

# Maine Hospital Association Bills Enacted 7/28/2015

## **LD 62 An Act To Require Notice to Municipal Officers of Violations of Emergency Medical Services Law and Rule**

*Rep. Gerrish* <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0568&item=3&snum=1>

**Criminal Justice & Public Safety**

**PL 2015, Ch. 6**

As enacted, the law requires notice in writing to be provided to the town manager or city manager and the municipal officers within 5 business days of the date when the Emergency Medical Services' Board takes licensing or registration action against or issues letters of guidance or concern with regard to an ambulance service that is owned and operated by the municipality or that contracts to provide services for the municipality.

## **LD 87 Resolve, To Implement the Recommendations of the Commission To Continue the Study of Long-term Care Facilities**

*Rep. Stuckey* **NEITHER** <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49771>

**Health & Human Services**

**RESOLVE, 2015, CH 34**

This resolve directs the Department of Health and Human Services to amend Rule Chapter 101, MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to:

1. Decrease the occupancy percentage threshold required for a nursing facility with more than 60 beds from 90% to 80% and for a nursing facility with 60 beds or fewer from 85% to 75%;
2. Provide that the cost of continuing education for direct care staff is included as a direct care cost component rather than a routine cost component.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 124 An Act To Require Payment by a Carrier for Health Care Services Provided to Enrollees of the Carrier**

*Sen. Gratwick*     **SUPPOR**     <http://legislature.maine.gov/legis/bills/getDoc.asp?id=48844>

**Insurance & Financial Services**

**PL 2015 CH 84**

As enacted, the law requires carriers to pay providers for services rendered prior to credentials being granted, retroactive to when a complete application for credentialing is submitted, as long as credentials are granted to that provider by the carrier. The law requires that a claim may not be submitted until the provider has been notified of the credentialing decision and the effective date of any credentials.

#### **LD 155 Resolve, To Establish the Commission To Study Difficult-to-place Patients**

*Rep. Malaby*     **SUPPOR**     <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49925>

**Health & Human Services**

**RESOLVE 2015, CH 44**

The resolve and adds an emergency preamble and emergency clause. It establishes the Commission To Study Difficult-to-place Patients in order to study certain issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients.

The commission comprises 13 members, including 5 Legislators; the Commissioner of Health and Human Services; the director of the long-term care ombudsman program; representatives of organizations representing people with disabilities, people with mental illness, the promotion of independent living for individuals with disabilities, long-term care facilities and hospitals; and a patient or family member of a patient with complex medical needs. The amendment requires the commission to report to the Joint Standing Committee on Health and Human Services by December 2, 2015.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 199 An Act To Improve the Reporting of Child Abuse**

*Sen. Diamond*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49158>

**Judiciary**

**PL 2015 CH 117**

As enacted, the law amends the statute regarding mandated reporters of suspected child abuse and neglect and of the suspicious death of a child. It eliminates language allowing mandated reporters of child abuse and neglect to report to an institution, facility or agency rather than directly to the Department of Health and Human Services. It retains the current language and instead requires a mandated reporter, described as the "notifying person," to acknowledge in writing that the mandated reporter has received confirmation that the report has been made by the institution, facility or agency to the department. If the mandated reporter does not receive that confirmation within 24 hours of notifying the institution, facility or agency, the mandated reporter is required to report directly to the department.

The law also prohibits an employer from taking any action to prevent or discourage an employee from making a report. The law adds similar requirements for reports that must be made to the appropriate district attorney's office.

#### **LD 236 An Act To Adjust Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of the Department of Health and Human Services and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2015 (Supplemental)**

*Sen. Rotundo*

**SUPPORT** <http://legislature.maine.gov/legis/bills/getDoc.asp?id=48008>

**Appropriations & Financial Affairs**

**PL 2015 CH 16**

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**MHA**



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## Bills Enacted

### 7/28/2015

#### **LD 359 An Act To Assist Persons with Breast Cancer**

*Rep. Longstaff* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49755>

**Insurance & Financial Services**

**PL 2015, CH 227**

As enacted, the law requires carriers to provide written notice regarding the requirements for inpatient coverage following treatment of breast cancer to physicians participating in the carrier's provider network and requiring attending physicians to provide a similar notice to patients when consulting with patients about breast cancer treatment.

