

STATE OF MAINE

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

—
H.P. 549 - L.D. 883

An Act to Exempt Emergency Medical Services Community Paramedicine Programs from Home Health Care Provider Licensing Requirements Under Certain Circumstances

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

Sec. 1. 22 MRSA §2147, sub-§12, as amended by PL 1989, c. 119, §3, is further amended to read:

12. Municipal entities. Municipal departments or agencies or other municipal entities in their provision of nontherapeutic preventive and promotional health educational services when persons providing those services are employed by the municipality; ~~and~~

Sec. 2. 22 MRSA §2147, sub-§14, as enacted by PL 2013, c. 336, §3, is amended to read:

14. Registered nurse educators. Registered nurse educators; and

Sec. 3. 22 MRSA §2147, sub-§15 is enacted to read:

15. Emergency medical services community paramedicine services. Ambulance services and nontransporting emergency medical services as defined and licensed under Title 32, chapter 2-B, that are authorized by the Emergency Medical Services' Board to provide community paramedicine services pursuant to Title 32, section 84, subsection 4. This exemption applies for the express and exclusive purpose of delivering community paramedicine services, as long as:

A. The care is episodic. For the purposes of this paragraph, "episodic" means an encounter with a patient focused on presenting concerns and an identified medical condition in which neither the community paramedic nor the patient has the expectation of an ongoing general home care relationship; and

B. The Emergency Medical Services' Board adopts rules requiring authorized community paramedicine services to:

(1) Comply with the Maine Background Check Center Act requirements as described in chapter 1691;

(2) Conduct initial and ongoing training of all staff regarding their obligations as mandatory reporters;

(3) Meet licensing standards consistent with those required by Title 22, section 2145, subsections 3 and 4; and

(4) Coordinate with home health agencies.

Sec. 4. 32 MRSA §84, sub-§4, as repealed and replaced by PL 2017, c. 276, §1, is repealed and the following enacted in its place:

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;

B. Conduct initial and ongoing training of all staff regarding their obligations as mandatory reporters;

C. Meet licensing standards consistent with those required by Title 22, section 2145, subsections 3 and 4; and

D. Coordinate with home health agencies.

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