

## **LD 5, An Act Concerning the Reporting of Health Care Information or Records to the Emergency Medical Services' Board**

### **SUMMARY:**

This bill allows the Department of Public Safety, Maine Emergency Medical Services, Emergency Medical Services' Board to request and collect health care information or records, including information or records that identify a patient. The bill also 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 or records concerning individuals who have received emergency medical treatment, except for information or records that include HIV or AIDS status or test results or that relate to referral, treatment or services for a behavioral or mental health disorder or substance use disorder.

The bill makes the reportable health care information or records confidential.

The bill also requires the board to adopt routine technical rules related to quality initiatives adopted by the board, the authorization and revocation of authorization for a state-designated statewide health information exchange to provide health care information and records to the board and the tracking of health care information and records provided by the exchange to the board.

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## ISSUES FOR CONSIDERATION:

1. LD 5 reflects the language unanimously supported by HCIFS Committee in 129<sup>th</sup> Legislature on [LD 1996](#), An Act Concerning the Reporting of Health Care Information to the Emergency Medical Services' Board. LD 1996 was voted OTP-A by HCIFS and reported out of committee, but was not taken up in any special session before termination of the 129<sup>th</sup> Legislature. The language was developed with input of stakeholders.
2. As drafted, LD 5 provides that certain information provided to the board is confidential if it identifies or permits the identification of a patient or a member of a patient's family. See sections 2 and 3 of the bill. Pursuant to 1 MRSA §434, any legislation proposing a new public records exception must be reviewed by the Judiciary Committee. If committee moves forward, the language must be referred to JUD for further review. Last session, the Judiciary Committee previously reviewed the same language that was included in LD 1996 and recommended no changes. See [memo](#) from Judiciary Committee.
3. During testimony neither for nor against LD 5 at the hearing, the Maine Medical Association raised concerns about the added costs and administrative burden associated with the reporting requirements in the bill and suggested amending the bill further to exempt independent physician practices that do not report through HealthInfoNet (HIN). As drafted, the language in LD 5 would require the Maine EMS board to determine the process for physicians to report that do not authorize or utilize HIN.

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### **ISSUES FOR CONSIDERATION (cont'd):**

4. As drafted, LD 5 provides an exception for information identifying a patient that includes HIV or AIDS status or that relate to treatment or services for behavioral or mental health disorder or substance use disorder. State law also recognizes added protection for disclosure of records related to victims of domestic violence and abortion or miscarriage data that identify a patient. Considering adding language to exception to reference records that identify a patient related to domestic violence and abortion or miscarriage data?

5. As drafted, LD 5 directs Maine EMS to conduct rulemaking to implement its requirements. Consider adding specific timeline for adoption of rules. Alternatively, consider adding an emergency preamble and emergency clause so that bill, if enacted, would become effective once signed by Governor? Emergency legislation would require 2/3 vote of both House and Senate.

6. Written testimony from parties not present at hearing: Maine Ambulance Association (FOR) and Maine Hospital Association (NFNA) submitted written testimony on LD 5.

**FISCAL INFORMATION:** Not yet determined; fiscal information for last year's bill, LD 1996, indicated any additional costs to the board associated with rulemaking could be absorbed within existing resources.