#### **LD 422 An Act To Improve Access to Treatments for Lyme Disease**

*Rep Sanderson* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49766>

**Labor, Commerce, Research and Economic Developmen PL 2015, CH 235**

As enacted, the law provides that a licensed physician may prescribe, administer or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate infection or to control a patient's symptoms upon making a clinical diagnosis that the patient has Lyme disease or displays symptoms consistent with a clinical diagnosis of Lyme disease. It requires the clinical diagnosis and treatment to be documented in the patient's medical record by the prescribing licensed physician. It also defines terms, including "Lyme disease."



# Maine Hospital Association Bills Enacted 7/28/2015

## **LD 483 An Act Regarding the Reporting Standards for Child Abuse**

*Rep. Bates* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49596>

**Health & Human Services**

**PL 2015, CH 178**

The law creates an exception to the law mandating a report to the Department of Health and Human Services of suspected abuse or neglect of a child under 6 months of age for injuries occurring during birth when the delivery is attended by a licensed medical practitioner.

## **LD 521 An Act To Amend the Health Care Practitioner Transparency Requirements**

*Sen. Gratwick* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=48130>

**Insurance & Financial Services**

**PL 2015 CH 35**

As enacted, the law eliminates the requirement enacted last session for all health care practitioners to display a copy of their license. It also clarifies that the name badge required to be worn can be either the first or last name; except for physicians in which case both need to be included. Finally, the medical staff position does not have to be displayed on the name tag.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 572 An Act To Ensure Appropriate Health Insurance Coverage for Prescription Eye Drops**

*Rep. Morrison*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=48875>

**Insurance & Financial Services**

**PL 2015 CH 91**

This law requires all health insurance carriers offering health plans to provide coverage for early refills of prescription eye drop medication in certain circumstances. The enrollee must request the refill no earlier than the date on which 70% of the days uses authorized by the prescribing health care provider lapsed. The law applies to all policies and contracts issued or renewed on or after January 1, 2016.

#### **LD 629 An Act Regarding Community Paramedicine Pilot Projects**

*Sen. Dutremble*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=48876>

**Criminal Justice & Public Safety**

**PL 2015 CH 92**

As enacted, the law removes the time limitation of 3 years for community paramedicine pilot projects and removes the provision limiting the number of projects that can be undertaken. It was enacted as an emergency and became effective on May 19th.

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# Maine Hospital Association

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#### **LD 636 An Act To Provide Consumers of Health Care with Information Regarding Health Care Costs**

*Sen. Dill*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49805>

**Insurance & Financial Services**

**PL 2015, CH 260**

This law requires all health insurance carriers offering individual and group health plans to provide certain information with respect to prescription drug coverage to prospective enrollees and enrollees on its publicly accessible website. The law requires carriers to post each prescription drug formulary for each health plan in a manner that allows enrollees to determine whether a particular prescription drug is covered under a formulary. The law also requires carriers to provide information about utilization review, prior authorization or step therapy, cost-sharing, exclusions from coverage and the amount of coverage for out-of-network providers or noncovered health care services.

#### **LD 649 Resolve, Directing the Department of Health and Human Services To Modify Coverage for Eyeglasses for Children under the Provisions of the MaineCare Program and Review Certain Reimbursement Rates**

*Sen. Libby*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49736>

**Health & Human Services**

**RESOLVE 2015, CH 30**

The resolve requires the Department of Health and Human Services, with input from stakeholders, to develop a comprehensive strategy to ensure that MaineCare-eligible children have the same access to providers of dental, hearing and vision services as have children with private health insurance. It requires the department to submit the strategy and related recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2016



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 662 An Act To Increase Access to Health Care through Telemedicine**

*Rep. Foley*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49259>

**Health & Human Services**

**PL 2015 CH 137**

As enacted, the law does the following.

