

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FIVE

S.P. 776 - L.D. 1981

An Act to Implement the Recommendations of the Emergency Medical Services' Board and 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. 5 MRSA §12004-A, sub-§15-A is enacted to read:

15-A.

Emergency Medical Services Licensing Board \$20/Day 32 MRSA §84

Sec. 2. 32 MRSA §83, sub-§13-B is enacted to read:

13-B. Licensing board. "Licensing board" means the Emergency Medical Services Licensing Board appointed by the board pursuant to section 84, subsection 1, paragraph H.

Sec. 3. 32 MRSA §83, sub-§16-B, as amended by PL 2019, c. 617, Pt. C, §1, is further amended to read:

16-B. Medical Direction and Practices Board. "Medical Direction and Practices Board" means the board consisting of each regional and associate 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.

Sec. 4. 32 MRSA §84, sub-§1, ¶H is enacted to read:

H. The board, by majority vote and in consultation with the Commissioner of Public Safety or the commissioner's designee, shall appoint the Emergency Medical Services Licensing Board. The licensing board consists of 7 members as follows:

(1) A member who is an emergency medical services physician representing hospitals;

- (2) A member representing advanced emergency medical services persons;
- (3) A member representing basic emergency medical services persons;
- (4) A member representing emergency medical dispatch services;
- (5) A member representing emergency medical services licensed training centers;
- (6) A member representing emergency medical services administrators; and
- (7) The Director of Maine Emergency Medical Services or the director's designee.

Sec. 5. 32 MRSA §85, sub-§1, as amended by PL 2007, c. 274, §11, is further amended to read:

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

Sec. 6. 32 MRSA §85, sub-§3, as amended by PL 2025, c. 7, §1, is further amended to read:

3. Minimum requirements for licensing. In setting rules for the licensure of emergency medical services persons, the board, in consultation with the licensing 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.

C. The person must have successfully completed a state board-approved cognitive test for basic emergency medical treatment and a board-approved assessment of emergency medical treatment skills.

The licensing 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 licensing board are for official use only and may not be disseminated outside the licensing board. The applicant for licensure shall pay the expense of obtaining the information required by this subsection.

Sec. 7. 32 MRSA §85, sub-§4, as amended by PL 2025, c. 7, §2, is further amended to read:

4. Minimum requirements for relicensing. The board, in consultation with the licensing 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

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 board-approved cognitive test and a board-approved assessment of emergency medical treatment skills.

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.

Sec. 8. 32 MRSA §85-A, sub-§4, as amended by PL 2011, c. 271, §12, is further amended to read:

4. Licensing actions. A license issued pursuant to this section is subject to the provisions of ~~sections~~ section 90-A ~~and 91-A~~. Before the licensing 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 licensing 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.

Sec. 9. 32 MRSA §85-B, sub-§1, as enacted by PL 2021, c. 220, §3, is amended to read:

1. Mandatory qualifications. The board, in consultation with the licensing 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;
- B. Establishing minimal education and continuing education requirements for emergency medical services ambulance operators;
- 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
- D. Establishing requirements for holding a valid state driver's license pursuant to Title 29-A, chapter 11, subchapter 1.

Sec. 10. 32 MRSA §85-B, sub-§2, as enacted by PL 2021, c. 220, §3, is amended to read:

2. Background and driver's license information check. The licensing 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. The licensing board shall also obtain driver's license information 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 licensing 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.

Sec. 11. 32 MRSA §85-B, sub-§4, as enacted by PL 2021, c. 220, §3, is amended to read:

4. Licensing actions. A license issued under this section is subject to the provisions of sections section 90-A and ~~91-A~~.

Sec. 12. 32 MRSA §88, sub-§2, ¶C, as amended by PL 1991, c. 588, §16, is further amended to read:

C. The board shall delegate authority to the licensing board to grant licenses pursuant to this chapter.

Sec. 13. 32 MRSA §88, sub-§2, ¶I, as enacted by PL 1991, c. 588, §16, is amended to read:

I. The board, in consultation with the licensing 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.

Sec. 14. 32 MRSA §88, sub-§3, as amended by PL 2019, c. 370, §17, is repealed.

