the costs of investigation and adjudicatory hearings relating to that licensee. [PL 2011, c. 271, §17 (NEW).]

[PL 2019, c. 370, §17 (AMD).]

**4. Authority to issue letters of guidance.** In addition to authority otherwise conferred, the board or, as delegated, its subcommittee or staff may issue a letter of guidance or concern to an applicant or licensee.

A. Letter of guidance or concern may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over action or inaction by the licensee or applicant that does not rise to the level of misconduct sufficient to merit disciplinary action. The issuance of a letter of guidance or concern is not a formal proceeding and does not constitute an adverse disciplinary action of any form. Notwithstanding any other provision of law, a letter of guidance or concern is not confidential. The board or, as delegated, its subcommittee or staff may place a letter of guidance or concern, together with any underlying complaint, report and investigation materials, in a licensee's or applicant's file for a specified amount of time, not to exceed 10 years. Any letters, complaints and materials placed on file may be accessed and considered by the board, its subcommittee or staff in any subsequent action commenced against the applicant or licensee within the specified time frame. [PL 2001, c. 229, §4 (NEW).]

[PL 2001, c. 229, §4 (NEW).]

**5. Notice of action.** In any proceeding under this section with regard to an ambulance service owned and operated by a municipality or a private ambulance service with which a municipality contracts for services, if the board takes action under subsection 3 or 4, the board shall notify in writing the town manager or city manager and the municipal officers of the municipality that owns and operates or contracts with the ambulance service within 5 business days of taking the action.

[PL 2015, c. 6, §2 (NEW).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1983, c. 812, §§190,191 (AMD). PL 1985, c. 730, §§12,16 (AMD). PL 1987, c. 273, §5 (AMD). PL 1989, c. 503, §B120 (AMD). PL 1989, c. 857, §§70,71 (AMD). PL 1991, c. 588, §16 (AMD). PL 1991, c. 742, §4 (AMD). PL 1993, c. 575, §1 (AMD). PL 1995, c. 161, §9 (AMD). PL 1997, c. 644, §2 (AMD). PL 1999, c. 182, §§12-14 (AMD). PL 2001, c. 229, §4 (AMD). PL 2001, c. 713, §1 (AMD). PL 2007, c. 274, §§18-20 (AMD). PL 2009, c. 571, Pt. Y, §1 (AMD). PL 2011, c. 271, §§14-17 (AMD). PL 2013, c. 62, §1 (AMD). PL 2015, c. 6, §2 (AMD). PL 2019, c. 370, §§16, 17 (AMD). PL 2019, c. 617, Pt. C, §2 (AMD). PL 2021, c. 15, §1 (AMD). PL 2021, c. 241, §5 (AMD). RR 2021, c. 2, Pt. A, §113 (COR). PL 2023, c. 468, §3 (AMD).

#### §88-A. Director's duties

In addition to other duties set out in this chapter, the director shall administer Maine Emergency Medical Services. With the knowledge and consent of the commissioner, the director shall oversee all personnel matters and, subject to the Civil Service Law, may hire personnel as required to enforce, implement and administer this chapter. [PL 1991, c. 588, §17 (NEW).]

## SECTION HISTORY

PL 1991, c. 588, §17 (NEW).

**§88-B. Medical Direction and Practices Board; powers and duties**

**1. Powers and duties.** The Medical Direction and Practices Board has the following powers and duties.

A. The Medical Direction and Practices Board shall create, adopt and maintain the Maine Emergency Medical Services protocols. When adopting or amending any protocols related to providing emergency medical treatment pursuant to section 85, subsection 9, the Medical Direction and Practices Board shall consult with an individual with expertise in emergency veterinary medicine designated by the State Board of Veterinary Medicine. [PL 2023, c. 587, §2 (AMD).]

B. The Medical Direction and Practices Board may use videoconferencing and other technologies to conduct its business but is not exempt from Title 1, chapter 13, subchapter 1. Members of the Medical Direction and Practices Board and its staff may participate in a meeting of the Medical Direction and Practices Board or its staff via videoconferencing, conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this paragraph constitutes presence in person at such a meeting. [PL 2019, c. 617, Pt. C, §3 (NEW).]

C. For the duration of a state of emergency declared by the Governor in accordance with Title 37-B, section 742 due to the outbreak of COVID-19 and for 30 days following the termination of that state of emergency, the Medical Direction and Practices Board may, by majority vote, delegate its duties under this chapter to the statewide emergency medical services medical director and the statewide associate emergency medical services medical director. [PL 2019, c. 617, Pt. C, §3 (NEW).]

[PL 2023, c. 587, §2 (AMD).]

## SECTION HISTORY

PL 2019, c. 617, Pt. C, §3 (NEW). PL 2023, c. 587, §2 (AMD).

