

1 **16 DEPARTMENT OF PUBLIC SAFETY**2 **163 EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)**3 **CHAPTER 11: STANDARDS AND PROCEDURES FOR EMERGENCY MEDICAL SERVICES**  
4 **LICENSING BOARD ACTION**

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5 **PURPOSE:**

6 EMS professionals are tasked with entering people's lives during what may be their worst and most  
7 vulnerable times. The public grants EMS professionals near limitless access to their homes, businesses, and  
8 personal spaces, all within close proximities to their families, friends, and loved ones. This level of access  
9 is essential for EMS professionals to carry out their duties of delivering emergency medical care. The  
10 public, therefore, places EMS professionals in the highest level of trust and demands that EMS professionals  
11 abide by a strong ethical code and enforce the highest standard of personal and professional conduct. For  
12 the Maine EMS system to function properly and serve the public interest in protecting public health, safety,  
13 and welfare, it must hold the members of its profession, including Ambulance Services, Non-Transporting  
14 Emergency Medical Services, Training Centers, and Emergency Medical Dispatch Centers, accountable to  
15 their commitments and duties and ensure that its decisions affecting licensure are based upon evidence and  
16 rooted in a foundation of transparency and justice. To this end, it is therefore necessary to set forth the  
17 procedures, standards, and grounds for disciplinary and non-disciplinary action involving Maine  
18 Emergency Medical Services' licensees.

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20 Because EMS professionals have specialized medical training that their patients may not fully  
21 understand, EMS professionals have a duty to always use that knowledge to act in the best interest of the  
22 patient. It is the duty of the EMS professional to not only treat each patient with the most appropriate and  
23 competent medical care according to their illness or injury, but also treat each patient, family member,  
24 friend, loved one, and caregiver with compassion, respect, and dignity. To make sound ethical and moral  
25 decisions, an EMS professional needs to understand and be held accountable to the ethical principles that  
26 guide choices made and actions taken, not just at a patient-centric level, but also at a level of professionalism  
27 toward fellow EMS professionals, and other healthcare professionals. In the interest of ensuring that an  
28 EMS professional has a sufficient understanding of the expectations related to the ethical principles present  
29 within the Maine EMS system, it is necessary to set forth a Code of Ethics that represents the values of the  
30 Maine EMS system.

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32 **SECTION 1. DEFINITIONS**

- 33 1. These terms have the following meanings as used within this chapter:
- 34 A. **Ambulance Operator** means an Emergency Medical Services Ambulance Operator licensed  
35 by the Emergency Medical Services Licensing Board pursuant to 32 M.R.S. § 85-B.
- 36 B. **Ambulance Service** has the same meaning as in 32 M.R.S. § 83(5).
- 37 C. **Board Staff** means those employed by the Office of Maine Emergency Medical Services  
38 within the Maine Department of Public Safety, assigned by the Director to the Licensing  
39 Board.
- 40 D. **Community Paramedic**, as used in this chapter, means a person licensed or conditionally  
41 licensed under Chapter 19 of these rules engaged in Community Paramedicine as defined in  
42 Chapter 19 of these rules.
- 43 E. **Emergency Action** means action taken against a license under 5 M.R.S. § 10004.

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- 45 F. **EMS Clinician** means an Emergency Medical Services Person licensed by the Emergency  
46 Medical Services Licensing Board pursuant to 32 M.R.S. § 85.
- 47 G. **Emergency Medical Dispatcher** means an Emergency Medical Dispatch Person licensed by  
48 the Emergency Medical Services Licensing Board pursuant to 32 M.R.S. § 85-A.
- 49 H. **Emergency Medical Services** means the services provided under licensure granted by the  
50 Maine Emergency Medical Services Licensing Board or the Maine Emergency Medical  
51 Services' Board, including, but not limited to: emergency medical treatment, interfacility  
52 transfer operations, ambulance operation, community paramedicine, and EMS-licensure  
53 education.
- 54 I. **EMS Professional** means an EMS Clinician, Ambulance Operator, Emergency Medical  
55 Dispatcher, Instructor/Coordinator, or Community Paramedic
- 56 J. **First Responder** means a Law Enforcement Officer as defined by 25 M.R.S. § 2801-A(5), a  
57 Municipal Firefighter as defined by 30-A M.R.S. § 3151(2), or any person licensed under  
58 Title 32, Chapter 2-B.
- 59 K. **Instructor/Coordinator** means a person licensed under Chapter 9 of these rules acting as the  
60 lead instructor in course(s) leading to licensure at the level of licensure held.
- 61 L. **Licensing Board** has the same meaning as in 32 M.R.S. § 83(13-B).
- 62 M. **Licensed Medical Practitioner** means physicians and all others certified, registered, or  
63 licensed in the healing arts, including, but not limited to: nurses, podiatrists, pharmacists,  
64 optometrists, chiropractors, physical therapists, dentists, psychologists, physician assistants,  
65 respiratory therapists, massage therapists, midwives, and veterinarians.
- 66 N. **Non-Disciplinary Action** means a Letter of Guidance/Concern issued pursuant to 32 M.R.S.  
67 § 90-A(8).
- 68 O. **Non-transporting Emergency Medical Service ("NTEMS")** has the same meaning as in 32  
69 M.R.S. § 83(14).
- 70 P. **Sexual Misconduct** means a behavior that exploits an EMS Clinician-Patient relationship, an  
71 Ambulance Operator-patient relationship, an Emergency Medical Dispatcher-caller  
72 relationship, an Inter-Licensee relationship, an Educator-student relationship, or a Mentor-  
73 mentee relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic,  
74 may be verbal or physical, and may include expressions or gestures that have a sexual  
75 connotation or that a reasonable person may construe as such. There are two levels of sexual  
76 misconduct: gross misconduct and impropriety, which are described under the applicable  
77 grounds for licensing action in Section 3 of this rule. Behavior listed in either category may  
78 be the basis for disciplinary action.
- 79 Q. **Work Environment** means any location where an EMS licensee is engaged in activities  
80 requiring licensure under Title 32, Chapter 2-B, or a location where an EMS licensee is  
81 reasonably expected to adhere to the standards of the profession, including but not limited to:  
82 an ambulance service or NTEMS base location, a hospital or other health-care facility, a fire-  
83 department, an emergency medical dispatch center, an emergency medical services training  
84 center, any location where EMS-related education is occurring, an ambulance or emergency  
85 medical services vehicle, or the scene of an emergency medical call.
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87 **SECTION 2. MAINE EMS CODE OF ETHICS**

- 88 1. As an EMS Professional and by acceptance of licensure in the State of Maine by the Maine  
 89 Emergency Medical Services Licensing Board or the Emergency Medical Services' Board, a  
 90 licensee solemnly pledges to meet the following code of professional ethics:
- 91 A. To do no harm, alleviate suffering, and promote the health and welfare of the citizens and  
 92 visitors of the State of Maine;
- 93 B. To safeguard a patient's dignity and right to privacy in providing services regardless of race,  
 94 nationality, creed, disability, color, sexual orientation, gender, religion, genetic information,  
 95 or socio-economic status;
- 96 C. To not prejudice the merits of a patient's request for service;
- 97 D. To respect and hold in confidence all information of a confidential nature obtained in the  
 98 course of professional service, unless required by law to divulge such information;
- 99 E. To demonstrate the highest standards of professional conduct in the practice of the profession  
 100 by:
- 101 (1) Not using professional knowledge and skills in any enterprise that is detrimental to the  
 102 public well-being;
- 103 (2) Caring for all patients with compassion and respect for human dignity, taking care with  
 104 the demeanor presented;
- 105 (3) Assuming responsibility for individual professional actions and judgment;
- 106 (4) Knowing and upholding the laws and rules that affect the practice of EMS;
- 107 (5) Working cooperatively with EMS associates and other healthcare and public safety  
 108 professionals in the best interest of patients and the general public;
- 109 (6) Refusing to participate in unethical procedures or practices;
- 110 (7) Exposing the incompetence or unethical conduct of others to the appropriate authority in  
 111 a proper, timely, and professional manner; and
- 112 (8) Using technology, including social media, in a responsible and professional manner that  
 113 does not discredit, dishonor, or embarrass an EMS organization, co-workers, other public  
 114 safety and healthcare agencies, other public safety and healthcare professionals, patients,  
 115 individuals, or the community at large.
- 116 F. To protect the health, safety, and well-being of themselves, their co-workers, patients, and the  
 117 community by following safety guidelines, principles, and practices.
- 118 G. To continually seek to maintain and improve their professional knowledge, skill, and  
 119 competence by seeking to update their practice by engaging in life-long learning, including  
 120 engaging in continuing education whenever available

121 **SECTION 3. GROUNDS FOR LICENSURE ACTIONS**

- 122 1. **Grounds for Licensure Actions Against Applicants for new or change in licensure as an**  
 123 **EMS Clinician, Ambulance Operator, Instructor/Coordinator, Community Paramedic, or**  
 124 **Emergency Medical Dispatcher**
- 125 (1) Criminal History
- 126 (a) Subject to the limitations of Title 5, Chapter 341, the Licensing Board may take  
 127 Disciplinary Action or Non-Disciplinary Action against an applicant who:
- 128 (i) Was convicted of a crime that involves dishonesty or false statement;
- 129 (ii) Was convicted of a crime that relates directly to the practice of Emergency  
 130 Medical Services;

- 131 (iii) Was convicted of a crime for which incarceration for one year or more may be  
132 imposed, whether or not such sanction was imposed;  
133 (iv) Was convicted of a crime defined in Title 17-A, Chapter 11, 12, or 45; or  
134 (v) Was convicted of a crime for which incarceration for less than one year may be  
135 imposed that involves sexual misconduct.

136 (2) Fraud/Deceit:

- 137 (a) The Licensing Board may take Disciplinary or Non-Disciplinary Action against an  
138 applicant who engages in or attempts to engage in fraud or deceit, including, but not  
139 limited to:  
140 (i) Fraud, deceit, or misrepresentation in the application submitted or in any activity  
141 or document intended to be used to satisfy a requirement for licensure.  
142 (ii) Impersonation of another licensed medical practitioner.  
143 (iii) Impersonation of an applicant or licensee or acting as a proxy for an applicant or  
144 licensee in any licensing exam.  
145 (iv) Uses or attempts to use as a valid certificate or license, one that has been  
146 purchased, counterfeited, or materially altered.