1. It allows the Board of Licensure in Medicine to register a physician not licensed to practice in the State to provide consultative services through interstate telemedicine.
2. It requires that the physician to be registered must be fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services.
3. It specifies that the physician to be registered may provide only consultative services and that a physician, advanced practice registered nurse or physician assistant in this State must retain ultimate authority over the diagnosis, care and treatment of the patient.
4. It requires that the physician to be registered with the board every 2 years, instead of annually as in the bill, and pay a registration fee not to exceed \$500.

#### **LD 666 An Act To Allow a Patient To Designate a Caregiver in the Patient's Medical Record**

*Rep. Gattine*

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0447&item=4&snum=1>

**Health & Human Services**

**PL 2015, CH 370**

This law allows a patient admitted to a hospital to designate a caregiver, who may provide aftercare for the patient and whose identifying information must be entered into the patient's medical records at the hospital. If the patient or patient's legal guardian provides written consent to release medical information to the designated caregiver, the hospital is required to notify the caregiver prior to the patient's being discharged or transferred, consult with the caregiver as to the patient's discharge plan and provide the caregiver any necessary instruction in providing aftercare to the patient if the patient is discharged to the patient's residence.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 721 Resolve, To Establish the Commission To Strengthen and Align the Services Provided to Maine's Veterans**

*Rep. Golden*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49946>

**Veterans & Legal Affairs**

**RESOLVE 2015, CH 48**

This resolve establishes the Commission To Strengthen and Align the Services Provided to Maine's Veterans, which must:

1. Review the services provided by the State to veterans for the purpose of identifying gaps, duplications and inefficiencies;
2. Consider methods and strategies for improving the State's engagement and communication with veterans of the conflicts in Afghanistan and Iraq;
3. Identify gaps and insufficiencies in the provision of health care and mental health care services to veterans through both state and federal programs and consider ways in which the State can improve health care and mental health care services for veterans where insufficiencies or gaps in federal resources or state services exist;
4. Study how to better align community, state and federal services and resources for veterans who are facing the problem of homelessness;
5. Study how the State can develop and implement a campaign and marketing strategy to better communicate with veterans and military retirees regarding attending colleges in the State and to better attract veterans and military retirees to live and work in the State;
6. Study how the State can encourage partnerships with businesses, industry groups and nonprofit organizations to improve veterans' employment, career and volunteer opportunities;
7. Make recommendations to the Commissioner of Defense, Veterans and Emergency Management concerning practices or rules regarding services and programs for veterans;
8. Work with the Commissioner of Defense, Veterans and Emergency Management to develop a multiyear plan that identifies priorities and suggests initiatives to strengthen and align services provided to veterans in the State;
9. Make recommendations to the Joint Standing Committee on Veterans and Legal Affairs concerning changes to services and programs for veterans by January 15, 2016.



**Maine Hospital Association  
Bills Enacted  
7/28/2015**

**LD 729 An Act To Add Acetylfentanyl to the List of Schedule W Drugs**

*Sen. Burns* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49928>

***Criminal Justice & Public Safety*** ***PL 2015, CH 330***

This LAW adds acetylfentanyl to the list of Schedule W drugs. Acetylfentanyl is not approved by the United States Food and Drug Administration and is closely related to the prescription opioid fentanyl, which is a Schedule W drug.