**§88-C. Registry of automated external defibrillators**

The director shall establish a registry of publicly accessible automated external defibrillators, as defined in Title 22, section 2150-C, that are located within the State for the purpose of assisting a person or a law enforcement officer, firefighter or emergency medical services person who calls for assistance in an emergency situation. [PL 2021, c. 82, §1 (NEW).]

The director may accept grants, funds, equipment and services to establish, operate and maintain the registry of publicly accessible automated external defibrillators. The department shall adopt rules regarding information collected for, maintained by and released by the registry. Rules adopted pursuant to this paragraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A. [PL 2021, c. 82, §1 (NEW).]

## SECTION HISTORY

PL 2021, c. 82, §1 (NEW).

**§89. Regions and regional councils**

**1. Regions to be established; regional councils.** The board shall delineate regions within the State to carry out the purposes of this chapter. The board shall set out conditions under which an organization in each region may be recognized by the board as the regional council for that region. A regional council shall, at a minimum, provide adequate representation for ambulance and rescue services, emergency room physicians and nurses, hospitals and the general public. A regional council

must be structured to adequately represent each major geographical part of its region. Only one regional council may be recognized in any region.

[PL 2007, c. 274, §21 (AMD).]

**2. Duties of regional councils.** Each regional council shall carry out an annual program, approved by the 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. Establishing a regional medical control committee to carry out a plan of quality improvement approved by the board; [PL 2017, c. 373, §1 (AMD).]

B. Appointing, subject to approval by the board, a regional medical director, who must be a licensed physician qualified by training and experience and who serves as an agent of Maine Emergency Medical Services. The regional medical director may delegate in writing to other licensed physicians the responsibilities of this position; [PL 2007, c. 274, §21 (AMD).]

C. [PL 2007, c. 274, §21 (RP).]

D. [PL 2007, c. 274, §21 (RP).]

E. [PL 2007, c. 274, §21 (RP).]

F. Nominating 2 or more candidates from each region for a position on the Emergency Medical Services' Board, from whom the Governor may select a member; and [PL 2007, c. 274, §21 (AMD).]

G. Establishing regional goals to carry out the provisions of this chapter. [PL 1985, c. 739, §§13, 16 (NEW).]

[PL 2017, c. 373, §1 (AMD).]

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1985, c. 730, §§13,16 (AMD). PL 1989, c. 857, §72 (AMD). PL 1991, c. 588, §18 (AMD). PL 1995, c. 161, §10 (AMD). PL 1999, c. 182, §15 (AMD). PL 2007, c. 274, §21 (AMD). PL 2017, c. 373, §1 (AMD).

#### §90. Appeals

**(REPEALED)**

#### SECTION HISTORY

PL 1981, c. 661, §2 (NEW). PL 1985, c. 730, §§13,16 (AMD). PL 1987, c. 273, §6 (RP).

#### §90-A. Licensing actions

**1. Disciplinary proceedings and sanctions.** The board or, as delegated, its subcommittee or staff, 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 an informal conference before the board, its subcommittee or staff to determine whether grounds exist for suspension, revocation or denial of a license or for taking other disciplinary action pursuant to this chapter. The board, its subcommittee or staff 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 investigation or hearing it conducts.

[PL 2001, c. 229, §5 (AMD).]

**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 60 days after the board or staff receives the initial pertinent information. The licensee has the right to respond within 30 days in all cases except those involving an emergency denial, suspension or revocation, as described in the Maine Administrative Procedure Act,

Title 5, chapter 375, subchapter 5. If the licensee's response to the complaint satisfies the board or staff 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.

[PL 2003, c. 559, §2 (AMD).]

**3. Informal conference.** If, in the opinion of the board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the board or 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 must be conducted in executive session of the board, subcommittee or staff, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Statements made at the conference may not be introduced at a subsequent formal administrative or judicial hearing unless all parties consent. The licensee may, without prejudice, refuse to participate in an informal conference if the licensee prefers to request an adjudicatory hearing. If the licensee participates in the informal conference, the licensee waives the right to object to a participant at the hearing who participated at the informal conference.

[PL 2003, c. 559, §2 (AMD).]

**4. Further action.** If the board, its subcommittee or staff 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.

A. The board, its subcommittee or staff may negotiate a consent agreement with the licensee that fixes the period and terms of probation necessary 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 Department of the Attorney General. [PL 2003, c. 559, §2 (AMD).]

B. If a licensee voluntarily surrenders a license, the board, its subcommittee or staff may negotiate stipulations necessary to ensure protection of the public health and safety and the rehabilitation or education of the licensee. These stipulations may be set forth only in a consent agreement signed by the board, the licensee and the Department of the Attorney General. [PL 2001, c. 229, §7 (AMD).]