147 (3) Legal Incompetence or Impairment:

- 148 (a) The Licensing Board may take Disciplinary Action or Non-Disciplinary Action  
149 against an applicant who:  
150 (i) Has a declaration or claim of legal incompetence that has not been legally  
151 terminated.  
152 (ii) Has any condition or impairment within the preceding 3 years, including, but not  
153 limited to, substance use disorder or a mental, emotional or nervous disorder or  
154 condition, that in any way affects, or if untreated could impair, the applicant's  
155 ability to provide emergency medical services

156 (4) Violation of Board Statute:

- 157 (a) The Licensing Board may take Disciplinary or Non-Disciplinary Action against an  
158 applicant who engages in, or attempts to engage in, a violation of the Board's statute,  
159 including, but not limited to:  
160 (i) A failure to notify the Licensing Board in writing within 10 days of a:  
161 a. Change of name or address;  
162 b. Criminal conviction  
163 c. Revocation, suspension, or other disciplinary action taken in this or any  
164 other jurisdiction against any occupational or professional license held  
165 by the applicant; or  
166 d. Material change in the conditions or qualifications set forth in the  
167 original application for licensure submitted to the Licensing Board.  
168 (ii) Activities that require licensure pursuant to 32 M.R.S. § 82(1) when such  
169 licensure has not been granted or is not valid.

170 (5) Disqualifying Conduct:

- 171 (a) The Licensing Board may take Disciplinary or Non-Disciplinary Action against an  
172 applicant who engages in or attempts to engage in disqualifying conduct, including,  
173 but not limited to:  
174 (i) Sexual Misconduct as described in Section 3(2).  
175 (ii) Has disciplinary action against any professional medical licensure by another  
176 authority or jurisdiction, or has disciplinary action pending, which constitutes

177 evidence of an inability to respond appropriately to a client, patient, or the  
178 general public.

- 179 (b) The Licensing Board may take Disciplinary or Non-Disciplinary Action against an  
180 applicant when the applicant was previously licensed by the Emergency Medical  
181 Services' Board and the applicant engaged, or attempted to engage in, conduct that  
182 would have been a violation of the Board's Rules or Statutes.  
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184 **2. Grounds for Licensing Action Against Currently Licensed EMS Clinicians, Ambulance**  
185 **Operators, Instructor/Coordinators, Community Paramedics, or Emergency Medical**  
186 **Dispatchers**

187 A. The Licensing Board may take Disciplinary Action or Non-Disciplinary Action against any  
188 licensee whose conduct gives rise to a ground for licensing action. Grounds for licensing  
189 action include, but are not limited to, engaging in, or attempting to engage in: fraud or deceit,  
190 unprofessional conduct, incompetent professional practice, sexual misconduct, or having  
191 legal incompetence or impairment, as defined in the applicable part below.

192 B. Grounds for Licensing Action Applicable to All Licensees

193 (1) Fraud or Deceit

- 194 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in  
195 connection with service rendered within the scope of the license issued, which  
196 includes but is not limited to:  
197 (i) Obtaining a license or certification by fraud or deceit  
198 (ii) Willfully making a false statement in an application for a license or renewal of a  
199 license, or in any activity or documents intended to be used to satisfy a  
200 requirement for licensure;  
201 (iii) Falsifying or improperly altering a patient or healthcare provider record.  
202 (iv) Impersonating another licensed practitioner.  
203 (v) Impersonating any applicant or licensee or acting as a proxy for an applicant or  
204 licensee in any licensing exam.  
205 (vi) Altering or falsifying documents used or intended to be used to obtain a course  
206 card or certificate.  
207 (vii) Using or attempting to use as a valid license or certificate, one that has been  
208 purchased, counterfeited, materially altered, or obtained by fraud, deceit, or  
209 misrepresentation.

210 (2) Legal Incompetence or Impairment

- 211 (a) Engaging in, the use of any drug, narcotic or substance that is illegal under state or  
212 federal law, or to the extent that the licensee's ability to provide emergency medical  
213 services would be impaired, which includes, but is not limited to:

- 214 (i) The misuse of drugs, including alcohol or other substances, the use of which has  
215 resulted or may result in the licensee performing their duties in a manner that  
216 endangers the health or safety of their patients, other first responders, or the  
217 general public.

- 218 (b) A declaration of or claim pertaining to the licensee of legal incompetence that has not  
219 been legally terminated;

220 (3) Unprofessional Conduct

- 221 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
222 engage in the following:

- 223 (i) Obtaining a license by misrepresentation or by concealing material facts;
- 224 (ii) Failure to comply with a Consent Agreement or Board Order;
- 225 (iii) Acting in ways that are dangerous or injurious to the licensee or other persons;
- 226 (iv) Any criminal conviction, subject to the limitations of Maine Statute;
- 227 (v) Renting, selling, bartering, or lending a license to another person;
- 228 (vi) Violation of the Maine EMS's Code of Ethics;
- 229 (vii) Disclosing or causing to be disclosed confidential information to an
- 230 unauthorized person or using confidential information for personal or
- 231 unauthorized financial benefit;
- 232 (viii) Failing to participate in Maine EMS-approved quality assurance activities;

233 C. Additional Grounds for Licensing Action Applicable for an EMS Clinician

234 (1) Fraud or Deceit

- 235 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in
- 236 connection with service rendered within the scope of the license issued, includes but
- 237 is not limited to:
  - 238 (i) Initiating the transport of a person, knowing that the person does not need to be
  - 239 transported, or treating a person knowing the person does not need to be treated,
  - 240 when the primary purpose of the action is to collect a fee or charge.

241 (2) Legal Incompetence or Impairment

- 242 (a) Engaging in, or attempting to engage in, the use of any drug, narcotic or substance
- 243 that is illegal under state or federal law, or to the extent that the licensee's ability to
- 244 provide emergency medical services would be impaired, which includes, but is not
- 245 limited to:
  - 246 (i) Responding to the scene of a call while under the influence of drugs or alcohol,
  - 247 whether or not the use of such substances is habitual;
  - 248 (b) Any condition or impairment within the preceding 3 years, including, but not limited
  - 249 to, substance use disorder or a mental, emotional or nervous disorder or condition,
  - 250 that in any way affects, or if untreated could impair, the licensee's ability to provide
  - 251 emergency medical services;

252 (3) Incompetent Professional Practice

- 253 (a) Engaging in, or attempting to engage in, the following shall be considered
- 254 Incompetent Professional Practice, which includes, but is not limited to:
  - 255 (i) The demonstration of an inability to respond appropriately to a client, patient or
  - 256 the general public as evidenced by:
    - 257 1. Causing a physical or emotional injury to a patient because of a violation of
    - 258 the applicable standard of care;
    - 259 (ii) An inability to apply principles, skills or knowledge necessary to successfully
    - 260 carry out the practice for which the licensee is licensed as evidenced by:
      - 261 1. A deviation from the applicable standard of care or failure to perform
      - 262 emergency medical treatment in accordance with the most recent version of
      - 263 Maine EMS's protocols, after quality assurance/improvement and/or
      - 264 remediative efforts;
      - 265 2. A failure to demonstrate entry-level competency with sufficient breadth and
      - 266 depth as outlined in the 2021 National Emergency Medical Services
      - 267 Education Standards as published by the National Highway Traffic Safety
      - 268 Administration, which is incorporated into this rule by reference and a copy

269 of which is available at the Office of Maine Emergency Medical Services,  
270 Department of Public Safety, 45 Commerce Dr, Suite 1, Augusta, ME 04333-  
271 0152;

272 (4) Unprofessional Conduct

273 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
274 engage in the following:

275 (i) Responding to the scene of an accident or incident to which the licensee has not  
276 been dispatched, when there is reason to believe that another licensee has been or  
277 will be called to that scene, and refusing to turn over care of the patient to the  
278 responsible service when it arrives;

279 (ii) Failing to provide patient information to a hospital or other health care facility in  
280 response to an authorized request;

281 (iii) Inaccurate recording of material information in a patient or healthcare provider  
282 record;

283 (iv) Exploiting the provider-patient relationship for the purpose of personal or  
284 financial gain by the licensee or by a third party including, but not limited to,  
285 promoting or selling services, goods, appliances or drugs;

286 (v) Diverting drugs, supplies or property of patients, patient's families, services or  
287 healthcare providers;

288 (vi) Possessing, obtaining, furnishing, or administering prescription drugs,  
289 equipment or supplies to any person, including one's self, except as directed by a  
290 person authorized by law to prescribe such items;

291 (vii) Acting negligently or neglectfully when caring for or treating a patient;

292 (viii) Operating a vehicle as an Ambulance or Emergency Medical Services Vehicle  
293 when it is not licensed or authorized by the Board;

294 (ix) Providing treatment at a level for which a person is not licensed, except:

295 1. When the person is a student currently enrolled in a course leading to  
296 licensure and is practicing procedures learned in that course; and

297 2. The person has received permission to practice those procedures from the  
298 Maine EMS-licensed Training Center conducting the course; and

299 3. The person is participating in a scheduled field-internship session approved  
300 by the course's clinical coordinator; and

301 4. The person is practicing those procedures with a Maine EMS-licensed  
302 service that complies with guidelines developed by Maine EMS for  
303 conducting field internship sessions; and

304 5. The person is supervised by a preceptor licensed to perform those procedures  
305 and who is acting in accordance with any requirements or guidelines  
306 approved by the Emergency Medical Services Board.

307 (x) Misrepresentation or concealment of material facts in connection with service(s)  
308 rendered, by commission or omission;

309 (xi) Delegation of practice, skills, or treatment to a person who is not licensed and  
310 qualified to perform said practice, skills, or treatment contrary to the Rules and  
311 Regulations of the Maine Emergency Medical Services' Board.

312 (xii) Abandonment or neglect of a patient;

313 (xiii) Failing to comply with continuing education requirements for license renewal.

314 (5) Sexual Misconduct

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(a) Gross misconduct

- (i) Gross misconduct is any conduct by an EMS Clinician in the Work Environment that is sexual or may be reasonably interpreted as sexual, even when consented to between an EMS Clinician and a patient, between licensees, between an educator and a student, or between a mentor and a mentee. This includes, but is not limited to:
1. Sexual intercourse, genital to genital contact;
  2. Oral to genital contact;
  3. Oral to anal contact or genital to anal contact;
  4. Kissing;
  5. Any touching or examination of a body part for any purpose other than appropriate examination or treatment during an established EMS clinician-patient interaction without a reported, suspected, or obvious injury or medical condition;
  6. Encouraging an individual to masturbate in the presence of the EMS Clinician or masturbation by an EMS Clinician in the presence of anyone else;
  7. Offering to provide practice-related services or supplies, such as medications, in exchange for sexual favors.

(b) Impropriety

- (i) Impropriety is behaviors, gestures, or expressions by an EMS Clinician in the Work Environment that are seductive, sexually suggestive, or sexually demeaning, including but not limited to:
1. Disrobing, draping practices, or touching of a patient's clothing that reflect a lack of respect for a patient's privacy; deliberately watching a patient dress or undress, instead of affording a patient privacy for disrobing to the extent dictated by circumstances on scene;
  2. Inappropriate comments about or to a third party, including but not limited to making sexual comments about their body or underclothing, making sexualized or sexually demeaning comments, criticizing sexual orientation, making comments about potential sexual performance of a patient during an examination or consultation, unnecessarily requesting details of sexual history or requesting information on sexual likes or dislikes;
  3. Using the EMS Clinician-patient relationship to solicit a date or initiate a romantic relationship;
  4. Initiation by an EMS Clinician of conversation regarding sexual problems, preferences, or fantasies of the EMS Clinician, the sexual preferences or fantasies of a patient, or sexual problems of a patient that are not relevant to emergency medical treatment.