**LD 740 An Act To Sustain Maine's Primary Care Professional Workforce**

*Sen. Davis* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49038>

***Taxation*** ***PL 2015 CH 108***

As enacted, the law expands eligibility for the income tax credit for eligible new primary care professionals to include persons already practicing in underserved areas and certified as eligible by the Department of Health and Human Services in order to facilitate retention as well as recruitment of eligible professionals. The tax credit is available for calendar year 2015.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 782 An Act To Improve the Quality of Life of Persons with Serious Illnesses**

*Sen. Langley*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49668>

**Health & Human Services**

**PL 2015, CH 203**

As enacted, this law establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to 3 legislative committees. The law requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. The law requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

#### **LD 810 An Act To Allow the Synchronization of Prescriptions**

*Sen. Cushing*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=48878>

**Insurance & Financial Services**

**PL 2015 CH 93**

As enacted, the law requires certain health insurance carriers to allow prescriptions to be dispensed by a pharmacist for less than a 30-day supply if it is in the best interest of the patient.

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## Bills Enacted

### 7/28/2015

#### **LD 830 An Act To Eliminate the Dual Licensing of Physician Assistants**

*Rep. Mastraccio* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49786>

#### **Labor, Commerce, Research and Economic Development PL 215, CH 242**

As enacted, the law establishes a licensing process for physician assistants by which a qualified applicant may apply for licensure by the board that licenses the applicant's supervising physician, if known. If the applicant does not identify a supervising physician, the applicant may apply to either the Board of Osteopathic Licensure or the Board of Licensure in Medicine. An applicant for physician assistant licensure may be issued a license by only one of the boards, but may practice under the supervision of either an osteopathic physician or an allopathic physician. The amended bill allows both boards to jointly adopt rules governing the licensure of physician assistants.

#### **LD 834 An Act To Clarify the Use of "M.D." To Represent Achievement of a Graduate Degree by an Individual Not Licensed To Practice Medicine in Maine**

*Rep. Hymanson* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49858>

#### **Labor, Commerce, Research and Economic Development PL 2015, CH 270**

As enacted, the law allows a person who has received the doctor's degree from a reputable college or university to append the letters "M.D." to that person's name, if that person is not engaged in the practice of medicine or surgery, as long as that person's license to practice has never been revoked by the Board of Licensure in Medicine.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 918 An Act To Allow Licensed Independent Practice Dental Hygienists To Expose and Process Radiographs under Protocols Developed by the Board of Dental Examiners**

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49858>

#### **Labor, Commerce, Research and Economic Development PL 2015, CH 2**

This bill has been enacted as PL 2015 Chapter 2. Under a pilot project that is scheduled to expire on March 15, 2015, independent practice dental hygienists are allowed to expose and process radiographs in areas of the State that have been designated by the United States Department of Health and Human Services as dental health professional shortage areas. This law continues the authority of these independent practice dental hygienists to expose and process radiographs indefinitely, under the same restrictions as imposed under the pilot project, except that the authorization applies in the entire State. It requires the Department of Professional and Financial Regulation, Board of Dental Examiners to adopt routine technical rules by July 30, 2015 for the administration of this authorization. Prior to the adoption of rules, the rules that are in effect for the pilot project apply to independent practice dental hygienists who are authorized pursuant to this legislation to expose and process radiographs, except that the provisions of the rule limiting the authorization to dental health professional shortage areas and requiring an independent practice dental hygienist to notify the board of the intent to expose and process radiographs do not apply. Finally, this law repeals the resolve that created the pilot project, effective on the same day as this legislation.

#### **LD 919 An Act To Provide Access to Opioid Analgesics with Abuse-deterrent Properties**

*Rep. Hobbins*

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0638&item=3&snum=1>

#### **Insurance & Financial Services**

#### **PL 2015, CH 371**

The law requires all health insurance carriers offering individual and group health plans to provide coverage for abuse-deterrent opioid analgesic drug products on a basis not less favorable than that for other opioid analgesic drug products, instead of other prescription drugs as specified in the bill, on any formulary, preferred drug list or other list of drugs used by the carrier. The bill applies to all policies and contracts issued or renewed on or after January 1, 2016.