C. If the board, its subcommittee or staff concludes that modification, nonrenewal or suspension pursuant to section 88, subsection 3 of a license or imposition of a civil penalty pursuant to section 88, subsection 3 is in order, the board shall so notify the licensee and inform the licensee of the licensee's right to request an adjudicatory hearing. If the licensee requests an adjudicatory hearing in a timely manner, the adjudicatory hearing must be held by the board in accordance with Title 5, chapter 375, subchapter 4. If the licensee wishes to appeal the final decision of the board, the licensee shall file a petition for review with the Superior Court within 30 days of receipt of the board's decision. Review under this paragraph must be conducted pursuant to Title 5, chapter 375, subchapter 7. [PL 2003, c. 559, §2 (AMD).]

D. Except in the specific circumstances where Title 5, section 10004 may be invoked, if the board or its staff concludes that suspension beyond the authority conferred by section 88 of the license is in order, the board or its staff shall request the Attorney General to file a complaint in the District Court in accordance with Title 4, chapter 5 and the Maine Administrative Procedure Act to commence either full or emergency proceedings. [PL 2023, c. 111, §1 (AMD).]

[PL 2023, c. 111, §1 (AMD).]

**5. Grounds for licensing action.** A decision to take action against any applicant or licensee pursuant to this chapter or any rules adopted pursuant to this chapter, including, but not limited to, a decision to impose a civil penalty or to refuse to issue or renew a license or to modify, suspend or revoke a license of a person, service or vehicle, may be predicated on the following grounds:

A. Fraud or deceit in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued; [PL 1991, c. 588, §19 (AMD).]

B. [PL 2007, c. 274, §22 (RP).]

B-1. The use of any drug, narcotic or substance that is illegal under state or federal law, or to the extent that the licensee's ability to provide emergency medical services or emergency medical dispatch services would be impaired; [PL 2007, c. 274, §23 (NEW).]

B-2. A declaration of or claim pertaining to the licensee of legal incompetence that has not been legally terminated; [PL 2007, c. 274, §24 (NEW).]

B-3. Any condition or impairment within the preceding 3 years, including, but not limited to, substance use disorder or a mental, emotional or nervous disorder or condition, that in any way affects, or if untreated could impair, the licensee's ability to provide emergency medical services or emergency medical dispatch services; [PL 2017, c. 407, Pt. A, §123 (AMD).]

C. [PL 2007, c. 274, §26 (RP).]

D. Aiding or abetting the practice of emergency care by a person not duly licensed under this chapter who purports to be so; [PL 1991, c. 588, §19 (AMD).]

E. Incompetent professional practice as evidenced by:

(1) Demonstrated inability to respond appropriately to a client, patient or the general public; or

(2) Inability to apply principles, skills or knowledge necessary to successfully carry out the practice for which the licensee is licensed; [PL 1991, c. 588, §19 (AMD).]

F. Violation of any reasonable standard of professional behavior, conduct or practice that has been established in the practice for which the licensee is licensed; [PL 1991, c. 588, §19 (AMD).]

G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement, conviction of a crime that relates directly to the practice for which the licensee is licensed, conviction of a crime for which incarceration for one year or more may be imposed or conviction of a crime defined in Title 17-A, chapter 11, 12 or 45; [PL 2007, c. 274, §27 (AMD).]

H. Any violation of this chapter or any rule adopted by the board; or [PL 1987, c. 273, §8 (NEW).]

I. For other purposes as specified by rules or law. [PL 1987, c. 273, §8 (NEW).]  
[PL 2017, c. 407, Pt. A, §123 (AMD).]

**6. Notice of action.** In any proceeding under this section with regard to an ambulance service owned and operated by a municipality or a private ambulance service with which a municipality contracts for services, if the board takes further licensing action under subsection 4, the board shall notify in writing the town manager or city manager and the municipal officers of the municipality that owns and operates or contracts with the ambulance service within 5 business days of taking the action. [PL 2015, c. 6, §3 (NEW).]

#### SECTION HISTORY

PL 1987, c. 273, §8 (NEW). PL 1991, c. 588, §19 (AMD). PL 1993, c. 575, §§2,3 (AMD). PL 1993, c. 600, §§A35,36 (AMD). PL 1999, c. 547, §B58 (AMD). PL 1999, c. 547, §B80 (AFF). PL 2001, c. 229, §§5-8 (AMD). PL 2003, c. 559, §2 (AMD). PL 2007, c. 274, §§22-27 (AMD). PL 2015, c. 6, §3 (AMD). PL 2017, c. 407, Pt. A, §123 (AMD). PL 2023, c. 111, §1 (AMD).

#### §90-B. Address of applicant

Beginning on January 1, 2012, an applicant for a license or renewal of a license under this chapter shall provide the board with: [PL 2011, c. 271, §18 (NEW).]

**1. Public record address.** A contact address, telephone number and e-mail address that the applicant is willing to have treated as a public record, such as a business address, business telephone number and business e-mail address; and [PL 2011, c. 271, §18 (NEW).]

**2. Personal address.** The applicant's personal residence address, personal telephone number and personal e-mail address. [PL 2011, c. 271, §18 (NEW).]

