MAINE STATE LEGISLATURE

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120th MAINE LEGISLATURE

SECOND REGULAR SESSION-2002

Legislative Document

No. 2164

H.P. 1656

House of Representatives, March 11, 2002

Millient M. Mac Failand

An Act to Provide Government with the Necessary Authority to Respond to a Public Health Emergency Caused by an Act of Bioterrorism.

Reference to the Committee on Health and Human Services suggested and ordered printed.

MILLICENT M. MacFARLAND, Clerk

Presented by Speaker SAXL of Portland. (GOVERNOR'S BILL) Cosponsored by President BENNETT of Oxford.

Be it enacted by the	e People	of the	State of	Maine	as r	oliows:
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- Sec. 1. 22 MRSA §802, sub-§2, as enacted by PL 1989, c. 487, §11, is amended to read:
 - 2. Health emergency. In the event of an actual or threatened epidemic or outbreak of a communicable or occupational disease, the department may declare that a health emergency exists and may adopt emergency rules or implement rules previously adopted designed to become effective upon the declaration of a state of public health emergency by the Governor, the Governor's designee or a person acting in place of the Governor for the protection of the public health relating to:
- A. Procedures for the isolation and placement of infected persons for purposes of care and treatment or infection control;
 - B. Procedures for the disinfection, seizure or destruction of contaminated property and for the disposition of the remains of victims of a communicable disease if there are no less restrictive alternatives to protecting public health or safety from the threat of communicable disease; and
 - C. The establishment of temporary facilities for the care and treatment of infected persons which shall be subject to the supervision and regulations of the department and to the limitations set forth in section 807.
 - Sec. 2. 22 MRSA §802, sub-§2-A is enacted to read:
- - Sec. 3. 22 MRSA §812, sub-§2, as enacted by PL 1989, c. 487, §11, is amended to read:
 - 2. Time limits. Orders issued pursuant to subsection 1, paragraphs A to E shall may not exceed 180 30 days without further review as provided by section 813, subsection 1. If commitment pursuant to subsection 1, paragraph F, is sought by the department beyond the original 30 days, the department shall file a motion for review pursuant to section 813, subsection 2.
 - Sec. 4. 22 MRSA §813, sub-§1, as enacted by PL 1989, c. 487, §11, is amended to read:

- 2 1. Treatment orders. If the department determines that it is necessary to continue a treatment order issued pursuant to section 812, subsection 1, paragraphs A to E, it shall petition the District Court which that ordered the disposition for review of the original order. The court shall hold a hearing in 6 accordance with section 811 and if the court finds that a public health threat would continue in the absence of a public health 8 measure, it shall make additional orders that it deems determines necessary, provided that no treatment order exceeds 189 30 days 10 in duration without further review by the court. 1.2 Sec. 5. 22 MRSA §814, as enacted by PL 1989, c. 487, §11, is 14 repealed. Sec. 6. 22 MRSA §820 is enacted to read: 16 18 §820. Emergency health powers without court order 20
 - 1. Power of department. Upon the declaration of a public health emergency by the Governor, the Governor's designee or a person acting on behalf of the Governor pursuant to Title 37-B, section 742, the department may have immediate access to any health information from a medical provider, pharmacist or veterinarian related to a notifiable disease or a communicable disease not subject to departmental reporting requirements and that the department has determined presents an imminent public health risk, take any person into temporary custody and order specific emergency care, vaccination, treatment or evaluation of that person if:

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- A. The department has reasonable cause to believe that the person has either been exposed to, or is at significant risk of, transmitting a communicable disease that poses a serious and imminent threat to human or animal life;
- B. The delay involved in securing a court order would pose an imminent risk to the person or pose a serious risk of transmission of the communicable disease; and
- C. There are no less restrictive alternatives available to protect the public health and safety from the communicable disease.
- 2. Person at risk of serious adverse reaction to vaccination. A person at known risk of serious adverse reaction to a vaccination may not be vaccinated without that person's consent if alternative public health measures are feasible, even if those measures are more restrictive.

3. Person with sincere religious objection. A person who has a sincere religious belief that prohibits vaccination may not be vaccinated without that person's consent if alternative public 4 health measures are feasible, even if those measures are more 6 restrictive.

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- 4. Judicial review. Unless the right to a hearing is waived in writing by a person detained under this section after 10 opportunity to consult with an attorney, a hearing must be held within 72 hours after the person is detained or became subject to 12 the exercise of the department's emergency public health powers under this section, exclusive of Saturdays, Sundays and legal 14 holidays, to determine whether the person must remain in the department's custody or subject to the exercise of the department's emergency public health powers.
- 18 Notice of the hearing must be served upon the person detained under this section at least 24 hours before the hearing, and the 20 notice must specify: the time, date and place of the hearing; the grounds and underlying facts upon which the emergency detention is sought; the person's right to appear at the hearing 22 and to present and cross-examine witnesses; and the person's 24 right to counsel pursuant to section 811.
- 26 In order to continue the involuntary detention or involuntary medical examination, vaccination, treatment, isolation or 28 quarantine under this section, the department must prove by clear and convincing evidence that:
 - A. The person has been exposed to or is at serious risk of transmitting a communicable disease that constitutes a significant and imminent risk to public health or safety; and
- B. No less restrictive alternatives to protect the public health and safety exist. 36
- 38 Upon making the finding described in this subsection, the court may order the person committed to the custody of the department 40 or subject to the exercise of the department's public health emergency powers for a period not to exceed 30 days. The court 42 may issue a commitment order immediately after the hearing, or it may take the matter under advisement and issue its decision 44 within 24 hours of the hearing. If the court does not issue an order of commitment within 24 hours of completion of the hearing, it shall dismiss the petition and the person must be released 46 from custody immediately.
 - 5. Appeal. A person ordered by the District Court or Superior Court to be subject to the custody of the department or the exercise of the department's public health emergency powers may appeal from that order as follows.

