

MAINE STATE LEGISLATURE

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REVISED STATUTES

OF THE

STATE OF MAINE

1954

1961 CUMULATIVE SUPPLEMENT

ANNOTATED

IN FIVE VOLUMES

VOLUME 2

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include registration and certificate. No examination shall be exacted from applicants for these temporary licenses. (R. S. c. 61, § 9. 1951, c. 223, § 4. 1959, c. 202, § 3.)

Effect of amendment.—The 1959 amendment deleted “who is a citizen of the United States” and “1st” and “2nd” from the first sentence of this section.

Sec. 9-A. Immunity of licensee rendering emergency care.—No person licensed under this chapter who in the exercise of due care renders emergency care at the scene of an accident shall be liable for any civil damage as a result of acts or result of acts or omissions by such a person in rendering emergency care. (1961, c. 265, § 1.)

Promotion of Medical Education.

Sec. 12. Death in almshouses, prisons, etc.

Notwithstanding the availability of lump sum death benefits under the federal social security act, the term “buried at public expense” as written in this section shall be deemed to include the unclaimed dead bodies of all indigent persons otherwise within the intendment of this section. (R. S. c. 61, § 12. 1957, c. 241.)

Effect of amendment. — The 1957 amendment added the above paragraph at the end of this section. As the first paragraph was not changed by the amendment, it is not set out.

Chapter 66-A.

Tri-State Regional Medical Needs.

Sec. 1. Purpose; authorization.—In order to provide advisory service to voluntary and official health agencies and educational institutions concerned with health, relating to policies concerned with the promotion, preservation and restoration of health and to insure the availability of day to day medical care where there is need in the rural areas of Maine, New Hampshire and Vermont:

The legislature hereby ratifies the following compact to become effective at such time as the legislative bodies of the states of Vermont and New Hampshire also ratify it.

NORTHERN NEW ENGLAND MEDICAL NEEDS COMPACT

Article I.

The purposes of the Northern New England Medical Needs Compact shall be to provide advisory service to voluntary and official health agencies and educational institutions concerned with the promotion, preservation and restoration of health through, but not limited to, provision for the availability of day to day medical care where there is need in the rural areas of the compacting states.

Article II.

There is hereby created and established a Tri-State Regional Medical Needs Board which shall be the agency of each state party to the compact. The Board shall be a body corporate and politic having the powers, duties and jurisdiction enumerated in this chapter and such other and additional powers as shall be conferred upon it by the concurrent act or acts of the compacting states. The Board shall consist of the president, vice-president and president-elect of the medical societies of Vermont and New Hampshire and the president, president-elect and executive director of the Maine Medical Association; the commissioners of

health of the 3 states; the deans of the University of Vermont and Dartmouth Medical Schools; the chairman of the curriculum committee and director of health studies of the University of Vermont College of Medicine. The chairman of the curriculum committee and the director of health studies of the University of Vermont College of Medicine serve without vote.

Article III.

This compact shall become operative immediately at such time as the last of the 3 compacting states shall have executed it in the form which is in accordance with the laws of the respective compacting states.

Article IV.

The Board shall annually elect from its members a chairman and vice-chairman, and shall appoint and at its pleasure remove or discharge said officers. It may appoint and employ an executive secretary and may employ such stenographic, clerical, technical or legal personnel as shall be necessary, and at its pleasure may remove or discharge such personnel. It shall adopt a seal and suitable by-laws and shall promulgate any and all rules and regulations which may be necessary for the conduct of its business. It may maintain an office or offices within the territory of the compacting states and may meet at any time or place. Meetings shall be held at least once in each calendar year. A majority of the members shall constitute a quorum for the transaction of business but no action of the Board imposing any obligation on any compacting state shall be binding unless a majority of the members from such compacting state shall have voted in favor thereof. Where meetings are planned to discuss matters relevant to problems of rural medical needs of only certain of the compacting states, the Board may vote to authorize special meetings of the board members of such states. The Board shall keep an accurate account of all receipts and disbursements and shall make an annual report to the Governor and the Legislature of each compacting state, setting forth in detail the operations and transactions conducted by it pursuant to this compact and shall make recommendations for any legislative action deemed by it advisable, including amendments to the statutes of the compacting states which may be necessary to carry out the intent and purposes of this compact. The Board shall not pledge the credit of any compacting state without the consent of the Legislature thereof given pursuant to the constitutional processes of said state. The Board may meet any of its obligations in whole or in part with funds available to it under Article VI, provided the Board takes specific action setting aside such funds prior to the incurring of any obligation to be met in whole or in part in this manner. Except where the Board makes use of funds available to it under Article VI, the Board shall not incur any obligations for salaries, office, administrative, traveling or other expenses prior to the allotment of funds by the compacting states adequate to meet the same. Each compacting state reserves the right to provide hereafter by law for the examination and audit of the accounts of the Board. The Board shall appoint a treasurer who may be a member of the Board, and disbursements by the Board shall be valid only when authorized by the Board and when vouchers therefor have been signed by the executive secretary and countersigned by the treasurer. The executive secretary shall be custodian of the records of the Board with authority to attest to and certify such records or copies thereof.