# Maine Hospital Association Bills Enacted 7/28/2015

## **LD 978 An Act To Promote Patient Choice and Access to Health Care**

*Rep. Doore* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49042>

**Insurance & Financial Services**

**PL 2015 CH 111**

As enacted, the law prohibits health insurance carriers offering individual and group health plans from refusing to reimburse for services provided by a chiropractor acting within the scope of the chiropractor's license if the services are covered by the carrier and the chiropractor participates in the carrier's provider network. The amendment applies to all policies and contracts issued or renewed on or after January 1, 2016.

## **LD 1019 Biennial Budget**

*Sen. Rotundo* <http://legislature.maine.gov/legis/bills/getDoc.asp?id=49849>

**Appropriations**

**PL 2015, CH 267**

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# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 1049 An Act To Further Define Duties for Persons Who Hold Powers of Attorney or Act as Agents for Residents of Long-term Care Facilities**

*Rep. Martin*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49849>

**PL 2015, CH 247**

As enacted, the law directs the Department of Health and Human Services to amend rules relating to the terms and requirements and defining the duties, obligations and legal remedies of the parties to the standard admission contract for residents of nursing homes and assisted housing programs with a particular focus on determining eligibility of the resident for MaineCare and the resident's financial responsibilities when not eligible for MaineCare. It also permits collection of attorney's fees and costs from persons who breach the duties established by this bill.

#### **LD 1076 Resolve, Directing the Department of Health and Human Services to Increase Public Awareness About and Access to Federal Resources Related to Vaccine Injuries**

*Rep. O'Connor*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=48404>

**Health & Human Services**

**RESOLVE, 2015, CH 35**

The Resolve directs the Department of Health and Human Services to create a link on the department's publicly accessible website to existing federal resources related to vaccine injuries, including but not limited to information about the National Vaccine Injury Compensation Program of the United States Department of Health and Human Services, Health Resources and Services Administration and the Vaccine Adverse Event Reporting System cosponsored by the United States Centers for Disease Control and Prevention and the United States Food and Drug Administration, agencies of the United States Department of Health and Human Services.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 1117 An Act To Clarify the Policy for Withdrawal of Life Support from Minors**

*Sen. Cushing*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49609>

**Judiciary**

**PL 2015, CH 187**

As enacted, the law relates only to withholding or withdrawing life-sustaining medical treatment to situations in which a child is in the custody of the Department of Health and Human Services. This amendment provides that a custodian of a child does not have the authority to withhold or withdraw life-sustaining medical treatment from a minor except in two situations. The custodian has the authority when the parental rights to the child have been terminated and it is in the child's best interests. The custodian also has the authority when the parental rights have not been terminated but the parents consent to that authority or, if the parents do not consent, the court determines that the nonconsenting parents are unfit by using the existing criteria in the statutes to determine the termination of parental rights and by determining that withholding or withdrawing life-sustaining medical treatment is in the best interests of the child. This amendment includes a description of when withholding or withdrawing life-sustaining medical treatment is in the best interests of the child.

#### **LD 1125 An Act To Expand Public Access to Epinephrine Autoinjectors**

*Rep. Peterson*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49762>

**Health & Human Services**

**PL 2015, CH 231**

As enacted, this law allows entities, organizations and places of employment at which allergens capable of causing anaphylaxis may be present, other than schools, to stock prescribed epinephrine autoinjectors and administer them to persons believed in good faith to be experiencing anaphylaxis and provides that those entities, organizations and places of employment may not be held liable for any injuries or related damages that may result. It requires training for employees or agents of such entities, organizations or places of employment.

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# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 1129 Resolve, To Change the Requirements for Nursing Services in Home Health Care**

*Sen. Libby*

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055852>

**Health & Human Services**

**RESOLVE 2015, CH 33**

As enacted, the Resolve requires the Department of Health and Human Services to amend the rules governing the licensing and functioning of home health care services to allow nursing services to be provided by new graduates who have successfully completed a home health care orientation program approved by the department prior to commencing independent home health care nursing practice. Current rules require at least one year of professional nursing experience. The agency employing the nursing graduate would be required to provide the orientation.