If the applicant is willing to have the applicant's personal residence address and telephone number and personal e-mail address treated as public records, the applicant shall indicate that in the application and is not required to submit a different address under subsection 1. [PL 2011, c. 271, §18 (NEW).]

#### SECTION HISTORY

PL 2011, c. 271, §18 (NEW).

### §90-C. Duty of all licensees and applicants for licensure to report certain information

**1. Report in writing.** A licensee or an applicant for licensure under this chapter shall notify the board in writing within 10 days of a:

A. Change of name or address; [PL 2015, c. 82, §7 (NEW).]

B. Criminal conviction; [PL 2015, c. 82, §7 (NEW).]

C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or [PL 2015, c. 82, §7 (NEW).]

D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the board. [PL 2015, c. 82, §7 (NEW).]

[PL 2015, c. 82, §7 (NEW).]

#### SECTION HISTORY

PL 2015, c. 82, §7 (NEW).

### §91. Disciplinary actions

**(REPEALED)**

#### SECTION HISTORY

PL 1985, c. 730, §§14,16 (NEW). PL 1987, c. 273, §7 (RP).

### §91-A. Appeals of nondisciplinary actions and refusals to issue

Any person or organization aggrieved by the decision of the staff or a subcommittee of the board in taking any nondisciplinary action pursuant to this chapter or rules adopted pursuant to this chapter or in the interpretation of this chapter or rules adopted pursuant to this chapter or in refusing to issue a license may appeal the decision to the board for a final decision. The staff's or subcommittee's decision stands until the board issues a decision to uphold, modify or overrule the staff's or subcommittee's decision. In the case of nonrenewal, the person or organization must be afforded an opportunity for hearing in accordance with this chapter and the Maine Administrative Procedure Act. [PL 2003, c. 559, §3 (AMD).]

A final decision of the board constitutes final agency action appealable pursuant to Title 5, chapter 375, subchapter 7. [PL 2003, c. 559, §3 (AMD).]

#### SECTION HISTORY

PL 1987, c. 273, §8 (NEW). PL 1991, c. 588, §20 (AMD). PL 2001, c. 229, §9 (RPR). PL 2003, c. 559, §3 (AMD).

### §91-B. Confidentiality exceptions

**1. Confidentiality.** Except as otherwise provided in this chapter, all proceedings and records of proceedings concerning the quality assurance activities of an emergency medical services quality assurance committee approved by the board and all reports, information and records provided to the committee are confidential and may not be disclosed or obtained by discovery from the committee, the board or its staff. Quality assurance information may be disclosed to a licensee as part of any board-approved educational or corrective process. All complaints and investigative records of the board or any committee or subcommittee of the board are confidential during the pendency of an investigation and may not be disclosed by the committee, the board or its staff. Information or records that identify or permit identification of any patient that appears in any reports, information or records provided to the board or department for the purposes of investigation are confidential and may not be disclosed by the committee, the board or its staff.

A. A personal residence address, personal telephone number or personal e-mail address submitted to the board as part of any application under this chapter is confidential and may not be disclosed except as permitted under this section or as otherwise required by law unless the applicant who submitted the information indicated pursuant to section 90-B that the applicant is willing to have the applicant's personal residence address, personal telephone number or personal e-mail address treated as a public record. Personal health information submitted to the board as part of any application under this chapter is confidential and may not be disclosed except as otherwise permitted under this section or otherwise required by law.

The board and its committees and staff may disclose personal health information about and the personal residence address and personal telephone number of a licensee or an applicant for a license under this chapter to a government licensing or disciplinary authority or to a health care provider located within or outside this State that requests the information for the purposes of granting, limiting or denying a license or employment to the applicant or licensee. [PL 2011, c. 271, §19 (NEW).]

B. Any materials or information submitted to the board in support of an application that are designated as confidential by any other provision of law remain confidential in the possession of the board. Information in any report or record provided to the board pursuant to this chapter that permits identification of a person receiving emergency medical treatment is confidential. [PL 2011, c. 271, §19 (NEW).]

C. Information provided to the board under section 87-B is confidential if the information identifies or permits the identification of a trauma patient or a member of that patient's family. [PL 2011, c. 271, §19 (NEW).]

D. Examination questions used by the board to fulfill the cognitive testing requirements of this chapter are confidential. [PL 2011, c. 271, §19 (NEW).]

E. Health care information or records provided to the board under section 88, subsection 2, paragraph K are confidential if the information or records identify or permit the identification of a patient or a member of that patient's family. [PL 2021, c. 15, §2 (NEW).]

F. Health care information or records provided to the board under section 96 are confidential if the information or records identify or permit the identification of a patient who received emergency medical treatment or a member of that patient's family. [PL 2021, c. 15, §3 (NEW).]  
[PL 2021, c. 15, §§2, 3 (AMD).]

**2. Exceptions.** Information designated confidential under subsection 1 becomes a public record or may be released as provided in this subsection.