2	A. A person aggrieved from an order of the District Court may appeal to the Superior Court.
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6	B. A person aggrieved from an order of the Superior Court may appeal to the Supreme Judicial Court.
8	C. Any findings of fact of the District Court or Superior Court may not be set aside unless clearly erroneous.
10	D. An order of the District Court or Superior Court remains
12	in effect pending the appeal.
14	E. The Maine Rules of Civil Procedure apply to the conduct of the appeals, except as otherwise specified in this
16	subsection.
18	<pre>Sec. 7. 22 MRSA §2843-A, sub-§9, as enacted by PL 1993, c. 609, §1, is amended to read:</pre>
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22	9. Application. This section does not apply to the disposition of the remains of a deceased person under <u>section</u> 802, <u>subsection 2</u> , <u>paragraph B or chapter 709</u> . This section does
24	not diminish or otherwise alter the authority of a medical examiner or other official authorized under chapter 711. This
26	section does not alter the rights and obligations of the decedent's next of kin under Title 18-A.
28	Sec. 8. 37-B MRSA §742, sub-§1, ¶D is enacted to read:
30	D. If the Governor or another person under paragraph A
32	declares by proclamation a state of public health emergency, the Governor or that person shall, to the extent feasible,
34	also disseminate that proclamation to persons with disabilities.
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20	Sec. 9. Governor to convene Public Health Emergency Planning
38	Commission. The Governor shall convene the Public Health Emergency Planning Commission to review the provisions of state
40	law relevant to public health emergency preparedness, consider measures to safeguard individual dignity and medical record
42	confidentiality and examine strategies to protect the public from the threat of communicable disease and acts of bioterrorism. The
44	commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint
46	Standing Committee on Health and Human Services and the
48	Legislative Council by November 6, 2002. The commission is not authorized to introduce legislation to the Legislature.
	Following receipt and review of the report, the joint standing
50	committee of the Legislature having jurisdiction over health and human services matters may report out a bill to the First Regular
52	Session of the 121st Legislature.

Sec. 10. Joint Standing Committee on Appropriations and Financial Affairs to develop funding mechanism. The Joint Standing Committee on Appropriations and Financial Affairs shall develop a mechanism for the financing of a response to a declaration of a state of public health emergency by the Governor, the Governor's designee or a person acting in place of the Governor. The committee shall submit a report that includes its findings and recommendations, including suggested legislation, to the Legislative Council by 6. 2002. The joint standing committee ο£ November Legislature having jurisdiction over appropriations and financial affairs may report out a bill regarding the financing of a declaration of a state of public health emergency to the First Regular Session of the 121st Legislature.

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SUMMARY

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This bill includes the following changes to the laws governing emergency health powers.

- 1. It relieves the Department of Human Services from the requirement to adopt emergency rules in the event of a public health emergency and instead allows the department to implement rules previously adopted designed to become effective upon the declaration of a state of public health emergency.
- 2. It allows the Department of Human Services to exercise its public health emergency powers upon a declaration of a state of public health emergency by the Governor, the Governor's designee or a person acting in place of the Governor.

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3. It allows the Department of Human Services to have access to certain health information or take a person into temporary custody and order specific emergency care, vaccination, treatment or evaluation in the event of a public health emergency if the department has reasonable cause to believe the person has either been exposed to or is at risk of transmitting a communicable disease that poses a serious and imminent threat to human or animal life; there is no less restrictive alternative available to safeguard the public health and safety; and the delay involved in securing a court order would pose an imminent risk to the person or pose a serious risk of transmission of the communicable disease. A person may not be detained more than 72 hours without judicial review.

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4. It eliminates the requirement that the Department of Human Services file with the court treatment plans and reports

subsequent to the issuance of a court order for involuntary medical treatment, subject to the requirement that any such order must be subject to judicial review within 30 days.

5. It allows the Department of Human Services to dispose of the remains of victims of a communicable disease during a public health emergency if there are no less restrictive alternatives to protecting public health or safety from the threat of communicable disease.

6. It requires that if the Governor or another person declares by proclamation a state of public health emergency, the Governor or that person shall, to the extent feasible, also disseminate that proclamation to persons with disabilities.

 7. It requires the Governor to convene the Public Health Emergency Planning Commission to review the provisions of state law relevant to public health emergency preparedness, consider measures to safeguard individual dignity and medical record confidentiality and examine strategies to protect the public from the threat of communicable diseases and acts of bioterrorism and report back to the Joint Standing Committee on Health and Human Services and the Legislative Council.

8. It requires the Joint Standing Committee on Appropriations and Financial Affairs to develop a mechanism for the financing of a response to a declaration of a state of public health emergency by the Governor, the Governor's designee or a person acting in place of the Governor.