Sec. 15. 32 MRSA §88, sub-§4, as enacted by PL 2001, c. 229, §4, is repealed.

Sec. 16. 32 MRSA §88, sub-§5, as enacted by PL 2015, c. 6, §2, is repealed.

Sec. 17. 32 MRSA §90-A, as amended by PL 2023, c. 111, §1, is further amended to read:

§90-A. Licensing actions

1. Disciplinary proceedings and sanctions. The licensing 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 licensing 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 licensing board, ~~its subcommittee or its~~ 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.

2. Notice. The licensing 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 licensing board or its 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 licensing board or its 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.

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.~~

4. Further action. If the licensing board, ~~its subcommittee~~ or its 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 licensing board, ~~its subcommittee~~ or its 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 licensing board or its staff, the licensee and the Department of the Attorney General.

B. If a licensee voluntarily surrenders a license, the licensing board, ~~its subcommittee~~ or its 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 licensing board or its staff, the licensee and the Department of the Attorney General.

C. If the licensing board, ~~its subcommittee~~ or its staff concludes that modification, nonrenewal or suspension pursuant to ~~section 88, subsection 3~~ subsection 7 of a license or imposition of a civil penalty pursuant to ~~section 88, subsection 3~~ subsection 7 is in order, the licensing 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 licensing board in accordance with Title 5, chapter 375, subchapter 4. If the licensee wishes to appeal the final decision of the licensing board, the licensee shall file a petition for review with the Superior Court within 30 days of receipt of the licensing board's decision. Review under this paragraph must be conducted pursuant to Title 5, chapter 375, subchapter 7.

D. Except in the specific circumstances ~~where~~ for which Title 5, section 10004 may be invoked, if the licensing board or its staff concludes that suspension beyond the authority conferred by section 88 and subsection 7 of the license is in order, the licensing 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.

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;

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;

B-2. A declaration of or claim pertaining to the licensee of legal incompetence that has not been legally terminated;

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;

D. Aiding or abetting the practice of emergency care by a person not duly licensed under this chapter who purports to be so;

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;

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;

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;

H. Any violation of this chapter or any rule adopted by the board or the licensing board; or

I. For other purposes as specified by rules or law.

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 licensing board or its staff takes further licensing action under subsection 4, the licensing 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.

7. Authority. In addition to authority otherwise conferred, the licensing board or, as delegated, its staff may, for each violation of applicable laws, rules or conditions of licensure or registration, in accordance with the procedures established in this section 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;

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. 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;

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;

D. Impose conditions of probation upon an applicant or licensee. Probation may run for that time period as the licensing board or its 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 licensing board or its 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;

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 licensing board or its 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

F. Assess a licensee the costs of investigation and adjudicatory hearings relating to that licensee.

8. Authority to issue letters of guidance. In addition to authority otherwise conferred, the licensing board or, as delegated, its 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 licensing board or, as delegated, its 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 licensing board or its staff in any subsequent action commenced against the applicant or licensee within the specified time frame.

9. Authority to request mental and physical examinations. For the purposes of this subsection, by application for and acceptance of a license to practice, an emergency medical services person is considered to have given consent to a mental or physical examination when directed by the licensing board. The licensing board may direct an emergency medical services person to submit to a mental examination whenever the licensing board determines the emergency medical services person may be suffering from a mental illness that may be interfering with the competent practice of emergency medical services or from the use of intoxicants or drugs to an extent that they are preventing the emergency medical services person from practicing competently and with safety to patients. The licensing board may direct an emergency medical services person to submit to a physical examination whenever the licensing board determines the emergency medical services person may have diminished physical capabilities to an extent that they are preventing the emergency medical services person from practicing competently and with safety to patients. An emergency medical services person examined pursuant to an order of the licensing board may not prevent the testimony of the examining individual or prevent the acceptance into evidence of the report of an examining individual in a proceeding under subsection 1. Failure to comply with an order of the licensing board to submit to a mental or physical examination results in the immediate suspension of the license of the emergency medical services person until the emergency medical services person submits to the examination.