- A. Confidential information may be released in an adjudicatory hearing or informal conference before the board or in any subsequent formal proceeding to which the confidential information is relevant. [PL 2011, c. 271, §19 (NEW).]
- B. Confidential information may be released in a consent agreement or other written settlement when the confidential information constitutes or pertains to the basis of board action. [PL 2011, c. 271, §19 (NEW).]
- C. Investigative records and complaints become public records upon the conclusion of an investigation unless confidentiality is required by some other provision of law. For purposes of this paragraph, an investigation is concluded when:
- (1) Notice of an adjudicatory proceeding, as defined under Title 5, chapter 375, subchapter 1, has been issued;
  - (2) A consent agreement has been executed; or
  - (3) A letter of dismissal has been issued or the investigation has otherwise been closed. [PL 2011, c. 271, §19 (NEW).]
- D. During the pendency of an investigation, a complaint or investigative record may be disclosed:
- (1) To Maine Emergency Medical Services employees designated by the director;
  - (2) To designated complaint officers of the board;
  - (3) By a Maine Emergency Medical Services employee or complaint officer designated by the board to the extent considered necessary to facilitate the investigation;
  - (4) To other state or federal agencies when the files contain evidence of possible violations of laws enforced by those agencies;
  - (5) By the director, to the extent the director determines such disclosure necessary to avoid imminent and serious harm. The authority of the director to make such a disclosure may not be delegated;
  - (6) When it is determined, in accordance with rules adopted by the department, that confidentiality is no longer warranted due to general public knowledge of the circumstances surrounding the complaint or investigation and when the investigation would not be prejudiced by the disclosure; or
  - (7) To the person investigated on request of that person. The director may refuse to disclose part or all of any investigative information, including the fact of an investigation, when the director determines that disclosure would prejudice the investigation. The authority of the director to make such a determination may not be delegated. [PL 2011, c. 271, §19 (NEW).]
- E. Data collected by Maine Emergency Medical Services that allows identification of persons receiving emergency medical treatment may be released for purposes of research, regional medical control quality improvement plans, public health surveillance and linkage with patient electronic medical records if the release is approved by the board, the Medical Direction and Practices Board and the director. Information that specifically identifies individuals must be removed from the information disclosed pursuant to this paragraph, unless the board, the Medical Direction and Practices Board and the director determine that the release of such information is necessary for the purposes of the research, regional medical control quality improvement plans, public health surveillance or linkage with patient electronic medical records. [PL 2017, c. 373, §2 (AMD).]
- F. Confidential information may be released in accordance with an order issued on a finding of good cause by a court of competent jurisdiction. [PL 2011, c. 271, §19 (NEW).]

G. Confidential information may be released to the Office of Chief Medical Examiner within the Office of the Attorney General. [PL 2017, c. 475, Pt. A, §51 (AMD).]

H. Confidential information submitted to Maine Emergency Medical Services by any entity must be easily accessible by that entity in accordance with rules adopted by the board that enable compliance by the entity with federal and state laws regarding patient information privacy and access. [PL 2017, c. 373, §3 (NEW).]

[PL 2017, c. 475, Pt. A, §51 (AMD).]

**3. Violation.** A person who intentionally violates this section commits a civil violation for which a fine of not more than \$1,000 may be adjudged.

[PL 2011, c. 271, §19 (NEW).]

#### SECTION HISTORY

PL 2011, c. 271, §19 (NEW). PL 2015, c. 82, §8 (AMD). PL 2017, c. 373, §§2, 3 (AMD). PL 2017, c. 475, Pt. A, §51 (AMD). PL 2021, c. 15, §§2, 3 (AMD).

#### §92. Confidentiality of information

##### (REPEALED)

#### SECTION HISTORY

PL 1985, c. 730, §§14,16 (NEW). PL 1991, c. 588, §§21,22 (AMD). PL 2001, c. 229, §10 (AMD). PL 2003, c. 559, §§4,5 (AMD). PL 2011, c. 271, §20 (RP).

#### §92-A. Records of quality assurance activities

**1. Immunity from suit.** Any person who participates in the activities of any emergency medical services quality assurance committee approved by the board is immune from civil liability for undertaking or failing to undertake any act within the scope of the committee.

[PL 1991, c. 588, §23 (AMD).]

##### **2. Confidentiality.**

[PL 2011, c. 271, §21 (RP).]

**3. Assistance of information; immunity.** Any person, health care facility or other emergency services organization which assists in the activities of an emergency medical services quality assurance committee approved by the board which provides information to an emergency medical services quality assurance committee approved by the board shall be protected by the provisions of section 93 as though that assistance of information were provided to the board itself.

[PL 1989, c. 288 (NEW).]

#### SECTION HISTORY

PL 1989, c. 288 (NEW). PL 1991, c. 588, §23 (AMD). PL 2001, c. 229, §11 (AMD). PL 2003, c. 559, §6 (AMD). PL 2011, c. 271, §21 (AMD).