D. Additional Grounds for Licensing Action Applicable for an Ambulance Operator

(1) Fraud or Deceit

- (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in connection with service rendered within the scope of the license issued, includes but is not limited to:

- 359 (i) Initiating the transport of a person, knowing that the person does not need to be  
360 transported, or treating a person knowing the person does not need to be treated,  
361 when the primary purpose of the action is to collect a fee or charge.
- 362 (2) Legal Incompetence or Impairment
- 363 (a) Engaging in, or attempting to engage in, the use of any drug, narcotic or substance  
364 that is illegal under state or federal law, or to the extent that the licensee's ability to  
365 provide emergency medical services would be impaired, which includes, but is not  
366 limited to;
- 367 (i) Responding to the scene of a call while under the influence of drugs or alcohol,  
368 whether or not the use of such substances is habitual;
- 369 (b) Any condition or impairment within the preceding 3 years, including, but not limited  
370 to, substance use disorder or a mental, emotional or nervous disorder or condition,  
371 that in any way affects, or if untreated could impair, the licensee's ability to operate  
372 an ambulance;
- 373 (3) Unprofessional Conduct
- 374 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
375 engage in the following:
- 376 (i) Responding to the scene of an accident or incident to which the licensee has not  
377 been dispatched, when there is reason to believe that another licensee has been or  
378 will be called to that scene, and refusing to turn over care of the patient to the  
379 responsible service when it arrives;
- 380 (ii) Exploiting the provider-patient relationship for the purpose of personal or  
381 financial gain by the licensee or by a third party, including, but not limited to,  
382 promoting or selling services, goods, appliances, or drugs;
- 383 (iii) Diverting drugs, supplies or property of patients, patient's families, services or  
384 healthcare providers;
- 385 (iv) Possessing, obtaining, furnishing, or administering prescription drugs,  
386 equipment or supplies to any person, including one's self, except as directed by a  
387 person authorized by law to prescribe such items;
- 388 (v) Operating a vehicle as an Ambulance or Emergency Medical Services Vehicle  
389 when it is not licensed or authorized by the Board;
- 390 (vi) Providing emergency medical treatment without a clinical license, except:
- 391 1. When the person is a student currently enrolled in a course leading to  
392 licensure and is practicing procedures learned in that course; and
- 393 2. The person has received permission to practice those procedures from the  
394 Maine EMS-licensed Training Center conducting the course; and
- 395 3. The person is participating in a scheduled field-internship session approved  
396 by the course's clinical coordinator; and
- 397 4. The person is practicing those procedures with a Maine EMS-licensed  
398 service that complies with guidelines developed by Maine EMS for  
399 conducting field internship sessions; and
- 400 5. The person is supervised by a preceptor licensed to perform those procedures  
401 and who is acting in accordance with any requirements or guidelines  
402 approved by the Emergency Medical Services Board.
- 403 (vii) Misrepresentation or concealment of material facts in connection with  
404 service(s) rendered, by commission or omission;

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(4) Sexual Misconduct

(a) Gross misconduct

- (i) Gross misconduct is any conduct by an Ambulance Operator in the Work Environment that is sexual or may be reasonably interpreted as sexual, even when consented to between an Ambulance Operator and a patient, between licensees, between an educator and a student or between a mentor and a mentee. This includes, but is not limited to:
1. Sexual intercourse, genital to genital contact;
  2. Oral to genital contact;
  3. Oral to anal contact or genital to anal contact;
  4. Kissing in a sexual manner;
  5. Examination or touching of the genitals of a patient without a reported, suspected or obvious injury or medical condition;
  6. Encouraging an individual to masturbate in the presence of the Ambulance Operator or masturbation by an Ambulance Operator in the presence of a third-party;
  7. Offering to provide practice-related services or supplies, such as drugs, in exchange for sexual favors.

(b) Impropriety

- (i) Impropriety is behaviors, gestures, or expressions by an Ambulance Operator in the Work Environment that are seductive, sexually suggestive, or sexually demeaning, including but not limited to:
1. Kissing;
  2. Disrobing, draping practices, or touching of a patient's clothing that reflect a lack of respect for a patient's privacy; deliberately watching a patient dress or undress, instead of affording a patient privacy for disrobing to the extent dictated by circumstances on scene;
  3. Any touching of a body part for any purpose other than appropriate examination or treatment of a patient;
  4. Inappropriate comments about or to a third party, including but not limited to making sexual comments about their body or underclothing, making sexualized or sexually demeaning comments, criticizing sexual orientation, making comments about potential sexual performance of a patient during an examination or consultation, unnecessarily requesting details of sexual history or requesting information on sexual likes or dislikes;
  5. Using the Ambulance Operator-patient relationship to solicit a date or initiate a romantic relationship;
  6. Initiation by an Ambulance Operator of conversation regarding sexual problems, preferences, or fantasies of the Ambulance Operator, the sexual preferences or fantasies of a patient, or sexual problems of a patient that are not relevant to emergency medical treatment.

E. Additional Grounds for Licensing Actions Applicable for an Emergency Medical Dispatcher

(1) Legal Incompetence or Impairment

- (a) Engaging in, or attempting to engage in, 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

- 450 provide emergency medical dispatch services would be impaired, which includes, but  
451 is not limited to;
- 452 (i) Providing emergency medical dispatch services while under the influence of drugs  
453 or alcohol, whether or not the use of such substances is habitual;
- 454 (b) Any condition or impairment within the preceding 3 years, including, but not limited  
455 to, substance use disorder or a mental, emotional, or nervous disorder or condition,  
456 that in any way affects, or if untreated could impair, the licensee's ability to provide  
457 emergency medical dispatch services;
- 458 (2) Incompetent Professional Practice
- 459 (a) Engaging in, or attempting to engage in, the following shall be considered  
460 Incompetent Professional Practice, which includes, but is not limited to:
- 461 (i) The demonstration of an inability to respond appropriately to a client, patient or  
462 the general public as evidenced by:
- 463 1. Causing a physical or emotional injury to a patient because of a violation of  
464 the applicable standard of care;
- 465 (ii) An inability to apply principles, skills or knowledge necessary to successfully  
466 carry out the practice for which the licensee is licensed as evidenced by:
- 467 1. A deviation from the applicable standard of care or failure to perform  
468 emergency medical dispatch services in accordance with the most recent  
469 version of Emergency Medical Dispatch protocols, after quality  
470 assurance/improvement and/or remediative efforts;
- 471 (3) Unprofessional Conduct
- 472 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
473 engage in the following:
- 474 (i) Inaccurate recording of material information in a patient or healthcare provider  
475 record;
- 476 (ii) Exploiting the Emergency Medical Dispatcher-caller relationship for the purpose  
477 of personal or financial gain by the licensee or by a third party including, but not  
478 limited to, promoting or selling services, goods, appliances or drugs;
- 479 (iii) Acting negligently or neglectfully when caring for or treating a patient;
- 480 (iv) Providing services at a level for which a person is not licensed, except:
- 481 1. When the person is a dispatcher-in-training, under direct supervision of a  
482 Maine EMS licensed emergency medical dispatcher designated by the EMD  
483 Center director; and
- 484 a. For purposes of this paragraph, direct supervision means that the  
485 designated licensed emergency medical dispatcher is contemporaneously  
486 listening to the call for medical assistance being processed by the  
487 dispatcher-in-training and is able to assume control of the call and  
488 provide emergency medical dispatch, if the dispatcher-in training is  
489 unable to process the call in accordance with protocol.
- 490 2. Processes calls using the emergency medical dispatch protocol after the  
491 dispatcher-in-training has attended the Maine EMS-approved certification  
492 course for emergency medical dispatch.
- 493 (v) Misrepresentation or concealment of material facts in connection with service(s)  
494 rendered, by commission or omission;

- 495 (vi) Delegation of practice, skills, or treatment to a person who is not licensed and  
 496 qualified to perform said practice, skills, or treatment;  
 497 (vii) Abandonment or neglect of a patient;  
 498 (viii) Failing to comply with continuing education requirements for license renewal.

499 (4) Sexual Misconduct

500 (a) Gross misconduct

- 501 (i) Gross misconduct is any conduct by an Emergency Medical Dispatcher in the  
 502 Work Environment that is sexual or may be reasonably interpreted as sexual,  
 503 even when consented to between an Emergency Medical Dispatcher and a patient  
 504 or caller, between licensees, between an educator and a student, or between a  
 505 mentor and a mentee. This includes, but is not limited to:  
 506 1. Sexual intercourse, genital to genital contact;  
 507 2. Oral to genital contact;  
 508 3. Oral to anal contact or genital to anal contact;  
 509 4. Kissing;  
 510 5. Any examination of a body part for any purpose other than appropriate  
 511 examination or treatment during an established Emergency Medical  
 512 Dispatcher-patient/caller interaction without a reported, suspected, or  
 513 obvious injury or medical condition;  
 514 6. Encouraging an individual to masturbate in the presence of the Emergency  
 515 Medical Dispatcher or masturbation by an Emergency Medical Dispatcher in  
 516 the presence of anyone else;  
 517 7. Offering to provide practice-related services or supplies, such as medications,  
 518 in exchange for sexual favors.

519 (b) Impropriety

- 520 (i) Impropriety is behaviors, gestures, or expressions by an Emergency Medical  
 521 Dispatcher in the Work Environment that are seductive, sexually suggestive, or  
 522 sexually demeaning, including but not limited to:  
 523 1. Disrobing that reflects a lack of respect for a patient or caller's privacy;  
 524 deliberately watching a patient or caller dress or undress, instead of affording  
 525 a patient or caller privacy for disrobing to the extent dictated by  
 526 circumstances on scene;  
 527 2. Inappropriate comments about or to a third party, including but not limited to  
 528 making sexual comments about their body or underclothing, making  
 529 sexualized or sexually demeaning comments, criticizing sexual orientation,  
 530 making comments about potential sexual performance of a patient or caller,  
 531 unnecessarily requesting details of sexual history or requesting information  
 532 on sexual likes or dislikes;  
 533 3. Using the Emergency Medical Dispatcher-patient or caller relationship to  
 534 solicit a date or initiate a romantic relationship;  
 535 4. Initiation by an Emergency Medical Dispatcher of conversation regarding  
 536 sexual problems, preferences, or fantasies of the Emergency Medical  
 537 Dispatcher, the sexual preferences or fantasies of a patient or caller, or sexual  
 538 problems of a patient or caller that are not relevant to emergency medical  
 539 dispatcher services.