10. Appeals of nondisciplinary actions and refusals to issue. Any person or organization aggrieved by the decision of the staff of the licensing 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 licensing board for a final decision. The staff's decision stands until the licensing board issues a decision to uphold, modify or overrule the staff'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. A final decision of the licensing board constitutes final agency action appealable pursuant to Title 5, chapter 375, subchapter 7.

Sec. 18. 32 MRSA §90-C, as enacted by PL 2015, c. 82, §7, is amended to read:

§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 licensing board in writing within 10 days of a:

- A. Change of name or address;
- B. Criminal conviction;

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

D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the licensing board.

Sec. 19. 32 MRSA §91-A, as amended by PL 2003, c. 559, §3, is repealed.

Sec. 20. 32 MRSA §91-B, sub-§1, as amended by PL 2021, c. 15, §§2 and 3, is further amended to read:

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 or the licensing 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 licensing 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~~ licensing 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 licensing board or department for the purposes of investigation are confidential and may not be disclosed by the ~~committee, the~~ licensing board or its staff.

A. A personal residence address, personal telephone number or personal e-mail address submitted to the licensing 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 licensing 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 licensing 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.

B. Any materials or information submitted to the licensing board in support of an application that are designated as confidential by any other provision of law remain confidential in the possession of the licensing board. Information in ~~any a~~ report or record provided to the board or licensing board pursuant to this chapter that permits identification of a person receiving emergency medical treatment is confidential.

C. Information provided to the board or licensing 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.

D. Examination questions used by the licensing board to fulfill the cognitive testing requirements of this chapter are confidential.

E. Health care information or records provided to the board or licensing 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.

F. Health care information or records provided to the board or licensing 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. 21. 32 MRSA §91-B, sub-§2, ¶A, as enacted by PL 2011, c. 271, §19, is amended to read:

A. Confidential information may be released in an adjudicatory hearing ~~or informal conference~~ before the board or licensing board or in any subsequent formal proceeding to which the confidential information is relevant.

Sec. 22. 32 MRSA §91-B, sub-§2, ¶B, as enacted by PL 2011, c. 271, §19, is amended to read:

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 licensing board action.

Sec. 23. 32 MRSA §91-B, sub-§2, ¶D, as enacted by PL 2011, c. 271, §19, is amended to read:

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 licensing board;
- (3) By a Maine Emergency Medical Services employee or complaint officer designated by the licensing 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~~ board in consultation with the licensing board, 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.

Sec. 24. 32 MRSA §92-B, as amended by PL 2015, c. 82, §§9 and 10, is further amended to read:

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

Notwithstanding any ~~other~~ provision of law to the contrary, information that relates to an applicant for licensure or to a person licensed or certified by the licensing 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 or licensing board must be disclosed to the licensing board and may be used by the licensing board only in accordance with this chapter.

1. Purpose for which disclosure is made. Any confidential information provided to the licensing board may be used only for investigative and other actions within the scope of the authority of the licensing board and for determining whether the applicant for licensure or the person licensed or certified by the licensing board has engaged in unlawful activity, professional misconduct or an activity in violation of the laws or rules relating to the board or licensing board.

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

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 licensing board investigators, parties to the matter at issue, parties' representatives, counsel of record, hearing officers and licensing 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.

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.

Sec. 25. Appropriations and allocations. The following appropriations and allocations are made.

PUBLIC SAFETY, DEPARTMENT OF

Emergency Medical Services 0485

Initiative: Provides funding for travel reimbursement, Attorney General office representation and expert witness fees related to the newly created Emergency Medical Services Licensing Board.

GENERAL FUND	2025-26	2026-27
All Other	\$0	\$20,000
GENERAL FUND TOTAL	\$0	\$20,000