The Board shall study and consider for implementation and operation on a tri-state cooperative basis programs to promote, preserve and restore health in the rural areas of the compacting states. Any program deemed advisable for implementation and operation on a tri-state basis shall be submitted to each of the 3 legislatures with the endorsement of the members of the Board and such

program shall include therein an analysis of administrative and operational costs and a proposed division of costs on an equitable basis for each of the 3 states. Nothing above should be construed to interfere with the sovereignty of the departments of health and welfare or the medical societies of the individual compacting states.

Article V.

The Board shall have the power to: collect, correlate and evaluate data in the fields of its interest under this compact; to publish reports, bulletins and other documents making available the results of its research; and, in its discretion, to charge fees for said reports, bulletins and documents.

Article VI.

The Board for the purposes of this compact is hereby empowered to receive grants, devises, gifts and bequests which the Board may agree to accept and administer. The Board shall administer property held in accordance with special trusts, grants and bequests, and shall also administer grants and devises of land and gifts or bequests of personal property made to the Board for special uses, and shall execute said trusts, investing the proceeds thereof in notes or bonds secured by sufficient mortgages or other securities.

Article VII.

The provisions of this compact shall be severable, and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the Constitution of any compacting state or of the United States the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact is held to be contrary to the constitution of any compacting state the compact shall remain in full force and effect as to all other compacting states.

Article VIII.

This compact shall continue in force and remain binding upon a compacting state until the Legislature or the Governor of such state, as the laws of such state shall provide, takes action to withdraw therefrom. Such action shall not be effective until 2 years after notice thereof has been sent by the Governor of the state desiring to withdraw to the governors of the other states then parties to the compact. Such withdrawal shall not relieve the withdrawing state from its obligations accruing under the provisions of this chapter prior to the effective date of withdrawal. Any state so withdrawing, unless reinstated, shall cease to have any claim to or ownership of any of the property held by or vested in the Board or to any of the funds of the Board held under the terms of the compact. Thereafter, the withdrawing state may be reinstated by application after appropriate legislation is enacted by such state, upon approval by a majority of the Board.

Article IX.

If any compacting state shall at any time default in the performance of any of its obligations assumed or imposed in accordance with the provisions of this compact, all rights and privileges and benefits conferred by this compact or agreement hereunder shall be suspended from the effective date of such default as fixed by the Board. Unless such default shall be remedied within a period of 2 years following the effective date of such default, this compact may be terminated with respect to such defaulting state by affirmative vote of the other 2 member states. Any such defaulting state may be reinstated by performing all

acts and obligations upon which it has heretofore defaulted, and application to and approval by a majority vote of the board. (1957, c. 190.)

Sec. 2. Copies of chapter.—The secretary of state shall send authenticated copies of this chapter to the governor of each of the other 2 states party to this compact. (1957, c. 190.)

Sec. 3. Duty of governor.—The governor is authorized to take any action necessary to complete the exchange and filing of documents as between this state and any other state ratifying this compact. (1957, c. 190.)

Sec. 4. Duty of board members from Maine.—The members from this state shall obtain accurate accounts of all the board's receipts and disbursements and shall report to the governor on or before the 15th day of November, in even numbered years, the transactions of the board for the biennium ending on the preceding June 30th. They shall include in such report recommendations for any legislation which they consider necessary or desirable to carry out the intent and purposes of the compact. (1957, c. 190.)

Chapter 67.

Board of Examiners of Psychologists.

Sec. 6. Board may waive or suspend certificates.—The hearing officer as designated in chapter 20-A shall revoke any certificate if the certificate holder is convicted of a crime involving moral turpitude or is found to have employed fraud or deceit in obtaining his certificate or is guilty of professional misconduct. Upon application after 1 year from date of revocation, the board may grant reinstatement, where the revocation is for misconduct in his profession. No certificate shall be revoked or suspended except for cause, after notice and hearing. (1953, c. 243. 1961, c. 394, § 23.)

Effect of amendment.—The 1961 amendment substituted "hearing officer as designated in chapter 20-A" for "board" near the beginning of this section and deleted "by the board" following "found" and before "to" in the first sentence.

Chapter 67-A.

Board of Examiners in Physical Therapy.

Sec. 1. Definitions.—In this chapter, unless the context otherwise requires: "Board of examiners in physical therapy", as herein established and hereinafter in this chapter called the "board", shall consist of the members of the board of registration in medicine together with 2 physical therapists appointed by the governor from a list of 6 physical therapists nominated by the Maine physical therapy association, one as designated by the governor shall serve for a term of 2 years; the other for a term of 4 years. Thereafter, the physical therapist so appointed by the governor shall be appointed from a list of 3 physical therapists, submitted by the Maine physical therapy association, for a term of 4 years.

"Physical therapist" means a person who practices physical therapy.

"Physical therapy" means the treatment of any bodily or mental condition of any person by the use of physical, chemical and other properties of heat or cold, light, water, electricity, massage, therapeutic exercise and physical rehabilitation procedures. The use of roentgen rays and radium for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term "physical therapy" as used in this chapter.

Words importing the masculine gender may be applied to females. (1955, c. 271, § 1.)