540 F. Additional Grounds for Licensing Actions Applicable for an Instructor/Coordinator

- 541 (1) Fraud or Deceit  
542 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in  
543 connection with service rendered within the scope of the license issued, includes but  
544 is not limited to:  
545 (i) Falsification of any educational record.
- 546 (2) Legal Incompetence or Impairment  
547 (a) Engaging in, or attempting to engage in, the use of any drug, narcotic or substance  
548 that is illegal under state or federal law, or to the extent that the licensee's ability to  
549 provide emergency medical dispatch services would be impaired, which includes, but  
550 is not limited to;  
551 (i) Providing licensure course instruction while under the influence of drugs or  
552 alcohol, whether or not the use of such substances is habitual;  
553 (b) Any condition or impairment within the preceding 3 years, including, but not limited  
554 to, substance use disorder or a mental, emotional or nervous disorder or condition,  
555 that in any way affects, or if untreated could impair, the licensee's ability to provide  
556 emergency medical services;
- 557 (3) Incompetent Professional Practice  
558 (a) Engaging in, or attempting to engage in, the following shall be considered  
559 Incompetent Professional Practice, which includes, but is not limited to:  
560 (i) An inability to apply principles, skills or knowledge necessary to successfully  
561 carry out the practice for which the licensee is licensed, evidence of which  
562 includes, but is not limited to:  
563 1. A deviation by the licensee, from the applicable educational standards for  
564 entry-level instruction as outlined in the 2021 National Emergency Medical  
565 Services Education Standards as published by the National Highway Traffic  
566 Safety Administration, which is incorporated into this rule by reference and a  
567 copy of which is available at the Office of Maine Emergency Medical  
568 Services, Department of Public Safety, 45 Commerce Dr, Suite 1, Augusta,  
569 ME 04333-0152;  
570 2. A deviation by the licensee, from the applicable educational standards for  
571 entry-level instruction as outlined in the June 30, 2024, Maine Community  
572 Paramedicine Education Standards, as published by the Office of Maine  
573 Emergency Medical Services, which is incorporated into this rule by  
574 reference and a copy of which is available at the Office of Maine Emergency  
575 Medical Services, Department of Public Safety, 45 Commerce Dr, Suite 1,  
576 Augusta, Me 04333-0152;  
577 3. A deviation by the licensee from the applicable guidelines for educating EMS  
578 Instructors as outlined in the 2002 National Guidelines for Educating EMS  
579 Instructors, as published by the National Highway Traffic Safety  
580 Administration, which is incorporated into this rule by reference and a copy  
581 of which is available at the Office of Maine Emergency Medical Services,  
582 Department of Public Safety, 45 Commerce Dr, Suite 1, Augusta, ME 04333-  
583 0152.
- 584 (4) Unprofessional Conduct  
585 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
586 engage in the following:

- 587 (i) Diverting drugs, supplies or property of healthcare institutions or Maine EMS  
 588 Training Centers;
- 589 (ii) Possessing, obtaining, furnishing, or administering prescription drugs, equipment  
 590 or supplies to any person, including one's self, except as directed by a person  
 591 authorized by law to prescribe such items;
- 592 (iii) Providing instruction at a level for which a person is not licensed;
- 593 (iv) Providing instruction at a level for which a Training Center is not authorized or  
 594 licensed to provide.
- 595 (v) Delegation of educational instruction to a person who is not licensed and  
 596 qualified to perform said educational instruction;
- 597 (vi) Failure to provide program or course documentation when required or requested  
 598 by Maine EMS.
- 599 (vii) Failing to comply with continuing education requirements for license renewal.
- 600 (5) Sexual Misconduct
- 601 (a) Gross misconduct
- 602 (i) Gross misconduct is any conduct by an Instructor/Coordinator in the Work  
 603 Environment that is sexual or may be reasonably interpreted as sexual, even  
 604 when consented to between an Instructor/Coordinator and a student, between  
 605 Training Center Staff, or between licensees. This includes, but is not limited to:
- 606 1. Sexual intercourse, genital to genital contact;
- 607 2. Oral to genital contact;
- 608 3. Oral to anal contact or genital to anal contact;
- 609 4. Kissing;
- 610 5. Any touching or examination of a body part for any purpose other than  
 611 appropriate examination or treatment during an established educational  
 612 interaction.
- 613 6. Encouraging an individual to masturbate in the presence of the  
 614 Instructor/Coordinator or masturbation by an Instructor/Coordinator in the  
 615 presence of anyone else;
- 616 7. Offering to provide practice-related services or supplies, such as medications,  
 617 in exchange for sexual favors.
- 618 (b) Impropriety
- 619 (i) Impropriety is behaviors, gestures, or expressions by an Instructor/Coordinator in  
 620 the Work Environment that are seductive, sexually suggestive, or sexually  
 621 demeaning, including but not limited to:
- 622 1. Disrobing, draping practices, or touching of a student's clothing that reflect a  
 623 lack of respect for a student's privacy or deliberately watching a student  
 624 dress or undress;
- 625 2. Inappropriate comments about or to a third party, including but not limited to  
 626 making sexual comments about their body or underclothing, making  
 627 sexualized or sexually demeaning comments, criticizing sexual orientation,  
 628 inappropriately requesting details of sexual history, or requesting information  
 629 on sexual likes or dislikes;
- 630 3. Using the Instructor/Coordinator-student relationship to solicit a date or  
 631 initiate a romantic relationship;

632 4. Initiation by an Instructor/Coordinator of conversation regarding sexual  
 633 problems, preferences, or fantasies of the Instructor/Coordinator, the sexual  
 634 preferences or fantasies of a student, or sexual problems of a student.

635 G. Additional Grounds for Licensing Actions Applicable for a Community Paramedicine  
 636 Licensee

637 (1) Any of the grounds separately identified in Section 3(2)(B) of this rule are also grounds  
 638 for licensing actions against Community Paramedicine licensees, with the addition of the  
 639 following:

640 (a) Incompetent professional practice

641 (i) Engaging in, or attempting to engage in, the following shall be considered  
 642 Incompetent Professional Practice, which includes, but is not limited to:

643 1. An inability to apply principles, skills or knowledge necessary to  
 644 successfully carry out the practice for which the licensee is licensed as  
 645 evidenced by:

646 a. A failure to demonstrate entry-level competency with sufficient breadth  
 647 and depth as outlined in the June 30, 2024, Maine Community  
 648 Paramedicine Education Standards, which is incorporated into this rule  
 649 by reference and a copy of which is available at the Office of Maine  
 650 Emergency Medical Services, Department of Public Safety, 45  
 651 Commerce Dr, Suite 1, Augusta, ME 04333-0152;

652 3. **Grounds for Licensure Action Against Ambulance Services, NTEMS, Emergency Medical**  
 653 **Dispatch Centers, and Training Centers.**

654 A. The Licensing Board may take Disciplinary or Non-Disciplinary Action against any licensee  
 655 whose conduct gives rise to a ground for licensing action. Grounds for Licensing Action  
 656 include, but are not limited to, engaging in, or attempting to engage in: Fraud or Deceit,  
 657 Unprofessional Conduct, or Incompetent Professional Practice, as defined in the applicable  
 658 part below.

659 B. Grounds for Licensing Action Against All Licensees

660 (1) Fraud or Deceit

661 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in  
 662 connection with service rendered within the scope of the license issued, includes but  
 663 is not limited to:

664 (i) Obtaining a license or certification by fraud or deceit

665 (ii) Willfully making a false statement in an application for a license or renewal of a  
 666 license, or in any activity or documents intended to be used to satisfy a  
 667 requirement for licensure;

668 (iii) Obtaining a fee by fraud or deceit.

669 (iv) Using or attempting to use as a valid license one that has been purchased,  
 670 counterfeited, materially altered, or obtained by fraud, deceit, or  
 671 misrepresentation.

672 (2) Unprofessional Conduct

673 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
 674 engage in the following:

675 (i) Obtaining a license by misrepresentation or by concealing material facts;

676 (ii) Failure to comply with a Consent Agreement or Board Order;

677 (iii) Acting in ways that are dangerous or injurious to the licensee or other persons;

- 678 (iv) Renting, selling, bartering, or lending a license to another person;  
 679 (v) Obtaining a fee by misrepresentation, including negligent misrepresentation;  
 680 (vi) Disclosing or causing to be disclosed confidential information to an  
 681 unauthorized person or using confidential information for personal or  
 682 unauthorized financial benefit;  
 683 (vii) Misrepresentation or concealment of material facts in connection with service(s)  
 684 rendered, by commission or omission;  
 685 (viii) Failure to participate in Maine EMS-approved quality assurance activities.  
 686 (ix) Failure to report a termination, separation, or resignation from an agency or  
 687 training center, related to the following grounds for licensure action:  
 688 1. Sexual Misconduct  
 689 2. Criminal Charge, Conviction, or Arrest  
 690 3. Incompetent Professional Practice

691 C. Additional Grounds for Licensing Action Against Ambulance Services and Non-Transporting  
 692 Emergency Medical Services

693 (1) Fraud or Deceit

- 694 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in  
 695 connection with service rendered within the scope of the license issued, includes but  
 696 is not limited to:

- 697 (i) Initiating the transport of a person, knowing that the person does not need to be  
 698 transported, or treating a person knowing the person does not need to be treated,  
 699 when the primary purpose of the action is to collect a fee or charge.  
 700 (ii) Aiding or abetting the practice of emergency care by a person not duly licensed  
 701 under this chapter who purports to be so.

702 (2) Incompetent Professional Practice

- 703 (a) Engaging in, or attempting to engage in, the following shall be considered  
 704 Incompetent Professional Practice, which includes, but is not limited to:

- 705 (i) A demonstration of an inability to respond appropriately to a client, patient or the  
 706 general public as evidenced by:  
 707 1. A failure to effect or have effected a response to an emergency medical call  
 708 when the emergency medical call is in the service's primary 9-1-1 response  
 709 area;

710 (3) Unprofessional Conduct

- 711 (a) Unprofessional conduct includes, but is not limited to, engaging in or attempting to  
 712 engage in the following:

- 713 (i) Failing to provide patient information to a hospital or other health care facility in  
 714 response to an authorized request;  
 715 (ii) Acting negligently or neglectfully in conducting an ambulance or non-  
 716 transporting emergency medical service;  
 717 (iii) Possessing, obtaining, or furnishing prescription drugs, equipment, or supplies to  
 718 any person, except as directed by a person authorized by law to prescribe such  
 719 items;  
 720 (iv) Permitting the operation of a vehicle as an Ambulance or Emergency Medical  
 721 Services Vehicle when it is not licensed or authorized by the Board;  
 722 (v) Transferring a license from one vehicle to another without the consent of the  
 723 Board;

- 724 (vi) Providing emergency medical services at a level for which the service does not  
 725 have a valid license or permit for;  
 726 (vii) Permitting the practice of emergency medical treatment by a person not duly  
 727 licensed as an EMS Clinician;  
 728 (viii) Permitting, by a Ground Ambulance Service, the operation of an ambulance in  
 729 emergency mode or during the transport of a patient by an individual associated  
 730 with that service, who does not hold valid licensure as an EMS Clinician or  
 731 Ambulance Operator.  
 732

733 D. Additional Grounds for Licensing Action Against Emergency Medical Dispatch Centers

734 (1) Fraud or Deceit

- 735 (a) Engaging in, or attempting to engage in, fraud or deceit in obtaining a license or in  
 736 connection with service rendered within the scope of the license issued, includes but  
 737 is not limited to:

- 738 (i) Aiding or abetting the practice of emergency medical dispatch by a person not  
 739 duly licensed under this chapter who purports to be so.

