

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-SIX

—
S.P. 817 - L.D. 2128

**An Act to Reorganize the Emergency Medical Services' Board to Implement
the Recommendations of the Blue Ribbon Commission to Study Emergency
Medical Services in the State**

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

Sec. 1. 32 MRSA §88, sub-§1, ¶A, as amended by PL 2019, c. 370, §16, is further amended to read:

A. The board has one member representing each region, each of whom is appointed by the representative's regional council, and ~~12~~ 5 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~~ a representative of an emergency medical dispatch center or emergency medical dispatch provider, one is a representative of a municipal fire department administration, one is a representative of emergency medical services administrators, one is an emergency medical services paramedic licensed in the State and one is an emergency medical technician or advanced emergency medical technician licensed in the State. Appointments are for 3-year terms. Members, except the regional representatives and ex officio members, are appointed by the Governor. The statewide emergency medical services medical director ~~and, the statewide associate emergency medical services medical director and the commissioner or the commissioner's designee~~ are ex officio nonvoting members of the board.

Sec. 2. 32 MRSA §88, sub-§1, ¶B, as amended by PL 1991, c. 588, §16, is further amended to read:

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 appointed by the Governor does not serve a full term of appointment, the Governor shall appoint a successor to fill the vacancy for the remainder of the term. If a board member appointed by a regional council does not serve a full term of appointment, the regional council that appointed the board member 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.

Sec. 3. 32 MRSA §88, sub-§1, ¶C, as amended by PL 1991, c. 588, §16, is further amended to read:

C. The board shall meet at least quarterly, and at the call of its chair or at the request of ~~7~~ 5 members. When the board meets, members are entitled to compensation according to the provisions of Title 5, chapter 379.

Sec. 4. 32 MRSA §88, sub-§2, ¶M is enacted to read:

M. The board shall by January 1st annually submit a report to the joint standing committee of the Legislature having jurisdiction over emergency medical services matters and the joint standing committee of the Legislature having jurisdiction over emergency medical services personnel licensing matters with any recommendations for changes to this chapter and in related provisions as the board may determine appropriate. Either committee may report out legislation related to the recommendations in the report.

Sec. 5. 32 MRSA §89, sub-§1, as amended by PL 2007, c. 274, §21, is further amended to read:

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 services and ~~rescue~~ nontransporting emergency medical services, emergency room physicians and nurses, hospitals emergency medical dispatch centers and emergency medical dispatchers, emergency medical services training centers 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.

Sec. 6. 32 MRSA §89, sub-§2, ¶F, as amended by PL 2007, c. 274, §21, is further amended to read:

~~F. Nominating 2 or more candidates~~ Appointing a candidate from each region for a position on the ~~Emergency Medical Services' Board, from whom the Governor may select a member~~ board; and

Sec. 7. 32 MRSA §89, sub-§2, ¶G, as enacted by PL 1985, c. 730, §§13 and 16, is amended to read:

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

Sec. 8. 32 MRSA §89, sub-§2, ¶H is enacted to read:

H. Regularly advising the representative to the board on issues, concerns and policies affecting the region that the council represents.

Sec. 9. Transition. Notwithstanding the Maine Revised Statutes, Title 32, section 88, subsection 1, a member of the Emergency Medical Services' Board serving on the effective date of this Act continues to serve until the expiration of that member's term.