#### **LD 1134 An Act To Require the Department of Health and Human Services To Distribute Information Regarding Down Syndrome to Providers of Prenatal and Postnatal Care and to Genetic Counselors**

*Sen. Volk*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49762>

**Health & Human Services**

**PL 2015, CH 269**

As enacted, this law requires that hospitals, physicians and other health professionals provide information about Down syndrome to expectant or new parents who have received a prenatal or postnatal diagnosis of Down syndrome. The Department of Health and Human Services is directed to distribute appropriate information to health care providers for distribution.



# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### LD 1145 An Act To Improve Maine's Involuntary Commitment Processes [MHA Bill]

Sen. Malaby

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49903>

**Health & Human Services**

**PL 2015, CH 309**

This law is based on certain recommendations in the report "Recommendations for Improving the Involuntary Commitment Process," by the Judicial Branch Mental Health Working Group dated December 15, 2014. It amends the laws governing involuntary hospitalization by:

1. Authorizing a health care practitioner to administer involuntary treatment to a person being involuntarily held or detained if the person's condition poses a serious, imminent risk to the person's physical or mental health and other conditions are met;
2. Specifying that family members may be the source of history and information that forms the basis of an opinion of a medical practitioner regarding a person for whom an emergency application for admittance to a psychiatric hospital has been filed;
3. Creating exceptions to the 24-hour hospital emergency hold period to authorize a hospital to involuntarily detain a mentally ill person meeting certain criteria for emergency psychiatric hospitalization for 2 additional 48-hour periods;
4. Limiting the State's costs related to transporting certain patients to reasonable costs;
5. Allowing for the discharge of an involuntary petition if the patient subsequently agrees to voluntary commitment;
6. Clarifying that orders of involuntary commitment and treatment also transfer with a patient that is transferred from one hospital to another; and
7. Permitting medical examinations and consultations required or permitted under involuntary hospitalization laws to be conducted using telemedicine technologies.
8. The Committee Amendment to the bill adds an additional provision related to the Blue Paper. It will add a fourth section to the Blue Paper; that fourth section will require the receiving psychiatric hospital to record whether the patient was not admitted as requested in the application.

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**Maine Hospital Association**  
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**LD 1170 Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a Late-filed Major Substantive Rule of the Department of Health and Human Services**

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=48008>

*Health & Human Services*

**RESOLVE 2015 CH 16**

This resolve provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

**LD 1218 An Act Regarding the Administration of Vaccines by Pharmacists**

*Rep. Nutting*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49709>

**Labor, Commerce, Research and Economic Development PL 2015, CH 211**

As enacted, the law amends the law authorizing a pharmacist to administer influenza shots to a person 9 years of age or older to allow a licensed pharmacist who has received training to administer vaccines to persons 7 years of age or older.



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### 7/28/2015

#### **LD 1307 An Act To Fund the Maine Diversion Alert Program**

*Sen. Willette*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49895>

**Health & Human Services**

**PL 2015, CH 304**

This law provides one-time General Fund appropriations of \$95,000 in fiscal year 2015-16 for the Maine Diversion Alert Program.

#### **LD 1368 An Act To Require the Documentation of the Use of Seclusion and Restraint at Mental Health Institutions in the State**

*Rep. Sirocki*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49843>

**Health & Human Services**

**PL 2015, CH 266**

As enacted, the law requires public and private psychiatric institutions licensed under Title 22, chapter 404 and 405 to submit quarterly and annual reports to the Commissioner of Health and Human Services measures of the hours and number of uses of restraint and seclusion as well as the maximum and mean duration of the use of restraint and seclusion. Restraint and seclusion are defined in federal regulations. The Commissioner of Health and Human Services shall submit a report by January 1 of each year, a report with the data collected by the public and private psychiatric institutions for the previous fiscal year to the joint standing committee having jurisdiction over health and human services matters. The committee may report out legislation regarding the report. The first annual report due January 1, 2016 may be partial and incomplete. By May 1, 2016, each public and private psychiatric institution must develop a policy for debriefing a client after the use of restraint or seclusion. The policy may not prevent a parent, guardian or designated representative from attending the debriefing.

