

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

—
S.P. 634 - L.D. 1735

**An Act To Authorize Regional Medical Control Committees To Have Access
to Maine Emergency Medical Services Data for Purposes of Quality
Improvement**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, critical and lifesaving emergency medical services are provided to patients on a daily basis in both rural and urban areas; and

Whereas, circumstances arise in which the provision of emergency medical services requires review for the purposes of quality improvement so that services may be delivered in a safe and efficient manner that produces maximum benefit to the health of the patient; and

Whereas, delay in reviews increases the risk of service delivery that may be less safe or less efficient or does not produce maximum benefit to the health of the patient; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 32 MRSA §89, sub-§2, ¶A, as amended by PL 1991, c. 588, §18, is further amended to read:

A. Establishing a regional medical control committee to carry out a plan of quality improvement approved by the board;

Sec. 2. 32 MRSA §91-B, sub-§2, ¶E, as amended by PL 2015, c. 82, §8, is further amended to read:

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.

Sec. 3. 32 MRSA §91-B, sub-§2, ¶H is enacted to read:

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.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.