#### §92-B. Disclosure of confidential information to the board

Notwithstanding any other provision of law, information that relates to an applicant for licensure or to a person licensed or certified by the board who is alleged to have engaged in any unlawful activity or professional misconduct or in conduct in violation of laws or rules relating to the board must be disclosed to the board and may be used by the board only in accordance with this chapter. [PL 2015, c. 82, §9 (AMD).]

**1. Purpose for which disclosure is made.** Any confidential information provided to the board may be used only for investigative and other actions within the scope of the authority of the board and for determining whether the applicant for licensure or the person licensed or certified by the board has

engaged in unlawful activity, professional misconduct or an activity in violation of the laws or rules relating to the board.

[PL 2015, c. 82, §10 (AMD).]

**2. Designation of person to receive confidential information.** The director shall designate a person to receive confidential information for investigative purposes.

[PL 2007, c. 274, §28 (NEW).]

**3. Limitations on disclosure.** Disclosure is limited to information that is directly related to the matter at issue. The identity of reporters and other persons may not be disclosed except as necessary and relevant. Access to the information is limited to board investigators, parties to the matter at issue, parties' representatives, counsel of record, hearing officers and board members who are directly involved in the adjudicatory process. The information may be used only for the purpose for which the release was intended.

[PL 2007, c. 274, §28 (NEW).]

**4. Confidentiality at conclusion of investigation.** Except as provided in section 91-B, information received pursuant to this section remains confidential at the conclusion of an investigation.

[PL 2011, c. 271, §22 (AMD).]

#### SECTION HISTORY

PL 2007, c. 274, §28 (NEW). PL 2011, c. 271, §22 (AMD). PL 2015, c. 82, §§9, 10 (AMD).

#### §93. Immunity

Any person, health care facility or other emergency services organization acting in good faith is immune from civil liability to the licensee or applicant for licensure for the following actions: [PL 1991, c. 588, §24 (AMD).]

**1. Report; information.** Making any report or other information available to Maine Emergency Medical Services under this chapter; and

[PL 1991, c. 588, §24 (AMD).]

**2. Assisting.** Assisting Maine Emergency Medical Services in carrying out any of its duties.

[PL 1991, c. 588, §24 (AMD).]

#### SECTION HISTORY

PL 1985, c. 730, §§14,16 (NEW). PL 1991, c. 588, §24 (AMD).

#### §93-A. Immunity for supervision and training

**1. Emergency medical treatment supervision.** A physician functioning within the medical control system established by the regional medical director and practicing in a hospital to or from which patients are transported under section 86 or health care practitioner under such a physician's supervision who gives oral or written instructions to a basic emergency medical services person or an advanced emergency medical person for the provision of emergency medical treatment outside the hospital is not civilly liable for negligence as a result of issuing the instructions, if the instructions were in accordance with the protocol for the patient's reported condition. For the purpose of aiding in establishing the use of a protocol that permits the immunity provided in this subsection, the following provisions apply:

A. The basic emergency medical services person or advanced emergency medical person to whom the instructions are given shall document those instructions on the state ambulance run record; and [PL 2019, c. 370, §18 (AMD).]

B. The physician or health care practitioner giving the instructions shall maintain a medical control log documenting those instructions at the time they were given and shall sign the log. [PL 1987, c. 638, §2 (NEW).]

The immunity provided in this subsection extends to the hospital in which the physician described in this subsection is practicing or the health care practitioner described in this subsection is being supervised.

[PL 2019, c. 370, §18 (AMD).]

**2. Emergency medical services persons' training.** Except as otherwise provided in this subsection, no hospital, physician or health care practitioner providing an emergency medical services course, refresher course or continuing education course approved by Maine Emergency Medical Services may be vicariously liable for the civil liability of a person enrolled in the course to a person receiving emergency medical treatment during the course.

The immunity provided by this subsection does not apply if the person enrolled in the course is an employee of the hospital, physician or health care practitioner seeking immunity under this subsection.

[PL 1991, c. 588, §25 (AMD).]

#### SECTION HISTORY

PL 1987, c. 638, §2 (NEW). PL 1991, c. 588, §25 (AMD). PL 2019, c. 370, §18 (AMD).

#### §93-B. Epinephrine Training Fund

**(REPEALED)**

#### SECTION HISTORY

PL 2003, c. 451, §TT1 (NEW). PL 2015, c. 82, §11 (RP).

#### §93-C. Liability insurance

**1. Procurement of coverage.** An ambulance service may not be required to procure liability insurance coverage that exceeds the liability limits specified in Title 14, sections 8104-D and 8105 while acting as an emergency medical service as defined in Title 14, section 8102, subsection 1-A.

[PL 2005, c. 398, §2 (NEW).]

**2. Coverage required by insurer.** An insurer providing insurance to an ambulance service may not require coverage that exceeds the liability limits specified in subsection 1.

[PL 2005, c. 398, §2 (NEW).]

#### SECTION HISTORY

PL 2005, c. 398, §2 (NEW).