740 (2) Incompetent Professional Practice

- 741 (a) Engaging in, or attempting to engage in, the following shall be considered  
 742 Incompetent Professional Practice, which includes, but is not limited to:

- 743 (i) A demonstration of an inability to respond appropriately to a client, patient or the  
 744 general public as evidenced by:  
 745 1. A failure to provide emergency medical dispatch services on every  
 746 emergency medical call;  
 747 2. A failure to provide emergency medical dispatch services in compliance with  
 748 the Emergency Medical Dispatch Priority Reference System, as defined in 32  
 749 M.R.S. § 85-A(1)(B).

750 (3) Unprofessional Conduct

- 751 (a) Engaging in, or attempting to engage in, the following is considered unprofessional  
 752 conduct:

- 753 (i) Acting negligently or neglectfully in conducting an emergency medical dispatch  
 754 center;  
 755 (ii) Providing emergency medical dispatch services without valid licensure;  
 756 (iii) Permitting the practice of emergency medical dispatch services by a person not  
 757 licensed to provide those services, except;  
 758 1. When the person is a dispatcher-in-training, under direct supervision of a  
 759 Maine EMS licensed emergency medical dispatcher designated by the EMD  
 760 Center director; and  
 761 a. For purposes of this paragraph, direct supervision means that the  
 762 designated licensed emergency medical dispatcher is contemporaneously  
 763 listening to the call for medical assistance being processed by the  
 764 dispatcher-in-training and is able to assume control of the call and  
 765 provide emergency medical dispatch, if the dispatcher-in training is  
 766 unable to process the call in accordance with protocol.

767 E. Additional Grounds for Licensing Action Against Training Centers

768 (1) Unprofessional Conduct

- 769 (a) Engaging in, or attempting to engage in, the following is considered unprofessional  
 770 conduct:  
 771 (i) Providing instruction at a level for which a Training Center is not authorized or  
 772 licensed to provide.  
 773 (ii) Violating any of the requirements of the Training Center Standards.  
 774 (iii) Failure to provide program or course documentation when required or requested  
 775 by Maine EMS.

776 **SECTION 4. LICENSING ACTIONS FOR AN APPLICANT FOR EMS CLINICIAN,**  
 777 **AMBULANCE OPERATOR, INSTRUCTOR/COORDINATOR, COMMUNITY**  
 778 **PARAMEDIC, OR EMERGENCY MEDICAL DISPATCHER LICENSURE.**

779 **1. Applications for Initial Licensure**

780 **A. Application Review**

- 781 (1) Upon the receipt of a complete application for licensure for which there is no cause for  
 782 concern related to a potential violation of Maine EMS's Rules and/or Statutes, Board  
 783 Staff may issue the licensure application.  
 784 (2) Upon the receipt of a complete application for licensure that raises any concern related to  
 785 a potential violation of Maine EMS's Rules and/or Maine State Statutes, Board Staff shall  
 786 investigate.  
 787 (3) After such investigation that Board Staff deems appropriate, a complete application with  
 788 concerns will either:  
 789 (a) Be scheduled for review by the Licensing Board; or  
 790 (b) Have the matter resolved by Board Staff, in accordance with these rules. Board Staff  
 791 will prepare a report for the Licensing Board on matters it has resolved for their  
 792 awareness.

793 **B. Notice to Applicant of Investigation**

- 794 (1) Upon the initiation of an investigation into an application, Board Staff shall send Notice  
 795 of that Investigation to the applicant. This Notice should include a description of the  
 796 concern investigated and an opportunity to provide additional information in writing.

797 **C. Review and Preliminary Finding(s) of Ground(s) for Licensing Action(s)**

- 798 (1) Notice of Scheduling shall be sent to the applicant that their application has been  
 799 scheduled for review by the Licensing Board at least ten (10) business days prior to the  
 800 date of the review. This notice shall include a statement reflecting the ability of an  
 801 applicant to request a copy of the investigative file. Additional case information may be  
 802 accepted from an applicant up to five (5) business days prior to the date the case is  
 803 scheduled for review. A case scheduled for review may be rescheduled or postponed at  
 804 the discretion of Board Staff.  
 805 (2) At the meeting during which an application has been scheduled for review, the Licensing  
 806 Board shall consider the application, the concern, and additional information presented,  
 807 and, based upon the information presented, determine by majority vote, if there are  
 808 preliminary grounds for licensing action as outlined in this rule, Section 3(1), or under 32  
 809 M.R.S. § 90-A(5). The Licensing Board shall identify the specific preliminary grounds  
 810 for licensing action in its motion.  
 811 (3) The Licensing Board may table any application to a future meeting and request that  
 812 Board Staff obtain additional information.

- 813 (4) If the Licensing Board, by majority vote, does not see any preliminary grounds for  
 814 licensing action, the Licensing Board shall issue the license.  
 815 (5) After review, if the Licensing Board, by majority vote, sees preliminary grounds for a  
 816 licensing action pursuant to Section 3(1) of this rule, or 32 M.R.S. § 90-A(5), the  
 817 Licensing Board may issue licensure with Non-Disciplinary or Disciplinary Action,  
 818 and/or refuse to issue licensure.

819 **D. Delegation of Authority to Board Staff**

- 820 (1) Upon the receipt of a complete application for licensure, Board Staff may issue licensure  
 821 with a Non-Disciplinary Action in the following circumstances:  
 822 (a) Limited Delegation Order:  
 823 (i) The Licensing Board has issued an Order of Limited Delegation of Authority for  
 824 Board Staff to take Non-Disciplinary Action according to that order, provided  
 825 that the delegation has not expired.  
 826 (ii) A Limited Delegation of Authority issued by the Licensing Board must be  
 827 reviewed and renewed at least every three (3) years.  
 828 (iii) Board Staff cannot take Non-Disciplinary Action when:  
 829 1. The ground(s) for licensing action include Sexual Misconduct;  
 830 2. The ground(s) for licensing action include a declaration of or claim  
 831 pertaining to the EMS Clinician, Ambulance Operator,  
 832 Instructor/Coordinator, Community Paramedic, or Emergency Medical  
 833 Dispatcher, of legal incompetence that has not been legally terminated;  
 834 3. There is a related Non-Disciplinary Action on file with the Licensing Board;  
 835 4. There is a related Disciplinary Action on file with the Licensing Board.  
 836 (2) Upon receipt of a complete application for licensure, Board Staff may preliminarily deny  
 837 EMS Clinician, Emergency Medical Dispatcher, Instructor/Coordinator, Community  
 838 Paramedic, or Ambulance Operator licensure in the following circumstances:  
 839 (a) Revocation of EMS professional licensure in a foreign Jurisdiction or another U.S.  
 840 State;  
 841 (b) Surrender in lieu of disciplinary action and/or investigation of EMS professional  
 842 licensure in a foreign Jurisdiction or another U.S. State;  
 843 (3) If Board Staff deny licensure, they must provide a written decision that reflects the  
 844 grounds for the denial and that informs the applicant of the right to appeal the decision to  
 845 the Licensing Board in accordance with 32 M.R.S. § 90-A(10) (hereafter called a  
 846 "Preliminary Notice of Denial").  
 847 (4) A person wishing to appeal the decision of Board Staff to deny licensure may appeal this  
 848 decision to the Licensing Board. If no appeal is requested within twenty-one (21)  
 849 business days of the date of service of the Preliminary Notice Denial, the Board Staff's  
 850 decision becomes final agency action appealable to the Superior Court in accordance with  
 851 the Maine Administrative Procedure Act, Title 5 Chapter 375 Subchapter 7. For an appeal  
 852 to the Board to be considered, the person must:  
 853 (a) Be the applicant or their authorized representative;  
 854 (b) Submit a written request for a hearing before the board;  
 855 (c) This written request for hearing must be received by the Office of Maine Emergency  
 856 Medical Services within twenty-one (21) business days of the date the Preliminary  
 857 Notice Denial is sent to the applicant.

858 (d) Service of the request for hearing is complete when received by Maine EMS by mail,  
 859 in-hand delivery, or electronic mail. A request for hearing may be accepted at the  
 860 discretion of the Licensing Board after this timeframe if the petitioner later provides  
 861 satisfactory justification as to why a timely submission was not made.

862 (5) The Board Staff's decision to refuse to issue licensure stands until the Licensing Board  
 863 issues a decision to uphold, modify, or overrule the staff's decision.

864 E. Non-Disciplinary Action

865 (1) Non-Disciplinary Action constitutes a Letter of Guidance, and is used when the Board  
 866 does not see evidence of potential violations of Board law or rule, or the matter does not  
 867 rise to a level requiring Disciplinary Action. A Letter of Guidance may be placed on file  
 868 for a period of time not to exceed ten (10) years.

869 (2) The Licensing Board may resolve a complaint with Non-Disciplinary Action **except**  
 870 **when:**

871 (a) The ground(s) for licensing action include Sexual Misconduct;

872 (b) The ground(s) for licensing action include a declaration of or claim pertaining to the  
 873 EMS Clinician, Ambulance Operator, Instructor/Coordinator, Community Paramedic,  
 874 or Emergency Medical Dispatcher, of legal incompetence that has not been legally  
 875 terminated;

876 (c) There is a related Non-Disciplinary Action on file with the Licensing Board;

877 (d) There is a related Disciplinary Action on file with the Licensing Board.

878 F. Disciplinary Action

879 (1) Any of the following sanctions may be taken with the issuance of the licensure  
 880 application:

881 (a) Execution of a Consent Agreement that includes any or all of the following:

882 (i) The Issuance of a Warning, Censure, or Reprimand;

883 1. Each warning, censure, or reprimand must be based upon violations of  
 884 different applicable laws, rules, or conditions of licensure, or upon separate  
 885 instances of actionable conduct or activity.

886 (ii) Conditions of Probation;

887 1. Probation may be for a time period that the Licensing Board determines  
 888 appropriate.

889 2. Probation may include conditions such as: additional continuing education;  
 890 medical, psychiatric or mental health consultations or evaluations; mandatory  
 891 professional or occupational supervision; and other conditions as the  
 892 Licensing Board determines appropriate.

893 3. Costs incurred in the performance of terms of probation are borne by the  
 894 licensee.

895 (iii) Any other remedy, penalty, fine, or cost recovery that is otherwise available by  
 896 law, even if only in the jurisdiction of the District Court.

897 (2) Denial of Licensure Issuance

898 (a) A refusal to issue licensure may only be predicated upon the grounds cited in Section  
 899 3 of this rule or upon grounds found in 32 M.R.S. § 90-A(5).