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Maine Hospital Association

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Tel.: 207/622-4794; Fax: 207/622-3073; Website: [www.themha.org](http://www.themha.org)

# Maine Hospital Association Bills Enacted 7/28/2015

## LD 1391 An Act Regarding the Treatment of Forensic Patients

*Rep. Malaby*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49919>

**Criminal Justice & Public Safety**

**PL 2015, CH 325**

This law allows the Commissioner of Health and Human Services to administer medication to a defendant who has been found incompetent to proceed without the defendant's consent if a court finds that certain standards have been met. It allows the commissioner to authorize a hospital to administer medication to a defendant who has been found incompetent to proceed or to a person who has been committed to the custody of the commissioner following acceptance of a negotiated insanity plea or following a verdict or finding of insanity without that defendant's or person's consent if certain standards are met, subject to appeal to the court.

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# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 1426 An Act Regarding the Maine Registry of Certified Nursing Assistants and Direct Care Workers**

*Rep. Espling*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49612>

**Health & Human Services**

**PL 2015, CH 196**

This law amends the Maine Registry of Certified Nursing Assistants and Direct Care Workers in the following ways.

1. It clarifies the circumstances under which a person employed as a direct care worker is listed on the registry.
2. It amends the requirements for listing certified nursing assistants and direct care workers.
3. It requires employers to verify that an individual listed on the registry is eligible for employment as a certified nursing assistant or direct care worker.
4. It consolidates information and aligns language used across programs based on federal and state laws related to background checks, disqualifying offenses, prohibited employment, criminal convictions and substantiated findings related to complaints of abuse, neglect or misappropriation of property.
5. It describes the process of identifying the disqualifying offenses that adversely affect an individual's eligibility for employment as a certified nursing assistant or direct care worker.
6. It establishes the department's authority to adopt eligibility for listing on the registry and other requirements by rule.
7. It establishes statutory background check requirements and employment restrictions based on disqualifying offenses, including criminal convictions.
8. It replaces current ambiguous statutory language that bases employment bans on the length of the sentence that may be imposed with a requirement that the department adopt by rule a table of named crimes that form the rational basis for employment bans based on convictions.
9. It requires the department to adopt rules that list nondisqualifying criminal convictions that do not ban employment leaving hiring decisions to employer discretion.
10. It provides that disqualifying criminal convictions result in 10-year or 30-year employment bans and that the length of an employment ban may be shortened by filing a petition with the department to lift an employment ban prior to its expiration.
11. It consolidates complaint investigation requirements.

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# Maine Hospital Association

## Bills Enacted

### 7/28/2015

#### **LD 1434 An Act To Amend the Laws Governing Law Enforcement's Access to, and Access to Information about, Certain Persons in Hospitals and Mental Health Facilities**

*Governor's bill*

<http://legislature.maine.gov/legis/bills/getDoc.asp?id=49738>

**PL 2015, CH 218**

As enacted, the law authorizes a hospital to disclose otherwise confidential health information of a patient without the consent of the patient under specific circumstances:

1. For the purpose of assisting a law enforcement agency to serve a protection from abuse order to a person who is a patient in the hospital; or
2. For the purpose of notifying a law enforcement agency that brought a patient to the hospital that the patient is leaving the hospital so that the agency may arrest the patient.

The hospital may only provide this notice if the request from law enforcement it is consistent with the federal Health Insurance Portability and Accountability Act privacy law (45 CFR 164.512) and the federal privacy law for drug and alcohol abuse patients (42 CFR Part 2).

The hospital is immune from civil or criminal liability or professional licensure action arising out of the hospital's compliance with this law. No cause of action against the hospital is created for failure to provide the access or information.