#### §94. Sunset

The operations and conduct of Maine Emergency Medical Services must be reviewed in accordance with Title 3, chapter 35. [PL 2005, c. 397, Pt. A, §40 (AMD).]

#### SECTION HISTORY

PL 1985, c. 730, §§14,16 (NEW). PL 1991, c. 588, §26 (AMD). PL 1995, c. 488, §4 (AMD). PL 2005, c. 397, §A40 (AMD).

#### §95. Authorize to participate

Notwithstanding section 91-B, Maine Emergency Medical Services is authorized to participate in and share information with the National Emergency Medical Services Information System. [PL 2011, c. 271, §23 (AMD).]

#### SECTION HISTORY

PL 2007, c. 274, §29 (NEW). PL 2011, c. 271, §23 (AMD).

#### §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. [PL 2021, c. 15, §4 (NEW).]

**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. [PL 2021, c. 15, §4 (NEW).]

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. [PL 2021, c. 15, §4 (NEW).]

[PL 2021, c. 15, §4 (NEW).]

**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. [PL 2021, c. 15, §4 (NEW).]

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. [PL 2021, c. 15, §4 (NEW).]

[PL 2021, c. 15, §4 (NEW).]

**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. [PL 2021, c. 15, §4 (NEW).]

**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.

[PL 2021, c. 15, §4 (NEW).]

**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.

[PL 2021, c. 15, §4 (NEW).]

SECTION HISTORY

PL 2021, c. 15, §4 (NEW).

### **§97. Maine Emergency Medical Services Community Grant Program**

The Maine Emergency Medical Services Community Grant Program is established as a pilot program to provide grants to communities for the review and consideration of the provision of effective and efficient emergency medical services. [PL 2021, c. 700, §1 (NEW).]

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Community" means a municipality or group of municipalities. [PL 2021, c. 700, §1 (NEW).]

B. "Program" means the Maine Emergency Medical Services Community Grant Program pilot program established under this section. [PL 2021, c. 700, §1 (NEW).]

[PL 2021, c. 700, §1 (NEW).]

**2. Purpose and use of grant funding.** The purpose of the program is to provide financial assistance to communities that plan to examine or are examining the provision of emergency medical services through a process of informed community self-determination and are considering a new, financially stable structure for delivering emergency medical services that provides high-quality services effectively and efficiently. Recipient communities may use grant funds to review current capacity and consider alternative models for providing emergency medical services, including, but not limited to, for the following activities:

A. Engaging with the individuals, institutions and businesses in the community to plan for emergency medical services; [PL 2021, c. 700, §1 (NEW).]

B. Determining the current level and financial health of emergency medical services that serve the community; [PL 2021, c. 700, §1 (NEW).]

C. Identifying issues in the community that challenge or improve the provision of emergency medical services; [PL 2021, c. 700, §1 (NEW).]

D. Developing options for the structure, delivery and financing of emergency medical services that will effectively and efficiently serve the community, including options for ensuring long-term financial stability; and [PL 2021, c. 700, §1 (NEW).]

E. Engaging with the individuals, institutions and businesses in the community in reviewing the information collected and considering options developed through the activities engaged in under paragraphs B to D. [PL 2021, c. 700, §1 (NEW).]

[PL 2021, c. 700, §1 (NEW).]

**3. Board responsibility; financing.** The board shall administer grants made under the program. Funding appropriated for the program that is unexpended at the end of a fiscal year is nonlapsing and carries forward to the next fiscal year.

[PL 2021, c. 700, §1 (NEW).]

**4. Rulemaking.** The board shall adopt rules establishing the grant application and selection process and shall administer grant funds appropriated for the program. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2021, c. 700, §1 (NEW).]

**5. Reports.** As a condition of receiving grant funding, all grant recipients shall report as required by the board on the use of funds and the results of the actions described by subsection 2.

[PL 2021, c. 700, §1 (NEW).]

#### SECTION HISTORY

PL 2021, c. 700, §1 (NEW).

## §98. Emergency Medical Services Stabilization and Sustainability Program

The Emergency Medical Services Stabilization and Sustainability Program, referred to in this section as "the program," is established within the department, to be administered by Maine Emergency Medical Services in consultation with the board and the Department of Health and Human Services, to provide financial assistance to emergency medical services entities based in the State that are facing immediate risk of failure, to increase the sustainability, efficiency and resiliency of emergency medical services throughout the State and to help ensure that all residents of the State continue to have access to high-quality, out-of-hospital clinical care provided by the emergency medical services system. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Community" means a municipality, group of municipalities or other area of the State served by an emergency medical services entity. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

B. "Emergency medical services entity" means an ambulance service or nontransporting emergency medical service or emergency medical services training center licensed under this chapter or a regional council. [PL 2023, c. 438, §1 (AMD).]