900 G. Appeal of Non-Disciplinary Action with Issuance of Licensure

901 (1) A person wishing to appeal the decision of Board Staff to issue licensure with Non-  
 902 Disciplinary Action may appeal this decision to the Licensing Board. If a petition for  
 903 appeal does not meet the criteria for consideration below, or if no petition is submitted,

904 the Board Staff's decision becomes final agency action appealable to the Superior Court  
 905 in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375  
 906 Subchapter 7. For an appeal to the Board to be considered, the person must:

- 907 (a) Be the same individual or their authorized representative, against whom the Non-  
 908 Disciplinary action was taken;
- 909 (b) Submit a written petition; such petition should have sufficient information to explain  
 910 the rationale for the appeal, including, but not limited to:
- 911 (i) The name of the individual against whom the action was taken;
- 912 (ii) The specific nature of the appeal (e.g., an appeal to reduce the time frame of the  
 913 action, or an appeal against the action in its entirety); and
- 914 (iii) The rationale supporting the grant of the appeal by the Licensing Board.
- 915 (c) This written petition must be received by the Office of Maine Emergency Medical  
 916 Services within twenty-one (21) business days of the date the action was taken.  
 917 Service of the petition is complete when received by Maine EMS by mail, in-hand  
 918 delivery, or electronic mail. A petition may be accepted at the discretion of the  
 919 Licensing Board after this timeframe if the petitioner later provides satisfactory  
 920 justification as to why a timely submission was not made.
- 921 (2) The Board Staff's decision to take Non-Disciplinary Action stands until the Licensing  
 922 Board issues a decision to uphold, modify, or revoke the staff's decision.
- 923 (3) The Licensing Board will review the action and information provided to determine if the  
 924 Non-Disciplinary Action will be upheld, modified, or revoked.
- 925 (4) The Licensing Board, at its discretion, may entertain additional information or argument  
 926 from the parties.
- 927 (5) The decision of the Board shall be in writing or stated on the record and contain or reflect  
 928 the Board's reasoning in a manner sufficient to inform the parties and the public of the  
 929 basis for the Board's decision.
- 930 (6) The decision of the Board is considered Final Agency Action, appealable to the Superior  
 931 Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375  
 932 Subchapter 7.

## 933 2. **Applications for Renewal of Licensure**

- 934 A. Upon the receipt of a complete application for licensure renewal where there is a pending  
 935 complaint or that raises any concern related to a potential violation of Maine EMS's Rules  
 936 and/or Statutes, Board Staff shall proceed in accordance with Section 4 of this rule.
- 937 B. The application will remain pending until the pending complaint or concern is resolved.
- 938 C. An applicant who has submitted a complete application for licensure renewal prior to the  
 939 expiration date of their licensure, and whose application is pending due to a pending  
 940 complaint or a concern related to a potential violation of Maine EMS's Rules and/or Statutes,  
 941 shall not have their existing licensure expire until the application has been finally determined  
 942 by the Licensing Board or Board Staff pursuant to Title 5, Chapter 375.
- 943 D. Delegation of Authority to Board Staff
- 944 (1) Upon the receipt of a complete application for licensure, Board Staff may issue licensure  
 945 with a Non-Disciplinary Action in the following circumstances:
- 946 (a) Limited Delegation Order:
- 947 (i) The Licensing Board has issued an Order of Limited Delegation of Authority for  
 948 Board Staff to take Non-Disciplinary Action according to that order, provided  
 949 that the delegation has not expired.

950 **SECTION 5. Licensing Actions for EMS Clinician, Emergency Medical Dispatcher,**  
 951 **Instructor/Coordinator, Community Paramedicine, and Ambulance Operator Licensees**

952 1. Investigation

953 A. A complaint against an EMS Clinician's, Emergency Medical Dispatcher's,  
 954 Instructor/Coordinator, Community Paramedicine, or Ambulance Operator's licensure shall  
 955 be investigated by the Licensing Board or Board Staff in accordance with 32 M.R.S. § 90-  
 956 A(1).

957 2. Notice of Complaint

958 A. Board Staff shall notify an EMS Clinician, Emergency Medical Dispatcher,  
 959 Instructor/Coordinator, Community Paramedicine, or Ambulance Operator licensee in  
 960 accordance with 32 M.R.S. § 90-A(2).

961 (1) Initial Pertinent Information Necessary to send a Notice is:

962 (a) A copy of the concern expressed or the information underlying the concern.

963 B. Notice shall be in writing. Service of the Notice shall be complete upon the licensee upon  
 964 mailing to the licensee or the licensee's attorney or by in-hand delivery to the licensee.

965 3. Response to Complaint

966 A. If the licensee wishes to contest the complaint or dispute the information that forms the basis  
 967 of the complaint, the licensee must respond in writing to the Licensing Board within thirty  
 968 (30) calendar days of service of Notice of Complaint. Service of the licensee's response is  
 969 complete when received by Maine EMS by mail, in-hand delivery, or electronic mail.

970 B. If the licensee does not wish to contest the complaint or dispute the information that forms  
 971 the basis of the complaint but does wish to provide additional information or context for  
 972 consideration, the licensee must respond in writing to the Licensing Board within thirty (30)  
 973 calendar days of service of Notice of Complaint. Service of the licensee's response is  
 974 complete when received by Maine EMS by mail, in-hand delivery, or electronic mail. If a  
 975 licensee responds in this manner, the provisions of paragraph C, below, do not apply.

976 C. If no response to the complaint from the licensee is received in writing within thirty (30)  
 977 calendar days, the matter will be presented to the Licensing Board without the licensee's  
 978 response.

979 4. Preliminary Review of a Concern of Physical or Mental Impairment by the Licensing Board

980 A. Any investigation involving a complaint where there is a concern, or where information  
 981 generates a concern during the investigation of a complaint, of a mental illness that may be  
 982 interfering with the competent practice of emergency medical services or emergency medical  
 983 dispatcher services, or from the use of intoxicants or drugs to an extent that they are  
 984 preventing the licensee from practicing competently and with safety to patients shall, after  
 985 appropriate investigation by Board Staff, be brought before the Licensing Board for  
 986 consideration of an order for the licensee to submit to an examination pursuant to 32 M.R.S. §  
 987 90-A(9).

988 B. Any investigation involving a complaint where there is a concern, or where information  
 989 generates a concern during the investigation of a complaint, that a licensee may have  
 990 diminished physical capability to an extent that it is preventing the licensee from practicing  
 991 competently and with safety to patients, after appropriate investigation by Board Staff, shall  
 992 be brought before the Licensing Board for consideration of an order for the licensee to submit  
 993 to an examination pursuant to 32 M.R.S. § 90-A(9).

994 C. The ability to order a licensee to submit to an examination under this section may not be  
 995 delegated by the Licensing Board.

- 996 D. The Licensing Board, or as delegated Board Staff, shall select the evaluator as appropriate for  
 997 the examination ordered.
- 998 E. All costs of any examination are the responsibility of the licensee; a licensee may petition the  
 999 Licensing Board to waive the expense on the affirmative demonstration of hardship.
- 1000 5. Review and Preliminary Finding(s) of Ground(s) for Licensing Action(s)
- 1001 A. After Board Staff has determined that sufficient information have been obtained, a complaint  
 1002 shall be scheduled for review by the Licensing Board.
- 1003 B. Notice of Scheduling shall be sent to the licensee under investigation that their case has been  
 1004 scheduled for review by the Licensing Board at least ten (10) business days prior to the date  
 1005 of the review. This notice shall include a statement reflecting the ability of a licensee to  
 1006 request a copy of the investigative file. Additional case information may be accepted from a  
 1007 licensee up to five (5) business days prior to the date the case is scheduled for review. A case  
 1008 scheduled for review may be rescheduled or postponed at the discretion of Board Staff.
- 1009 C. At the meeting during which a complaint has been scheduled for review, the Licensing Board  
 1010 shall consider the complaint and, based upon the information presented, determine by  
 1011 majority vote, if there are preliminary grounds for licensing action as outlined in this rule,  
 1012 Section 3, or under 32 M.R.S. §90-A(5). The Licensing Board shall identify the specific  
 1013 preliminary grounds for licensing action in its motion.
- 1014 (1) The Licensing Board may table any complaint to a future meeting and request that Board  
 1015 Staff obtain additional information.
- 1016 D. If the Licensing Board, by majority vote, sees there are no preliminary grounds for licensing  
 1017 action, the complaint shall be dismissed, and a Notice of Dismissal shall be sent to the  
 1018 complainant, if any.
- 1019 E. If the Licensing Board sees that there are preliminary grounds for licensing action, the  
 1020 complaint shall be scheduled for review at the Licensing Board's next meeting for  
 1021 determination of appropriate disciplinary or non-disciplinary action. This provision may be  
 1022 waived on the motion of any member present and voting, and the Licensing Board may  
 1023 proceed directly into the preliminary determination of Disciplinary or Non-Disciplinary  
 1024 Action.
- 1025 F. A motion to reconsider the preliminary grounds for licensing action may only be made during  
 1026 the meeting in which the complaint is reviewed for preliminary grounds for licensing action  
 1027 and may only be made by a member present and voting on the prevailing side of the initial  
 1028 motion. The motion to reconsider must pass by majority vote, and there may be no  
 1029 subsequent reconsideration of the same preliminary ground for licensing action.
- 1030 6. Preliminary Determination of Disciplinary or Non-Disciplinary Action
- 1031 A. At the meeting for which a complaint with preliminary ground(s) for licensing action is  
 1032 scheduled for determination of appropriate Disciplinary or Non-Disciplinary Action, or upon  
 1033 immediate consideration in accordance with these rules, the Licensing Board shall determine  
 1034 by majority vote, appropriate action in accordance with 32 M.R.S. § 90-A (7) & (8), and these  
 1035 rules. This action may consist of:
- 1036 (1) Non-Disciplinary Action
- 1037 (a) Non-Disciplinary Action constitutes a Letter of Guidance and is used when the Board  
 1038 does not see evidence of potential violations of Board law or rule, or the matter does  
 1039 not rise to a level requiring Disciplinary Action. A Letter of Guidance may be placed  
 1040 on file for a period of time not to exceed ten (10) years.

