

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out everything after section 1 and inserting the following:

Sec. 2. 32 MRSA §91-B, sub-§1, ¶E is enacted to read:

E. 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.

Sec. 3. 32 MRSA §91-B, sub-§1, ¶F is enacted to read:

F. 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.

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

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

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

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

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

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

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

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

3. Information requested. When requesting information pursuant to this section and any rules adopted by the board, the board shall request only the minimum amount of information necessary to fulfill the purposes of this section.

4. No liability for physician or hospital reporting in good faith. 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.

5. Rulemaking. The board shall adopt rules regarding the collection and reporting of information 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.

Sec. 5. Rulemaking by the Emergency Medical Services' Board. In adopting rules pursuant to the Maine Revised Statutes, Title 32, section 96, subsection 5, the Department of Public Safety, Maine Emergency Medical Services, Emergency Medical Services' Board shall address the following issues:

1. How different quality initiatives are adopted by the board;
2. How providers are notified about these different quality initiatives;
3. How providers communicate their decisions to the board to authorize the state-designated statewide health information exchange to provide information or records to the board;
4. For providers who authorize the state-designated statewide health information exchange to provide information or records to the board, the manner in which a provider may revoke that authorization; and
5. How information or records remitted from the state-designated statewide health information exchange to the board and data remitted from the board to any 3rd parties are tracked and reported to providers when data requests are made to the state-designated statewide health information exchange.

The rules must include a requirement that any executed agreements must be made available to providers if any 3rd parties are provided information or records under those agreements.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

Like the bill, this amendment makes changes to the laws governing the reporting of health care information to the Department of Public Safety, Maine Emergency Medical Services, Emergency Medical Services' Board. The amendment allows the board to request and collect health care information or records, including information or records that identify a patient. The amendment requires hospitals and physicians, upon request by the board for the purpose of monitoring and improving the provision of emergency medical services and health outcomes, to provide health care information concerning individuals who have received emergency medical treatment, except for information that includes HIV/AIDS status or test results or that relates to treatment or services for behavioral or mental health or substance use disorder.

The amendment makes the reportable health care information confidential. Personally identifiable trauma information is already confidential.

The amendment also requires the board to adopt routine technical rules to determine how frequently information is reported and guidelines for how the data will be used.

FISCAL NOTE REQUIRED

(See attached)