C. "Historical activations" means the number of times an emergency medical services entity was dispatched by the E-9-1-1 system within a defined period of time. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

D. "Rurality" means a community's score established by the United States Department of Agriculture that indicates the rural nature of the community. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

[PL 2023, c. 438, §1 (AMD).]

**2. Purpose and use of funding.** The purpose of the program is to provide financial assistance, in accordance with subsection 3, to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services and to provide grants to assist emergency medical services entities with long-term sustainability and resiliency planning and programming within the emergency medical services system in accordance with subsection 4. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

**3. Funding requirements.** This subsection provides requirements for financial assistance to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services. Financial assistance under this subsection must be provided through the program.

A. Using a form developed and made available by the board, an emergency medical services entity applying for funding under this subsection must demonstrate that the entity:

(1) Is at immediate risk of failing and leaving its community without access to adequate emergency medical services due to employee recruitment or retention issues or an inability to finance daily operations. The entity must submit a financial statement covering its most recent fiscal year;

(2) Provided ambulance services or nontransporting emergency medical services to its community during the prior calendar year;

(3) Is providing and intends to continue to provide ambulance services or nontransporting emergency medical services to its community; and

(4) In the case of an applicant that is an ambulance service only, is participating in the MaineCare program and maintains an electronic funds transfer account with the Department of Health and Human Services. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

B. As a condition of receiving funding under this subsection, an emergency medical services entity meeting the requirements of paragraph A must enter into an agreement with Maine Emergency Medical Services requiring the entity to:

(1) Use all funding received to support only those activities as specified by the board in the application, which must include, but are not limited to:

(a) Supplementing wages, benefits, stipends and incentives for emergency medical services persons;

(b) Supporting training directly related to the provision of clinical care, leadership or management of emergency medical services;

(c) Supplementing wages, benefits, stipends and incentives for administrative support staff;

(d) Implementation of programming directly related to a strategic plan for the emergency medical services system developed by the board; and

(e) Investment in capital expenditures not to exceed \$50,000 in the aggregate;

(2) Submit a report to the board no later than December 31st of the year in which the entity receives the funding identifying how the funding was expended; and

(3) If the board determines, based on the report, that the funding was used to support activities not identified in the application as authorized expenditures, repay all such unauthorized expenditures for redistribution in accordance with this subsection.

(a) For the purposes of this subparagraph, a funding expenditure by an entity is deemed to be unauthorized and subject to repayment if the board determines the expenditure was used to supplant the entity's existing emergency medical services funding sources, except for funding sources originating from in-kind donations, fund-raisers or volunteer labor.

(b) To the extent permissible under applicable federal laws and regulations and state laws and rules, the Department of Health and Human Services may withhold future payments or reimbursements under the MaineCare program that are due to an entity that is an ambulance service and that is required to repay unauthorized expenditures under this subparagraph until such unauthorized expenditures are repaid in full. Payments withheld under this paragraph must be transferred to the program established in this section. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

C. The board shall establish an allocation algorithm for maximum and minimum funding distributions to emergency medical services entities under this subsection based on the rurality of a community and historical activations for emergency medical services. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

D. The board may establish reasonable deadlines by which an emergency medical services entity seeking funding under this subsection must enter into an agreement pursuant to paragraph B. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

[PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

**4. Sustainability grant requirements.** This subsection provides requirements for grants to emergency medical services entities to increase support and develop a plan for sustainability, collaboration and enhancement of efficiency in the delivery of emergency medical services in the State. The board shall adopt rules establishing requirements for grants under this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

A. Using a form developed and made available by the board, an emergency medical services entity may apply for and be awarded a grant under this subsection upon a determination by the board that

the applicant meets all applicable requirements for the grant as established by the board by rule. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

B. Upon the recommendation of the director after consultation with the board, the board shall establish an allocation algorithm for maximum and minimum funding distributions to emergency medical services entities under this subsection, which may, as applicable, be based on the rurality of the community and historical activations for emergency medical services. [PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

[PL 2023, c. 412, Pt. GGGGG, §1 (NEW).]

#### SECTION HISTORY

PL 2023, c. 412, Pt. GGGGG, §1 (NEW). PL 2023, c. 438, §1 (AMD).

The State of Maine claims a copyright in its codified statutes. If you intend to republish this material, we require that you include the following disclaimer in your publication:

*All copyrights and other rights to statutory text are reserved by the State of Maine. The text included in this publication reflects changes made through the Second Regular Session of the 131st Legislature and is current through October 15, 2024. The text is subject to change without notice. It is a version that has not been officially certified by the Secretary of State. Refer to the Maine Revised Statutes Annotated and supplements for certified text.*

The Office of the Revisor of Statutes also requests that you send us one copy of any statutory publication you may produce. Our goal is not to restrict publishing activity, but to keep track of who is publishing what, to identify any needless duplication and to preserve the State's copyright rights.

PLEASE NOTE: The Revisor's Office cannot perform research for or provide legal advice or interpretation of Maine law to the public. If you need legal assistance, please contact a qualified attorney.