- 1041 (b) The Licensing Board may resolve a complaint with Non-Disciplinary Action **except**  
 1042 **when:**  
 1043 (i) The ground(s) for licensing action include Sexual Misconduct;  
 1044 (ii) The ground(s) for licensing action include a declaration of or claim pertaining to  
 1045 the EMS Clinician of legal incompetence that has not been legally terminated;  
 1046 (iii) There is a related Non-Disciplinary Action on file with the Licensing Board;  
 1047 (iv) There is a related Disciplinary Action on file with the Licensing Board.  
 1048 (2) Disciplinary Action  
 1049 (a) The Licensing Board may resolve a complaint with Disciplinary Action if the Board  
 1050 determines there are preliminary grounds for action pursuant to Section 3 of this rule,  
 1051 or pursuant to 32 M.R.S. § 90-A(5).  
 1052 (b) Any of the following sanctions may be taken pursuant to 32 M.R.S. § 90-A(7).  
 1053 (i) Execution of a Consent Agreement that includes any or all of the following:  
 1054 1. The issuance of a Warning, Censure, or Reprimand  
 1055 a. Each warning, censure, or reprimand must be based upon violations of  
 1056 different applicable laws, rules, or conditions of licensure, or upon  
 1057 separate instances of actionable conduct or activity.  
 1058 2. Conditions of probation  
 1059 a. Probation may be imposed for a time period that the Licensing Board  
 1060 determines appropriate.  
 1061 b. Probation may include conditions such as: additional continuing  
 1062 education; medical, psychiatric or mental health consultations or  
 1063 evaluations; mandatory professional or occupational supervision; and  
 1064 other conditions as the Licensing Board determines appropriate.  
 1065 c. Costs incurred in the performance of terms of probation are borne by the  
 1066 licensee.  
 1067 3. Suspension of licensure  
 1068 a. Suspensions may be set to run consecutively or concurrently.  
 1069 b. The execution of all or any portion of a term of suspension may be  
 1070 stayed pending successful completion of conditions of probation.  
 1071 4. Surrender of Licensure  
 1072 5. Revocation of Licensure  
 1073 6. Any other remedy, penalty, fine, or cost recovery that is otherwise available  
 1074 by law, even if only in the jurisdiction of the District Court.  
 1075 (ii) Imposition of a suspension of licensure for up to 90 calendar days for each  
 1076 violation or for each instance of actionable conduct or activity  
 1077 1. Suspensions may be set to run consecutively or concurrently.  
 1078 (iii) Imposition of a civil penalty of up to \$1,500.00 for each violation of applicable  
 1079 laws, rules, and conditions of licensure or for each instance of actionable conduct  
 1080 or activity.  
 1081 (c) All sanctions must include notice to an EMS Clinician, Ambulance Operator,  
 1082 Instructor/Coordinator, Community Paramedicine-licensee, or Emergency Medical  
 1083 Dispatcher of their right to request an adjudicatory hearing.  
 1084 7. Delegation  
 1085 A. Board Staff may resolve a case with Non-Disciplinary Action in the following circumstances:  
 1086 (1) Limited Delegation Order

- 1087 (a) The Licensing Board has issued an Order of Limited Delegation of Authority for  
 1088 Board Staff to take Non-Disciplinary Action according to that order, provided that the  
 1089 delegation has not expired.
- 1090 B. Board Staff may resolve a case with Disciplinary Action in the following circumstances:
- 1091 (1) Voluntary Surrender of Licensure
- 1092 (a) If a licensee seeks to voluntarily surrender licensure in lieu of further proceedings,  
 1093 Board Staff are authorized to negotiate and enter into a Consent Agreement on behalf  
 1094 of the Licensing Board, with stipulations as necessary to ensure the protection of the  
 1095 public health and safety and the rehabilitation or education of the licensee seeking  
 1096 surrender.
- 1097 8. Appeal of Non-Disciplinary Action
- 1098 A. A person wishing to appeal the decision of Board Staff to take Non-Disciplinary Action may  
 1099 appeal this decision to the Licensing Board. If a petition for appeal does not meet the criteria  
 1100 for consideration below, or if no petition is submitted, the Board Staff's decision becomes  
 1101 final agency action appealable to the Superior Court in accordance with the Maine  
 1102 Administrative Procedure Act, 5 M.R.S. Chapter 375 Subchapter 7. For an appeal to the  
 1103 Licensing Board to be considered, the person must:
- 1104 (1) Be the same individual or their authorized representative, against whom the Non-  
 1105 Disciplinary Action was taken, or the original complainant in the matter, or their  
 1106 authorized representative.
- 1107 (2) Submit a written petition; such petition should have sufficient information to explain the  
 1108 rationale for the appeal, including but not limited to:
- 1109 (a) The name of the individual against whom the action was taken;
- 1110 (b) The specific nature of the appeal (e.g., an appeal to take disciplinary action, an appeal  
 1111 to reduce the time frame of the action, or an appeal against the action in its entirety);  
 1112 and
- 1113 (c) The rationale that supports the Licensing Boards' grant of the appeal.
- 1114 (3) This written petition must be received by the Office of Maine Emergency Medical  
 1115 Services within twenty-one (21) business days of the date the action was taken. Service  
 1116 of the petition is complete when received by Maine EMS by mail, in-hand delivery, or  
 1117 electronic mail. A petition may be accepted at the discretion of the Licensing Board after  
 1118 this timeframe if the petitioner later provides satisfactory justification as to why a timely  
 1119 submission was not made.
- 1120 B. The Board Staff's decision to take Non-Disciplinary Action stands until the Licensing Board  
 1121 issues a decision to uphold, modify, or overrule the staff's decision.
- 1122 C. The Licensing Board, at its discretion, may entertain additional information or argument from  
 1123 the parties.
- 1124 D. The decision of the Licensing Board shall be in writing or stated on the record and contain or  
 1125 reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the  
 1126 basis for the Licensing Board's decision.
- 1127 9. Adjudicatory Hearing
- 1128 A. In the case where the discipline involves nonrenewal of licensure, suspension, or the  
 1129 imposition of a civil penalty, an EMS Clinician, Ambulance Operator, Instructor/Coordinator,  
 1130 Community Paramedicine-licensee, or Emergency Medical Dispatcher who fails to make a  
 1131 request for a hearing within thirty (30) calendar days from receipt of the Licensing Board's  
 1132 Notice of Preliminary Action, waives their right to request a hearing, and the Disciplinary

- 1133 Action sought by the Licensing Board is imposed and becomes final agency action,  
 1134 appealable pursuant to 5 M.R.S. Ch. 375, Subchapter 7. A request for a hearing must be  
 1135 made in writing and must be received by the Office of Maine EMS via electronic mail,  
 1136 certified mail, or in-person delivery.
- 1137 B. If the Board seeks to impose discipline other than nonrenewal, suspension, or the imposition  
 1138 of a civil penalty, and a Consent Agreement is not executed resolving the complaint, the  
 1139 matter shall be scheduled for an adjudicatory hearing.
- 1140 **10. Notification of Final Agency Action**
- 1141 A. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send a notice  
 1142 containing only publicly available information to the complainant, if any.
- 1143 B. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send only  
 1144 publicly available information to the National Practitioner Data Bank as required by federal  
 1145 law.
- 1146 C. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send publicly  
 1147 available information to any State Jurisdiction, or National Certifying Body that the licensee  
 1148 is reasonably believed to hold licensure or certification with.
- 1149 D. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send only  
 1150 publicly available information to any Maine-EMS licensed service, or Emergency Medical  
 1151 Dispatch Center that the licensee is affiliated with.  
 1152

1153 **SECTION 6. LICENSING ACTIONS FOR AMBULANCE SERVICES, NON-TRANSPORTING**  
 1154 **EMERGENCY MEDICAL SERVICES, TRAINING CENTERS, OR EMERGENCY**  
 1155 **MEDICAL DISPATCH CENTER.**

- 1156 1. Investigation
- 1157 A. A complaint against an Ambulance Service, a Non-transporting Emergency Medical Service  
 1158 (“NTEMS”), Training Center, or Emergency Medical Dispatcher Center’s licensure shall be  
 1159 investigated by the Licensing Board or Board Staff in accordance with 32 M.R.S. § 90-A(1).
- 1160 2. Notice of Complaint
- 1161 A. Board Staff shall notify an Ambulance Service, NTEMS, Training Center, or Emergency  
 1162 Medical Dispatch Center in accordance with 32 M.R.S. § 90-A(2).
- 1163 (1) Initial Pertinent Information Necessary to send Notice is:
- 1164 (a) A copy of the concern expressed or the information underlying the concern.
- 1165 B. Notice shall be in writing. Service of the Notice shall be complete upon the licensee upon  
 1166 mailing to the licensee or the licensee’s attorney, by in-hand delivery to the licensee, or by  
 1167 delivery to the licensee’s principal office or place of business.
- 1168 3. Response to Complaint
- 1169 A. If the licensee wishes to contest the complaint or dispute the information that forms the basis  
 1170 of the complaint, the licensee must respond in writing to the Licensing Board within thirty  
 1171 (30) calendar days of service of Notice of Complaint. Service of the licensee’s response is  
 1172 complete when received by Maine EMS by mail, in-hand delivery, or electronic mail.  
 1173
- 1174 B. If the licensee does not wish to contest the complaint or dispute the information that forms  
 1175 the basis of the complaint but does wish to provide additional information or context for  
 1176 consideration, the licensee must respond in writing to the Licensing Board within thirty (30)  
 1177 calendar days of service of Notice of Complaint. Service of the licensee’s response is

1178 complete when received by Maine EMS by mail, in-hand delivery, or electronic mail. If a  
 1179 licensee responds in this manner, the provisions of paragraph C, below, do not apply.

1180 C. If no response to the complaint from the licensee is received in writing within thirty (30)  
 1181 calendar days, the matter will be presented to the Licensing Board without the licensee's  
 1182 response.

1183 4. Review and Preliminary Finding(s) of Ground(s) for Licensing Action(s)

1184 A. After Board Staff has determined that sufficient information has been obtained, a complaint  
 1185 shall be scheduled for review by the Licensing Board.

1186 B. Notice of Scheduling shall be sent to the licensee under investigation that their case has been  
 1187 scheduled for review by the Licensing Board at least ten (10) business days prior to the date  
 1188 of the review. This notice shall include a statement reflecting the ability of a licensee to  
 1189 request a copy of the investigative file. Additional case information may be accepted from a  
 1190 licensee up to five (5) business days prior to the date the case is scheduled for review. A case  
 1191 scheduled for review may be rescheduled or postponed at the discretion of Board Staff.

1192 C. At the meeting during which a complaint has been scheduled for review, the Licensing Board  
 1193 shall consider the complaint and, based upon the information presented, determine by  
 1194 majority vote of members present and voting, if there are preliminary grounds for licensing  
 1195 action as outlined in this rule, Section 3, or under 32 M.R.S. §90-A(5). The Licensing Board  
 1196 shall identify the specific preliminary grounds for licensing action in its motion.

1197 (1) The Licensing Board may table any complaint to a future meeting and request that Board  
 1198 Staff obtain additional information.

1199 D. If the Licensing Board, by majority vote, sees that there are no preliminary grounds for  
 1200 licensing action, the complaint shall be dismissed, and a Notice of Dismissal shall be sent to  
 1201 the complainant, if any.

1202 E. If the Licensing Board sees that there are preliminary grounds for licensing action, the  
 1203 complaint shall be scheduled for review at the Licensing Board's next meeting for  
 1204 determination of appropriate Disciplinary or Non-Disciplinary Action. This provision may be  
 1205 waived on the motion of any member present and voting, and the Licensing Board may  
 1206 proceed directly into the preliminary determination of Disciplinary or Non-Disciplinary  
 1207 Action.

1208 F. A motion to reconsider the preliminary grounds for licensing action may only be made during  
 1209 the meeting in which the complaint is reviewed for preliminary grounds for licensing action  
 1210 and may only be made by a member present and voting on the prevailing side of the initial  
 1211 motion. The motion to reconsider must pass by majority vote of those present and voting, and  
 1212 there may be no subsequent reconsideration of the same preliminary ground for licensing  
 1213 action.

1214 5. Preliminary Determination of Disciplinary or Non-Disciplinary Action

1215 A. At the meeting for which a complaint with preliminary ground(s) for licensing action is  
 1216 scheduled for determination of appropriate disciplinary or non-disciplinary action, or upon  
 1217 immediate consideration in accordance with these rules, the Licensing Board shall determine  
 1218 by majority vote of those present and voting, appropriate action in accordance with 32 M.R.S.  
 1219 § 90-A (7) & (8), and these rules. This action may consist of:

1220 (1) Non-Disciplinary Action

1221 (a) Non-Disciplinary Action constitutes a Letter of Guidance and is used when the Board  
 1222 does not see evidence of potential violations of Board law or rule or the matter does

1223 not rise to a level requiring Disciplinary Action.. A Letter of Guidance may be placed  
 1224 on file for a period of time not to exceed ten (10) years.

1225 (b) The Licensing Board may resolve a complaint with Non-Disciplinary Action **except**  
 1226 **when:**

1227 (i) There is a related Non-Disciplinary Action on file with the Licensing Board;

1228 (ii) There is a related Disciplinary Action on file with the Licensing Board.

1229 (2) Disciplinary Action

1230 (a) The Licensing Board may resolve a complaint with Disciplinary Action if grounds  
 1231 for action are found pursuant to Section 3 of this Rule or pursuant to 32 M.R.S. § 90-  
 1232 A(5).

1233 (b) Any of the following sanctions may be taken pursuant to 32 M.R.S. § 90-A(7):

1234 (i) Execution of a Consent Agreement that includes any or all of the following:

1235 1. The issuance of a Warning, Censure, or Reprimand;

1236 a. Each warning, censure, or reprimand must be based upon violations of  
 1237 different applicable laws, rules, or conditions of licensure, or upon  
 1238 separate instances of actionable conduct or activity.

1239 2. Conditions of probation;

1240 a. Probation may be imposed for a time period that the Licensing Board  
 1241 determines appropriate.

1242 b. Probation may include conditions such as: additional continuing  
 1243 education; medical, psychiatric or mental health consultations or  
 1244 evaluations; mandatory professional or occupational supervision; and  
 1245 other conditions as the Licensing Board determines appropriate.

1246 c. Costs incurred in the performance of terms of probation are borne by the  
 1247 licensee.

1248 3. Suspension of licensure

1249 a. Suspensions may be set to run consecutively or concurrently.

1250 b. The execution of all or any portion of a term of suspension may be  
 1251 stayed pending successful completion of conditions of probation.

1252 c. Prior to seeking to impose a suspension of licensure of an Emergency  
 1253 Medical Dispatch Center, the Licensing Board shall table the matter and  
 1254 contact the Emergency Services Communication Bureau within the  
 1255 Public Utilities Commission for input on the effect of such an action on  
 1256 the E-9-1-1 system.

1257 d. Prior to seeking to impose a suspension of licensure of an Ambulance  
 1258 Service or NTEMS, the Licensing Board shall table the matter and  
 1259 contact the Emergency Medical Services Board for input on the effect of  
 1260 such action on the Maine EMS system.

1261 4. Surrender or Revocation of Licensure.

1262 a. Prior to seeking to impose a surrender or revocation of licensure of an  
 1263 Emergency Medical Dispatch Center, the Licensing Board shall table the  
 1264 matter and contact the Emergency Services Communication Bureau  
 1265 within the Public Utilities Commission for input on the effect of such an  
 1266 action on the E-9-1-1 system.

1267 b. Prior to seeking to impose a surrender or revocation of licensure of an  
 1268 Ambulance Service, NTEMS, or Training Center, the Licensing Board

- 1269 shall table the matter and contact the Emergency Medical Services Board  
 1270 for input on the effect of such action on the Maine EMS system.
- 1271 5. Any other remedy, penalty, fine, or cost recovery that is otherwise available  
 1272 by law, even if only in the jurisdiction of the District Court.
- 1273 (ii) Impose a suspension of licensure for up to 90 calendar days for each violation or  
 1274 for each instance of actionable conduct or activity;
- 1275 1. Suspensions may be set to run consecutively or concurrently.  
 1276 2. Prior to seeking to impose a suspension of licensure of an Emergency  
 1277 Medical Dispatch Center, the Licensing Board shall table the matter and  
 1278 contact the Emergency Services Communication Bureau within the Public  
 1279 Utilities Commission for input on the effect of such an action on the E-9-1-1  
 1280 system.
- 1281 3. Prior to seeking to impose a suspension of licensure of an Ambulance  
 1282 Service, NTEMS, or Training Center, the Licensing Board shall table the  
 1283 matter and contact the Emergency Medical Services Board for input on the  
 1284 effect of such action on the Maine EMS system.
- 1285 (iii) Impose a civil penalty of up to \$1,500.00 for each violation of applicable laws,  
 1286 rules, and conditions of licensure or for each instance of actionable conduct or  
 1287 activity;
- 1288 (c) All sanctions must include notice to an Ambulance Service, NTEMS, Training  
 1289 Center, or Emergency Medical Dispatch Center of their right to request an  
 1290 adjudicatory hearing.
- 1291 6. Delegation
- 1292 A. Board Staff may resolve a case with Non-Disciplinary Action in the following circumstances:
- 1293 (1) Limited Delegation Order:
- 1294 (a) The Licensing Board has issued an Order of Limited Delegation of Authority for  
 1295 Board Staff to take Non-Disciplinary Action according to that order, provided that the  
 1296 delegation has not expired.
- 1297 7. Appeal of Non-Disciplinary Action
- 1298 A. A person wishing to appeal the decision of Board Staff to take Non-Disciplinary Action may  
 1299 appeal this decision to the Licensing Board. If a petition for appeal does not meet the criteria  
 1300 for consideration below, or if no petition is submitted, the Board Staff's decision becomes  
 1301 final agency action appealable to the Superior Court in accordance with the Maine  
 1302 Administrative Procedure Act, 5 M.R.S. Chapter 375 Subchapter 7. For an appeal to the  
 1303 Licensing Board to be considered, the person must:
- 1304 (1) Be the same Ambulance Service, NTEMS, Training Center, or Emergency Medical  
 1305 Dispatch Center, or their authorized representative, against whom the Non-Disciplinary  
 1306 Action was taken, or the original complainant in the matter, or their authorized  
 1307 representative;
- 1308 (2) Submit a written petition; such petition should have sufficient information to explain the  
 1309 rationale for the appeal, including but not limited to:
- 1310 (a) The name of the Ambulance Service, NTEMS, Training Center, or Emergency  
 1311 Medical Dispatch Center, against whom the action was taken;
- 1312 (b) The specific nature of the appeal (e.g., an appeal to take disciplinary action, an appeal  
 1313 to reduce the time frame of the action, or an appeal against the action in its entirety);  
 1314 and

- 1315 (c) The rationale that supports the Licensing Boards' grant of the appeal.  
 1316 (3) This written petition must be received by the Office of Maine Emergency Medical  
 1317 Services within twenty-one (21) business days of the date the action was taken. Service  
 1318 of the petition is complete when received by Maine EMS by mail, in-hand delivery, or  
 1319 electronic mail. A petition may be accepted at the discretion of the Licensing Board after  
 1320 this timeframe if the petitioner later provides satisfactory justification as to why a timely  
 1321 submission was not made.
- 1322 B. The Board Staff's decision to take Non-Disciplinary Action stands until the Licensing Board  
 1323 issues a decision to uphold, modify, or overrule the staff's decision.
- 1324 C. The Licensing Board, at its discretion, may entertain additional information or argument from  
 1325 the parties.
- 1326 D. The decision of the Licensing Board shall be in writing or stated on the record and contain or  
 1327 reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the  
 1328 basis for the Licensing Board's decision.
- 1329 8. Adjudicatory Hearing
- 1330 A. In the case where the discipline involves nonrenewal of licensure, suspension, or the  
 1331 imposition of a civil penalty, an Ambulance Service, NTEMS, or Emergency Medical  
 1332 Dispatch Center who fails to make a request for a hearing within thirty (30) calendar days  
 1333 from receipt of the Licensing Board's Notice of Preliminary Action, waives their right to  
 1334 request a hearing, and the Disciplinary Action sought by the Licensing Board is imposed and  
 1335 becomes final agency action, appealable pursuant to 5 M.R.S. Ch. 375, Subchapter 7. A  
 1336 request for a hearing must be made in writing and must be received by the Office of Maine  
 1337 EMS via electronic mail, certified mail, or in-person delivery.
- 1338 B. If the Board seeks to impose discipline other than nonrenewal, suspension, or the imposition  
 1339 of a civil penalty, and a Consent Agreement is not executed resolving the complaint, the  
 1340 matter shall be scheduled for an adjudicatory hearing.
- 1341 9. Notification of Final Agency Action
- 1342 A. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send a notice  
 1343 containing only publicly available information to the complainant, if any.
- 1344 B. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send only  
 1345 publicly available information to the National Practitioners Data Bank as required by federal  
 1346 law.
- 1347 C. Upon Disciplinary Action becoming Final Agency Action, Board Staff shall send notice in  
 1348 writing the town manager or city manager and the municipal officers of the municipality that  
 1349 owns and operates or contracts with the ambulance service within 5 business days of taking  
 1350 the action.

1352 AUTHORITY: 32 M.R.S. § 84(1)(A),(G), &(H), 32 M.R.S. § 88(2), 32 M.R.S. § 90-A (7), (8) &  
 1353 (9).

1354 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

1355 AMENDED: April 1, 1982

1356 December 25, 1982 – Sec. 2.31, 3131, 6.311, 6.63, and 6.73

1357 January 1, 1984 – Sec. 1, 2, 3, 4, 5, 6, 8.32, 10.2, 10.3, 11.1066, and 11.1067

1358	April 30, 1985 – Sec 1, 2.846.222, 6.332, 9.313, 8.3216, and 9.11
1359	January 1, 1986 – Sec. 1, 6, 8.15, 8.2, 8.3, 8.4, and 11.103
1360	September 1, 1986
1361	August 25, 1987 – Sec 5, 6.011 and 12 (added)
1362	July 1, 1988
1363	March 4, 1992
1364	September 1, 1996
1365	EFFECTIVE DATE (ELECTRONIC CONVERSION):
1366	July 1, 2000
1367	REPEALED AND REPLACED:
1368	July 1, 2000
1369	July 1, 2003
1370	May 1, 2013
1371	January 10, 2021
1372	(TBD)

PROPOSED